

Local CPG Assessment

* Select your health department:

Local CPG Assessment

Capability 1: Community Preparedness (part I)

INSTRUCTIONS: For each of the C1 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Determine risks to the health of the jurisdiction. Identify potential jurisdictional public health, health care, mental/behavioral health, and environmental health hazards, vulnerabilities, and risks, and assess the human impact because of interruption of public health, health care, human services, mental/behavioral health, and environmental health services and supporting infrastructure.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Identification of disproportionately impacted at-risk populations
- ☐ P2: Jurisdictional risk assessment with public health, health care, and mental/behavioral health focus
- ☐ P3: Written agreements to provide access to services, as necessary
- ☐ S/T1: Train individuals to locate/map at-risk populations
- ☐ S/T2: Personnel familiar with jurisdictional risk assessments
- ☐ S/T3: Personnel trained in FEMA EHTER courses
- ☐ E/T1: Access to GIS systems
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Conduct a public health jurisdictional risk assessment. Identify and prioritize jurisdictional risks, risk reduction strategies, and risk mitigation efforts in coordination with community partners and stakeholders.
- ☐ Task 2: Support jurisdictional partners and stakeholders to identify services to reduce and mitigate identified jurisdictional public health risks. Support community partners and stakeholders to identify public health, health care, human services, mental/behavioral health, and environmental health services capable of supporting public health risk-reduction strategies and mitigation efforts.
- ☐ No gap identified

Function 2: Strengthen community partnerships to support public health preparedness. Identify and engage public and private community partners to:

- Assist with informing jurisdictional risk assessments, mitigating identified health hazards, and controlling risks
- Integrate all-hazards emergency plans with identified community roles and responsibilities related to the provision of public health, health care, human services, mental/behavioral health, and environmental health services
- Define Emergency Support Function (ESF) #8 public health roles at the state, local, tribal, or territorial level
- Implement additional activities to strengthen community resilience

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to coordinate with partners
- ☐ P2: Procedures in place for registering health care personnel
- ☐ P3: Procedures integrating community/faith-based partners
- ☐ P4: Procedures and venues in place to convene partnership discussions
- ☐ P5: Plans or other documentation with partners detailing how activities will be supported
- ☐ P6: Procedures in place to identify ESF8 lead or support roles
- ☐ S/T1: Personnel competent in incident management
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Engage community partners and other stakeholders to support risk mitigation: Define and implement strategies for ongoing collaboration with community partners and stakeholders capable of providing services to mitigate pre-identified general and incident-specific public health hazards, and controlling risks for targeted populations.
- ☐ Task 2: Coordinate the delivery of essential public health services: Partner with organizations responsible for essential health care and human services to ensure those services are provided as early as possible during the response, recovery, and return of the public health system after the incident or event.
- ☐ Task 3: Incorporate partner feedback to continuously improve emergency operations plans: Establish and implement continuous quality improvement methods, including formal after-action processes, to collect and incorporate feedback from community and faith-based partners into emergency operations plans.
- ☐ Task 4: Engage trusted community spokespersons to deliver public health messages: Collaborate with community partners and stakeholders to develop, test, and disseminate timely public health messaging to targeted populations through trusted representatives/spokespersons.
- ☐ No gap identified

Function 3: Coordinate with partners and share information through community social networks. Engage with community organizations to foster social connections that ensure the availability and community awareness of public health, health care, human, mental/behavioral health, and environmental health services in response to an incident.

Indicate any F3 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures and engagement strategies for promoting access to health services
- ☐ P2: Procedures to keep community information updated
- ☐ P3: Culturally and socially appropriate health services needs as identified through JRA
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Engage with community partners and stakeholders to coordinate preparedness efforts. Coordinate with community partners to ensure they understand how to access and connect their stakeholders and populations they serve to public health resources during an incident.
- ☐ Task 2: Provide opportunities for community health services to participate in jurisdictional public health emergency preparedness activities. Engage public health, health care, human services, mental/behavioral health, and environmental health organizations that provide essential health services to the community in the development, implementation, and review of jurisdictional public health emergency preparedness efforts.
- ☐ Task 3: Leverage community networks to disseminate information during an incident. Use local businesses, community and faith-based organizations, radio and other broadcast media, social media, text messaging, and other channels, as applicable, in communication networks to disseminate timely, relevant, accessible, and culturally appropriate information throughout the whole community during an incident.
- ☐ No gap identified

Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts. Provide public health preparedness and response training and guidance to community partners and other stakeholders in order to address risks including, but not limited to, those identified in the jurisdictional risk assessment.

Please indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to inform child service providers
- ☐ P2: Procedures in place to guide partners who serve populations that rely on support services that may not be accessible due to event
- ☐ P3: Procedures that build and sustain volunteer opportunities for community residents
- ☐ S/T1: Emergency responders and citizen volunteers trained in disaster education
- ☐ S/T2: Ensure MRC coordination with existing CERTs, Citizen Corps, state ESAR-VHP program
- ☐ No gap identified

Please indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Leverage existing disaster preparedness and response trainings and educational programs to build community resilience. Coordinate with community partners and stakeholders to implement existing training and educational programs that incorporate community-based approaches to preparedness and recovery.
- ☐ Task 2: Promote training and guidance for community partners. Promote training initiatives for community partners and other stakeholders within public health, health care, human services, mental/behavioral health, and environmental health sectors.
- ☐ Task 3: Provide guidance to groups representing at-risk populations. Promote training and education of community partners and stakeholders to support preparedness and recovery for populations that may be disproportionately impacted by an incident or event based on the jurisdiction's identified risks and increase awareness of and access to services that may be needed during and after the incident.
- ☐ No gap identified

Local CPG Assessment

Capability 1: Community Preparedness (part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 2: Community Recovery (Part I)

INSTRUCTIONS: For each of the C2 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction.

Function 1: Identify and monitor community recovery needs. Assess the impact of an incident on the public health system in collaboration with jurisdictional partners and stakeholders to prioritize public health, emergency management, health care, mental/behavioral health, environmental health, and applicable human services recovery needs.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place with partners to determine recovery priorities
- ☐ P2: Assessment procedures for identifying service needs for recovery
- ☐ P3: Predefined procedures for contingences
- ☐ P4: Procedures that identify applicable legal authorities permitting non-jurisdictional clinicians to work in emergencies
- ☐ P5: Documentation of identified sectors and partners who support recovery efforts
- ☐ P6: Regularly scheduled forums or meetings for a variety of community sectors to collaborate
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify jurisdictional community recovery priorities. Collaborate with jurisdictional partners and stakeholders to identify and document jurisdictional community recovery issues and priorities based on the impact of an incident on the population and critical assets, facilities, and other services within the public health, emergency management, health care, mental/behavioral health, and environmental health sectors.
- ☐ Task 2: Identify the jurisdictional public health agency role in community recovery. In collaboration with the jurisdictional emergency management agency and organizations representing jurisdictional Emergency Support Functions (ESF) and Recovery Support Functions (RSF), identify the jurisdictional public health agency lead and/or support roles for community recovery.
- ☐ Task 3: Identify recovery services to be provided by the jurisdictional public health agency, partners, and stakeholders. Determine public health agency, partners, and stakeholders' services that can be provided for short- and long-term recovery operations, including previously identified services and new services, as appropriate, to address emerging community recovery needs.
- ☐ Task 4: Solicit community input from jurisdictional partners and stakeholders. Request community input from jurisdictional partners and stakeholders regarding public health service recovery needs before and after the incident to understand recovery needs, issues, barriers, and trends.
- ☐ No gap identified

Function 2: Support recovery operations for public health and related systems for the community. Facilitate collaboration among jurisdictional partners and stakeholders to build a network of support services to reduce adverse public health consequences resulting from the incident, and develop plans to expedite recovery operations as appropriate based on the jurisdictional public health agency lead or support roles.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Written integrated recovery coordination plan
- ☐ P2: Procedures for routine collection and sharing of response and recovery information with organizations who serve impacted populations
- ☐ P3: Procedures that support consistent data surveillance and reporting tracking health related to recovery
- ☐ P4: Community Recovery support procedures within the COOP
- ☐ P5: Predefined message templates that address questions and concerns related to incident
- ☐ P6: Documented recovery strategies that guide timely provision of public health and mental/ behavioral health care beyond initial life-sustaining care
- ☐ P7: Procedures that coordinate services related to injury, illness, trauma resulting from the event
- ☐ P8: Procedures supporting environmental health operations
- ☐ S/T1: Volunteers trained in community recovery activities
- ☐ S/T2: Personnel trained in mitigation of environmental public health hazards
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Coordinate with jurisdictional partners and stakeholders to develop recovery solutions. Identify courses of action to address persistent or emergent recovery issues and coordinate among health care, emergency management, education, nonprofit, and social services partners to design solutions, plans, and services based on jurisdictional public health agency lead or support roles.
- ☐ Task 2: Educate the community about public health services. Coordinate with community partners and stakeholders from within and outside the jurisdiction to educate the community regarding recommended public health services through unified messaging.
- ☐ Task 3: Notify the community of jurisdictional public health agency recovery plans. In coordination with other jurisdictional agencies, notify the community of jurisdictional public health agency recovery plans that support the restoration of public health, emergency management, health care, mental/behavioral health, and environmental health services during and after the acute phase of the incident.
- ☐ Task 4: Notify the community of available public health services. In coordination with jurisdictional partners and stakeholders, communicate recovery services available to the community, with attention to the access and functional needs of populations that may be disproportionately impacted.
- ☐ Task 5: Inform the community of disaster case management or community case management services. In collaboration with jurisdictional partners and stakeholders, notify the community of available disaster case management or community case management services for impacted community members.
- ☐ Task 6: Coordinate with jurisdictional emergency management agencies to support mutual aid agreements with neighboring jurisdictions to provide recovery services. Partner with jurisdictional emergency management agencies when developing intra- and inter-state public health mutual aid and resource sharing agreements with neighboring jurisdictions for the provision of community recovery support resources and services.
- ☐ No gap identified

Function 3: Implement corrective actions to mitigate damage from future incidents. Incorporate improvement observations from past incidents to inform actions needed to restore the public health, health care systems, mental/behavioral and environmental health, and human services sectors to at least a day-to-day level of functioning comparable to pre-incident and to improved levels, where possible. Document actions within written after-action reports (AARs) and improvement plans (IPs) and implement corrective actions based on jurisdictional public health lead or support roles.

Indicate any F3 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures for continuous development and maintenance of cross-sector partnerships
- ☐ P2: Procedures for soliciting feedback and recommendations from key sectors to improve access to services
- ☐ P3: Corrective action plans that may include: mitigation plans, public health participate with cross-sector partnerships to develop strategies, transition plan that identifies specific corrective actions
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Conduct post-incident assessment and planning for AARs and IPs. In collaboration with jurisdictional partners and stakeholders, conduct post-incident assessment and planning as part of the after-action process for short- and long-term recovery efforts.
- ☐ Task 2: Facilitate collaboration between government and the community to develop corrective action plans. Facilitate and advocate for collaborations among government agencies and community partners to support the completion of agency-specific corrective actions.
- ☐ Task 3: Collect community feedback for corrective actions. Collaborate with sector leaders to facilitate collection of community feedback to inform and identify corrective actions.
- ☐ Task 4: Implement corrective actions into recovery plans and operations. Implement corrective actions that are within the scope or control of the jurisdictional public health agency for short- and long-term recovery, including the mitigation of damage from future incidents, in recovery plans.
- ☐ Task 5: Develop a transition plan for implementing and monitoring corrective actions. In partnership with key stakeholders, create a transition plan based on the jurisdictional public health agency lead and/or support roles to integrate implementation and monitoring of corrective actions into day-to-day agency operations.
- ☐ Task 6: Assess and strengthen community resilience to future disasters. Coordinate with jurisdictional partners and stakeholders to evaluate and strengthen community resilience to future incidents by improving routine community functioning and reducing community vulnerability. Based on the known or anticipated health and social services recovery issues that the community will experience, integrate the necessary interventions for those issues and barriers into day-to-day business through inclusion in multiyear budgets, planning efforts, and staffing approaches.
- ☐ No gap identified

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Capability 2: Community Recovery (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 3: Emergency Operations Coordination (Part I)

INSTRUCTIONS: For each of the C3 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations.

Identify the public health risks of an event or incident and coordinate with subject matter experts to help determine the scale of incident management operations.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Situational awareness procedures to indicate need for an agency-level response
- ☐ P2: Maintenance of an Incident Command System (ICS) leadership roster pertaining to public health
- ☐ P3: Coordination procedures showing public health’s involvement in potential incidents based on jurisdictional risk
- ☐ P4: Scenario specific and all hazards response-based procedures
- ☐ P5: Special event response-based procedures and plans
- ☐ S/T1: Personnel trained at a minimum to the CDC definition of Responder Training level Tier 4
- ☐ E/T1: Communications equipment with a primary and backup system
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Determine the public health response role. Coordinate with emergency management officials to determine if public health will have a lead response role, a supporting role, or no role based on identified or potential public health consequences.
- ☐ Task 2: Determine response activation levels based on the complexity of the event or incident. Coordinate with emergency management officials in collecting and analyzing data to assess the situation and determine emergency response operations applicable to jurisdictional needs.
- ☐ Task 3: Develop the public health incident management structure. Document a flexible and scalable public health incident management structure that is consistent with NIMS and is coordinated with the jurisdictional incident, unified, or area command structure.
- ☐ No gap identified

Function 2: Activate public health emergency operations. Engage senior leadership and resources (including technologies, physical space, and other assets to address an incident or event consistent with the NIMS and jurisdictional standards and practices.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to manage, operate, and staff agency or external EOC
- ☐ P2: Mutual aid agreements or other agreements to support ESF 8
- ☐ P3: Job action sheets for incident command positions and roles in a public health emergency
- ☐ P4: Check-in/check-out list for personnel and equipment arriving at the incident
- ☐ S/T1: NIMS certification based on discipline, level, and jurisdictional requirements
- ☐ S/T2: A scalable roster for supporting ICS staff
- ☐ S/T3: Personnel participation in emergency management training and certification courses
- ☐ E/T1: Back-up equipment in the event of system failure or power loss in the public health EOC
- ☐ E/T2: Communications equipment for information transmission inside and outside the EOC that has contact numbers and radio frequencies stored with corresponding communications equipment
- ☐ E/T3: Sufficient quantities of information technology equipment
- ☐ E/T4: Sufficient quantities of information technology systems
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Activate public health incident command and emergency management functions. Activate necessary public health functions and support mutual aid according to the public health incident management role and incident requirements.
- ☐ Task 2: Identify personnel with the necessary skills to fulfill required incident command and public health incident management roles. Coordinate with emergency management agencies and other partners to develop staffing pools that include federal, regional, state, local, tribal, and territorial personnel with necessary public health expertise to serve as incident commander and other public health incident management roles.
- ☐ Task 3: Designate personnel coverage for multiple operational periods. Develop continuous long-term staffing plans for required incident command and other public health incident management roles.
- ☐ Task 4: Establish primary and alternate locations and virtual communication structures for the public health emergency operations center. Identify primary and backup physical space and secure necessary equipment, such as desks, lighting, power outlets, and internet access as well as virtual communication structures to support public health emergency operations.
- ☐ Task 5: Assemble designated personnel at the appropriate emergency operations center(s). Notify personnel to report either physically or virtually to the public health emergency operations center or jurisdictional emergency operations center.
- ☐ No gap identified

Function 3: Develop and maintain an incident response strategy. Produce or provide input to incident action plans containing response strategies appropriate to the incident and as described in NIMS during one or more operational periods.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Ability to produce an incident action plan (IAP)
- ☐ P2: Ability to disseminate an incident action plan (IAP) during an operational period
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Develop incident action plans. Produce or contribute to (as appropriate for the public health incident management role) an incident action plan that receives approval prior to each operational period.
- ☐ Task 2: Update and share incident action plans. Revise and brief personnel on the incident action plan by the start of each new operational period.
- ☐ Task 3: Disseminate incident action plans. Make incident action plans available to relevant public health response personnel, volunteers, and partner agencies according to emergency operations protocols.
- ☐ No gap identified

Function 4: Manage and sustain the public health response. Direct, ongoing public health emergency operations to sustain the public health and health care response for multiple operational periods and concurrent responses.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Standard operating procedures in place to manage a response
- ☐ P2: Procedures in place for information sharing with external agencies
- ☐ P3: Common operating picture (COP) including relevant stakeholders
- ☐ P4: Procedures to ensure continued support for essential public health functions
- ☐ S/T1: Training on jurisdictionally identified EOC incident supporting software
- ☐ S/T2: Trained personnel to staff EOC roles
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Coordinate public health and health care emergency management operations. Ensure coordination among public health agencies, the health care system, and other relevant stakeholders according to incident requirements.
- ☐ Task 2: Track public health resources. Ensure systems are in place to track and account for all public health resources during the public health response.
- ☐ Task 3: Maintain health situational awareness (HSA). Compile information gathered from public health, health care, and other stakeholders, such as fusion centers to support a common operating picture.
- ☐ Task 4: Conduct shift change briefings. During shift changes, formally share information between outgoing and incoming public health personnel to communicate priorities, status of tasks, and safety guidance.
- ☐ Task 5: Develop continuity of operations plan(s). Identify response priorities to ensure the continuation and recovery of critical public health functions.
- ☐ No gap identified

Function 5: Demobilize and evaluate public health emergency operations. Release and return resources no longer required by the incident or event to their ready state and assess efforts, resources, actions, leadership, coordination, and communication to implement continuous improvement activities. Complete evaluation activities throughout response operations, and finalize response activities with after-action processes.

Indicate any F5 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Demobilization procedures for public health operations
- ☐ P2: Incident closeout briefing
- ☐ P3: After-action report (AAR) and improvement plan (IP)
- ☐ S/T1: Public health personnel conducting AAR/IPs or leading exercises are HSEEP an ICS trained
- ☐ S/T2: Trained personnel in demobilization procedures
- ☐ No gap identified

Indicate any F5 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Return public health resources and staffing to their prior “ready state” of operations. Archive records and restore systems, supplies, and staffing to pre-incident readiness.
- ☐ Task 2: Conduct final incident closeout of public health operations. Turn over documentation, conduct hot washes and incident debriefings, and identify final closeout requirements with responsible agencies and jurisdiction officials.
- ☐ Task 3: Produce after-action report(s). Conduct after-action processes for public health operations in partnership with other emergency operations stakeholders to identify areas of success, promising practices, and opportunities for improvement.
- ☐ Task 4: Develop improvement plan(s). Document priorities and identify corrective actions assigned to public health.
- ☐ Task 5: Implement and track progress on improvement plan(s). Complete the corrective actions assigned to public health and establish a system to track completion and effectiveness of corrective actions.
- ☐ No gap identified

Local CPG Assessment

Capability 3: Emergency Operations Coordination (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction’s overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Capability 4: Emergency Public Information & Warning (Part I)

INSTRUCTIONS: For each of the C4 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Activate the emergency public information system. Notify and assemble key public information personnel and potential spokespersons identified prior to an incident to provide information to the public during an incident.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Document roles and responsibilities for Public Information staff/support personnel
- ☐ P2: Develop message templates and risk communication messages to address jurisdictional risks
- ☐ P3: Primary and alternate locations or structures to create and disseminate health alerts and warnings
- ☐ P4: Roster/call-down lists include primary and backup personnel
- ☐ P5: Notification and report for duty procedures
- ☐ P6: Job action sheets for communication roles
- ☐ P7: Systems and procedures to mobilize communication activities and roles applicable to the incident
- ☐ P8: Emergency communications support to local public health systems
- ☐ S/T1: Public information personnel trained in National Incident Management System (NIMS)
- ☐ S/T2: Public information personnel develop key messages using principles of Crisis and Emergency Risk Communications (CERC)
- ☐ S/T3: Public Information Officer (PIO) responsibilities
- ☐ E/T1: Dedicated phone line(s) to address inquiries
- ☐ E/T2: Capacity for 24/7 health alerting
- ☐ E/T3: Redundant power supply to support 24/7 alerting
- ☐ E/T4: Communication devices to support partnerships
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify key public information personnel. Identify public information officers (PIOs), spokespersons, and trained support personnel, such as subject matter experts to implement jurisdictional public information and communication strategies.
- ☐ Task 2: Identify a primary and alternate physical and/or virtual Joint Information Center (JIC). Establish physical and virtual structures to support the creation and dissemination of health alerts and public information operations.
- ☐ Task 3: Mobilize Public Information Officers, spokespersons, and support personnel. Notify public information and communication teams of the need to be on call or report for duty within incident-appropriate timeframes, including no-notice events.
- ☐ Task 4: Establish roles and responsibilities of personnel to convey public information. Assemble public information personnel at a physical location or virtually to establish roles and responsibilities.
- ☐ Task 5: Ensure personnel are trained in the functions they may fulfill. Provide public information and communication education and training to PIOs, spokespersons, and support personnel according to jurisdictional need.
- ☐ Task 6: Support local public health systems with the implementation of emergency communications. Clarify state, local, tribal, and territorial public health information roles and confirm communication support and coordination needs.
- ☐ No gap identified

Function 2: Determine the need for a Joint Information System. Coordinate with emergency management agencies to determine the need for and scale of a JIS, including, if appropriate, activation of a new public health JIC. Participate with other jurisdictional JICs to combine information sharing abilities and coordinate messages.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to activate a JIC or virtual JIC
- ☐ P2: Standard operating procedures to request additional emergency public information and warning resources
- ☐ P3: Decision support matrix to determine when to scale up or scale down JIS operations
- ☐ S/T1: Personnel or partner agency volunteers support information operations during an incident
- ☐ S/T2: Personnel or partner agency volunteers support media operations during an incident
- ☐ E/T1: Minimum components of a virtual JIC
- ☐ E/T2: Infrastructure for jurisdictions to send and receive information, to meet access and functional needs guidelines
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Coordinate with jurisdictional emergency management to establish a public health JIC or a virtual JIC and participate in a JIS as needed. Activate a public health JIC or a virtual JIC, as applicable to the incident, and coordinate with emergency management to determine the need for a JIS.
- ☐ Task 2: Ensure appropriate participation from public health communications representatives in the jurisdictional EOC. If a public health JIC is not activated for the incident, identify a public health communication representative, such as a PIO to participate in the jurisdictional EOC to ensure public health messaging capacity is represented.
- ☐ Task 3: Coordinate public information messages through four common functions. Assign leads to the four common functions: information gathering, information dissemination, operations support, and liaison roles to public information personnel. Ensure coverage for extended operational periods, as applicable.
- ☐ No gap identified

Function 3: Establish and participate in information system operations. Monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets using the principles of NIMS for organizing and coordinating incident-related communications.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures for when public health agency may designate a lead PIO or provide public information support
- ☐ P2: Procedures to track and monitor media
- ☐ S1: Public information personnel trained in incident management and information systems operations
- ☐ E/T1: Equipment and digital media accounts accessible to PIOs/spokespersons
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Participate in public information sharing. Develop, recommend, and execute approved public health communication plans and strategies on behalf of the incident command or unified command structure based on the public health incident management role. Before sharing information with the public, collect, evaluate, and verify all information and obtain approval from authorized officials, such as health officer or incident commander.
- ☐ Task 2: Control rumors. Control myths and rumors within the jurisdiction using media and digital outlets, including television, Internet, radio, social media, and newspapers.
- ☐ Task 3: Provide a single point for dissemination of information for public health and health care issues. Release public health and health care information through pre-identified procedures based on jurisdictional processes, such as systems and spokespersons in coordination with the JIC.
- ☐ No gap identified

Function 4: Establish avenues for public interaction and information exchange. Function Definition: Provide methods for the public to contact the public health agency with questions and concerns. Methods may include:

- Call centers
- Help desks
- Hotlines
- Instant messaging
- Social media
- Text messaging
- Websites

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to activate and manage designated inquiry line(s)
- ☐ P2: Procedures to activate call centers with community partners
- ☐ P3: Procedures for the usage of CDC-INFO or nurse triage lines and poison control centers
- ☐ P4: Procedures to monitor, manage, and use social media
- ☐ P5: Message development guidelines for social media
- ☐ S/T1: Public information personnel trained in the use of social media, technology, and health communication
- ☐ S/T2: Public information personnel trained in NIMS Communications and Information Management
- ☐ E/T1: Information technology or telephonic equipment support scalability of inquiry line
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Establish systems for managing public and media inquiries. Implement scalable methods, such as Internet sites, call centers, poison control centers, non-emergency lines, such as 211 or 311, and social media to respond to public and media inquiries, as needed, for the incident.
- ☐ Task 2: Post incident-related information on the public health agency website. Establish an Internet presence to inform and connect with the public that adheres to the principles of CERC.
- ☐ Task 3: Use social media platforms and text messaging. Implement social media platforms, such as Twitter and Facebook and opt-in targeted notifications through texting, when and if possible, for public health messaging to the public.
- ☐ Task 4: Identify, protect, and ensure information exchange with disproportionately impacted populations. Use geographic information systems (GIS), demographics, and epidemiological data to understand the complexities of the emergency and the response and to identify appropriate methods and sources, such as trusted spokespersons to protect, reach, and engage at-risk individuals who may be disproportionately impacted by the incident.
- ☐ No gap identified

Function 5: Issue public information, alerts, warnings, and notifications. Function Definition: Use CERC principles to disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards.

Indicate any F5 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Documented and approved jurisdictional legal authorities avoid communicating protected information
- ☐ P2: Procedures to identify points of contact and establish a clearance process to verify and approve communication products
- ☐ P3: Documented information to help populations at risk of being disproportionately impacted by an incident
- ☐ P4: Procedures to address populations that may be disproportionately impacted by the incident
- ☐ P5: Procedures to reach rural or isolated populations
- ☐ S/T1: Information technology personnel trained to sustain jurisdictional health alert network/system
- ☐ S/T2: Personnel trained in health communication and cultural competency
- ☐ No gap identified

Indicate any F5 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Comply with jurisdictional legal guidelines when communicating information. Prevent communication of information that is protected for national security or law enforcement purposes or that may infringe on individual or entity rights.
- ☐ Task 2: Disseminate information to the public using pre-established message maps. Disseminate approved messages to the public through multiple mechanisms, and ensure that languages and formats of information account for the access and functional needs of individuals, which may include individuals: who are deaf or hard of hearing; with vision impairments; with limited English proficiency; from diverse cultural backgrounds; with cognitive limitations; who do not use traditional media.
- ☐ Task 3: Disseminate information to responder organizations. Coordinate and transmit health-related information to responder organizations through secure messaging platforms.
- ☐ No gap identified

Local CPG Assessment

Capability 4: Emergency Public Information & Warning (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction’s overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 5: Fatality Management (Part I)

INSTRUCTIONS: For each of the C5 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Determine the public health agency role in fatality management. Coordinate with jurisdictional authorities and partners to estimate and characterize potential fatalities and the impact of these fatalities on fatality management needs, resources, and activities to determine the public health agency role in fatality management.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures are scalable and based on jurisdictional risks
- ☐ P2: Define public health's role in cooperation with jurisdictional stakeholders, authorities, and SMEs
- ☐ P3: Letters of agreement with agencies to share resources, facilities, and other potential support
- ☐ P4: Designate lead authorities to request resources base on ongoing assessments of the event/incident needs
- ☐ P5: Procedures to support activities in coordination with partners and stakeholders
- ☐ S/T1: Training on mass fatality incident response, ESF-8, and fatality management
- ☐ E/T1: Personal protective equipment to support designated public health roles
- ☐ E/T2: Resources to store human remains
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Estimate fatality management needs based on jurisdictional risks. Characterize potential fatalities based on findings from jurisdictional risk assessment(s) and determine the resources and activities needed to manage potential fatalities based on the normal expected fatality rate and fatalities related to the incident.
- ☐ Task 2: Clarify, document, and communicate the jurisdictional public health agency role(s) in fatality management. Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities.
- ☐ No gap identified

Function 2: Identify and facilitate access to public health resources to support fatality management operations. Develop recommendations to identify and facilitate access to resources, such as personnel and subject matter experts, record keeping, and physical space to address fatality management needs resulting from an incident in accordance with public health agency jurisdictional roles and standards outlined in jurisdictional fatality management procedures.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to collect and analyze incident data and develop recommendations pertaining to fatality management
- ☐ P2: Procedures to identify and support public health agency lead and/or support activities for fatality incident management
- ☐ P3: Information sharing among facility management partners
- ☐ S/T1: Training on jurisdictional fatality management plan
- ☐ E/T1: Materiel required to manage fatality operations
- ☐ E/T2: System to monitor, record, and track antemortem and postmortem data
- ☐ E/T3: Death reporting system with an accurate and timely completion of death certifications
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Assess incident data. Assess incident data to develop public health fatality management activity guidance and define resource needs.
- ☐ Task 2: Develop and share incident-specific public health fatality management recommendations. Coordinate with jurisdictional, regional, private, and federal stakeholders as defined in the jurisdictional fatality management procedures to make incident-specific recommendations regarding the safe and efficient recovery, processing, reporting, storage, and final disposition of human remains.
- ☐ Task 3: Initiate and coordinate public health support for fatality management operations. Coordinate with identified stakeholders to operationalize strategies as defined in the jurisdictional fatality management procedures and share incident recommendations for managing human remains.
- ☐ No gap identified

Function 3: Assist in the collection and dissemination of antemortem data. Assist the jurisdictional fatality management lead authority and other partners including regional partners, as necessary, to gather and disseminate antemortem data through family assistance centers or other models, as defined in jurisdictional fatality management procedures.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedure for the collection and storage of antemortem data
- ☐ P2: Family notification procedures and protocols
- ☐ S/T1: Training on collection and dissemination of antemortem data
- ☐ E/T1: Central repository/database for antemortem and postmortem data
- ☐ E/T2: Technology to establish call centers
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Establish and refine antemortem data management processes. Coordinate with partners, such as family assistance centers to establish and refine processes and methods to collect and share antemortem data.
- ☐ Task 2: Assemble necessary resources for antemortem data management. Coordinate with partners to support the identification and assembly of resources to collect and share antemortem data.
- ☐ Task 3: Collect and share antemortem data with partners. Coordinate with partners to assist in the collection and dissemination of antemortem data to law enforcement, other agencies, and families of the deceased.
- ☐ Task 4: Support electronic mortality reporting. Support recording and reporting of antemortem data through electronic systems or other information sharing platforms.
- ☐ No gap identified

Function 4: Support the provision of survivor mental/behavioral health services. Support the provision of non-intrusive and culturally sensitive mental/behavioral health services to incident survivors, family members of the deceased, and responders according to the jurisdictional public health agency role for fatality management in coordination with the jurisdictional fatality management lead authority and stakeholders.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Culturally relevant resources to provide mental/behavioral health support to responders, survivors, and families
- ☐ P2: List of staff that could potentially fill mental/behavioral health services
- ☐ S/T1: Personnel trained in mental/behavioral health
- ☐ S/T2: Personnel trained in fatality-related cultural competency
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Assemble trained mental/behavioral health team(s). Support the assembly of personnel and resources trained to provide mental/behavioral health services that are non-intrusive and culturally appropriate to accommodate the access and functional needs and religious or cultural practices of incident survivors, family members of the deceased, and responders.
- ☐ Task 2: Support mental/behavioral health outreach services. Coordinate with stakeholders to support the provision of culturally appropriate mental/behavioral health services to incident survivors, family members of the deceased, and responders.
- ☐ No gap identified

Function 5: Support fatality processing and storage operations. Support activities to ensure that human remains, associated personal effects, and official documentation are safely and accurately recovered, processed, transported, tracked, recorded including death certificates, stored, and disposed of or released to authorized person(s) according to the jurisdictional public health agency role and fatality management procedures.

Indicate any F5 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Coordination with partners to address processing and storage operations
- ☐ P2: Procedures in place for timely electronic death record reporting and information sharing
- ☐ S/T1: Relevant personnel trained to conduct their role
- ☐ E/T1: Materials and equipment required to process, store, and/or dispose of human remains
- ☐ No gap identified

Indicate any F5 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Support the safe management of human remains. Provide health protection and safety guidance to incident management or the jurisdictional lead authority to ensure the safe recovery, receipt, identification, transportation, storage, and disposition of human remains.
- ☐ Task 2: Support timely and accurate investigations. Support forensic and other investigations, as requested, to assist with the identification of hazards, risks, and cause and manner of death.
- ☐ Task 3: Conduct death reporting. Coordinate with partners to support near-real time electronic death reporting during the fatality management incident.
- ☐ Task 4: Ensure death recording in official documentation. Coordinate with partners to facilitate accurate and timely collection and recording of mortality information for official death certificates.
- ☐ No gap identified

Local CPG Assessment

Capability 5: Fatality Management (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 6: Information Sharing (Part I)

INSTRUCTIONS: For each of the C6 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs. Identify intra- and inter-jurisdictional stakeholders to participate in information exchange, and determine and periodically reassess stakeholders' needs for bi-directional information sharing.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Roster identifies stakeholders to engage for bi-directional information exchange
- ☐ P2: Procedures to review and update role-based public health directory
- ☐ P3: Established channels for stakeholder communications
- ☐ E/T1: Regularly updated information system(s), with appropriate backup
- ☐ E/T2: System credentials and security clearances to access restricted information and systems
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify intra- and inter-jurisdictional stakeholders to incorporate into information flow. Identify intra- and inter-jurisdictional stakeholders to incorporate into information flow, and determine the information sharing needs for each stakeholder.
- ☐ Task 2: Update and refine information sharing needs. Engage identified stakeholders regularly and use quality improvement processes to continuously update and refine information sharing needs and capabilities.
- ☐ No gap identified

Function 2: Identify and develop guidance, standards, and systems for information exchange. Define procedures and establish systems for information governance, management, and sharing.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place for information exchange
- ☐ P2: Stakeholder-specific procedures and determinants (triggers) for health information exchange
- ☐ P3: Data exchange procedures
- ☐ P4: Strategies for collaboration and system integration
- ☐ P5: Written security and information exchange agreements with relevant agencies and stakeholders
- ☐ P6: Procedures to account for laws and policies in place to address privacy and security
- ☐ P7: Develop guidelines for information exchange
- ☐ S/T1: Personnel trained in information sharing laws and policies
- ☐ S/T2: Personnel trained in informatics and information technology project management
- ☐ E/T1: Information systems capabilities meet national data standards for interoperability
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify relevant data regulations, policies, and standards. Identify current jurisdictional and federal laws and policies that authorize, limit, or protect the exchange of information relevant to emergency situational awareness.
- ☐ Task 2: Identify stakeholder data requirements. Coordinate with identified stakeholders to determine routine and incident-specific essential elements of information (EEI) for each stakeholder.
- ☐ Task 3: Determine the conditions for information exchange. Identify when and to what extent information and data exchange is necessary for public health events and incidents.
- ☐ Task 4: Develop systems for data storage and exchange. Identify and develop systems, such as electronic or non-electronic solutions to store, protect, control, and exchange data.
- ☐ Task 5: Identify and mitigate barriers to information exchange. Use continuous quality improvement processes and corrective action systems to identify and mitigate procedural, legal, and policy-related barriers.
- ☐ No gap identified

Function 3: Exchange information to determine a common operating picture. Share information across public health agencies and intra- and inter-jurisdictional stakeholders using available national standards, such as data vocabulary, storage, transport, security, and accessibility standards.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to develop information and public health alert messages
- ☐ P2: Procedures for information exchange with fusion centers and other intelligence entities
- ☐ P3: Procedures for information exchange among jurisdictional health care entities
- ☐ P4: Procedures to acknowledge receipt by trusted sources
- ☐ P5: Develop templates for public health alert messages
- ☐ P6: Information Sharing and Access Agreements (ISAA)
- ☐ S/T1: Personnel trained on public health information systems
- ☐ S/T2: Personnel trained in information systems support
- ☐ E/T1: Electronic systems that meet applicable national and jurisdictional standards
- ☐ E/T2: Systems that automate transmission of information
- ☐ E/T3: Secondary systems for information sharing and public health alerting
- ☐ E/T4: Data visualization tools for presentation and dissemination of data
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Exchange health information. Exchange meaning request, send, and receive relevant data and information with identified cross-disciplinary stakeholders using procedures and systems that meet jurisdictional or federal standards.
- ☐ Task 2: Maintain accessible data repositories. Support information exchange among cross-disciplinary stakeholders using accessible data repositories that adhere to jurisdictional or federal standards.
- ☐ Task 3: Apply data security protocols. Request, send, and receive information using security protocols that meet jurisdictional or federal standards.
- ☐ Task 4: Verify data authenticity. Confirm data authenticity with message sender or information requestor.
- ☐ Task 5: Acknowledge receipt of information. Confirm the successful transmission and receipt of information, as appropriate, for the incident.
- ☐ No gap identified

Local CPG Assessment

Capability 6: Information Sharing (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 7: Mass Care (Part I)

INSTRUCTIONS: For each of the C7 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on the CDC website.

Function 1: Determine public health role in mass care operations. In coordination with Emergency Support Functions (ESFs) #6, #8, and #11 partners and stakeholders, define the public health roles and responsibilities in supporting mass care operations.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Coordinate with ESF 6, 8, and 11 partners to determine public health agency lead or support role(s) for mass care
- ☐ P2: Written agreements (contracts, memoranda of understanding, etc.) with partner agencies
- ☐ P3: Procedures to disseminate situational awareness information to partners
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify the public health agency role in mass care operations. Determine mass care roles and responsibilities of the jurisdictional public health agency as a lead or support agency when working with collaborating organizations. Address the access and functional needs of the impacted population, with special emphasis on serving the needs of at-risk populations.
- ☐ Task 2: Operationalize the public health agency mass care role. Coordinate with ESF #6, #8, and #11 partners to conduct infectious disease surveillance and environmental health and safety assessments, provide support for addressing the access and functional needs of at-risk individuals, and support decontamination to assist in a mass care response.
- ☐ No gap identified

Function 2: Determine mass care health needs of the impacted population. Determine the public health, health care, human services, and mental/behavioral health needs of those impacted by the incident in coordination with ESF #6, #8, and #11 partners, emergency management agencies, and other partner agencies.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures and criteria for inspections and environmental health assessments
- ☐ P2: List of pre-identified site(s) that have undergone an initial assessment to serve as emergency operations shelter
- ☐ P3: Develop procedures to adopt or amend jurisdictional restaurant/food service requirements
- ☐ P4: Procedures for coordinating with partners to provide specialty food items to at risk populations
- ☐ P5: Procedures to refer individuals to health services
- ☐ S/T1: Access to personnel skilled in the use of geographical information systems (GIS)
- ☐ S/T2: Personnel trained to conduct environmental health and safety assessments in shelters
- ☐ S/T3: Shelter registration personnel trained to recognize the need to refer individuals to health services
- ☐ S/T4: Personnel trained in chemical, biological, and radiological decontamination
- ☐ E/T1: Tools and materials for health screenings
- ☐ E/T2: Access to GIS or other systems to identify location of at-risk individuals with access and functional needs
- ☐ E/T3: Trained personnel with access to decontamination shelters and facilities
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify population health needs of impacted areas. Coordinate with response partners to identify population health needs in the area impacted by the incident, using pre-existing jurisdictional risk assessments; data on biological, chemical, or radiological hazards in the area; other environmental data; and health demographic data.
- ☐ Task 2: Assess congregate locations. Coordinate with response partners to complete facility-specific environmental health and safety assessments of the pre-selected congregate locations.
- ☐ Task 3: Ensure food and water safety at congregate locations. Coordinate with partner agencies as necessary to conduct food and water safety inspections at congregate locations.
- ☐ Task 4: Ensure health screening and identification of access and functional needs. Coordinate with response partners to conduct health screenings and identify access and functional needs such as needs related to communication, maintaining health, independence, support, safety, self-determination, and transportation (CMIST) (as defined in the CMIST framework), of the population registering at congregate locations.
- ☐ No gap identified

Function 3: Coordinate public health, health care, and mental/behavioral health services. Coordinate with partner and stakeholder agencies to provide access to health care, mental/behavioral health, and human services; medication, immunization, and consumable medical supplies, such as hearing aid batteries and incontinence supplies; DME for the impacted population; and specialized support to address the access and functional needs of individuals who may be disproportionately impacted by the incident.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Written agreements with organizations that support the provision of medication and administration of vaccines
- ☐ P2: Scalable congregate location staffing models for health services
- ☐ P3: Procedures to transfer individuals general population shelters to specialized shelters or medical facilities
- ☐ P4: Written agreements with partners to monitor populations at congregate locations
- ☐ P5: Scalable congregate location staffing matrices for radiation incidents
- ☐ P6: Written agreements with medical supply and equipment providers to support medical logistics
- ☐ P7: Procedures to coordinate with response partners responsible for decontamination of individuals
- ☐ P8: Procedures to account for sheltering and care for service animals and household pets
- ☐ S/T1: Personnel trained to use personal protective equipment (PPE)
- ☐ S/T2: Personnel trained in animal care services
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Ensure accessibility of health care and mental/behavioral health services. Coordinate with health care partners and other applicable providers to ensure health care, mental/behavioral health, and human services; medication, immunizations, and consumable medical supplies, such as hearing aid batteries and incontinence supplies; and DME are provided at or through congregate locations based on mass care needs.
- ☐ Task 2: Support at-risk individuals with access and functional needs impacted by the incident. Coordinate with applicable providers to integrate the delivery of human services and necessary medication and devices that address the access and functional needs of at-risk individuals disproportionately impacted by the incident or event.
- ☐ Task 3: Support population monitoring and decontamination services. Coordinate with jurisdictional partners, such as lead HazMat authority or other agencies to establish tracking systems and support the decontamination of contaminated or possibly contaminated, including radiological, nuclear, biological, or chemical contaminants, individuals who may enter congregate locations.
- ☐ Task 4: Provide culturally and linguistically appropriate information. Disseminate and promote accessible and culturally and linguistically appropriate information regarding mass care health services to the public.
- ☐ Task 5: Coordinate care for service animals. Coordinate with agencies to accommodate and provide care for service animals, including veterinary care, essential needs, and decontamination, within general shelter populations.
- ☐ Task 6: Coordinate care for household pets. Collaborate with partner agencies to coordinate the location of human sheltering efforts with household pet sheltering efforts.
- ☐ Task 7: Return displaced individuals to pre-incident medical environments. Coordinate with partners and stakeholders to return individuals displaced by the incident to their pre-incident medical environments, such as prior medical care provider, skilled nursing facility, or place of residence.
- ☐ No gap identified

Function 4: Monitor mass care population health. Monitor ongoing health-related mass care support and ensure health needs continue to be met as the incident response evolves.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to conduct shelter population health surveillance
- ☐ P2: Templates for disaster-surveillance forms
- ☐ P3: Procedures for demobilization operations
- ☐ E/T1: Electronic database or other data storage system
- ☐ E/T2: Decontamination (or medical tracking) registration systems for individuals
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Monitor environmental health and safety at congregate locations. Conduct facility-specific environmental health and safety monitoring in coordination with partner agencies, including screening for contamination, such as radiological, nuclear, biological, or chemical contamination, and correct any identified deficiencies.
- ☐ Task 2: Conduct surveillance at congregate locations. Identify cases of illness, injury, immunization status, and exposure within mass care populations.
- ☐ Task 3: Provide situational awareness of health needs at congregate locations. Identify ongoing and changing health needs as part of public health agency or jurisdictional situational awareness reports, share information with the incident management system, and request additional federal, regional, state, local, tribal, and territorial assistance.
- ☐ Task 4: Demobilize mass care operations. Create and execute a health resource demobilization plan in conjunction with partner and stakeholder organizations to de-escalate the response as appropriate to the incident.
- ☐ No gap identified

Local CPG Assessment

Capability 7: Mass Care (part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 8: Medical Countermeasure Dispensing & Administration (Part I)

INSTRUCTIONS: For each of the C8 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Determine medical countermeasure dispensing/administration strategies. Coordinate with partners to formulate jurisdiction-specific strategies for the timely provision of medical countermeasures based on incident needs.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Multidisciplinary planning group(s) consisting of subject matter experts and key partners to formulate and confirm medical countermeasure dispensing/administration strategies and roles
- ☐ P2: Procedures to identify medical countermeasures required to respond to current or projected incidents
- ☐ P3: Procedures in place to guide the dispensing/administration of medical countermeasures
- ☐ P4: Considerations for a network of sites for dispensing/administering medical countermeasures; which may include points of dispensing (PODs), vaccination clinics, pharmacies, hospitals, health care facilities or temporary mass vaccination sites
- ☐ S/T1: Personnel trained to dispense/administer medical countermeasures
- ☐ S/T2: Personnel trained to conduct tabletop, functional, and full-scale exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) in order to test and evaluate jurisdictional medical countermeasure strategies
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Develop jurisdiction-specific strategies to prepare for medical countermeasure dispensing/administration. Coordinate with subject matter experts, partners, and stakeholders to develop strategies to dispense/administer medical countermeasures based on jurisdiction-specific risks, resource availability, and incident characteristics. Strategies should consider allocation methods for scarce resource scenarios.
- ☐ Task 2: Establish a network of dispensing/administration sites. Identify dispensing/administration sites to activate when responding to a public health incident.
- ☐ Task 3: Identify and assign required response roles. Identify and assign necessary medical countermeasure response roles and responsibilities in coordination with partners and stakeholders.
- ☐ No gap identified

Function 2: Receive medical countermeasures to be dispensed/administered. Request and receive medical countermeasures at the jurisdictional level and ensure receipt of medical countermeasures at dispensing/administration sites based on incident characteristics.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to assess medical countermeasure inventories and determine the need for additional medical countermeasures
- ☐ P2: Procedures in place to request and receive medical countermeasures at dispensing/administration sites
- ☐ P3: Procedures in place for the storage and handling of MCM at dispensing/administration sites; which may cold chain management, pharmacy laws, manufacturer specification, requirements of VFC, and managing controlled substances
- ☐ E/T1: Information system(s) to track the medical countermeasures dispensed or administered, inform resupply requests, and monitor adverse events
- ☐ E/T2: Equipment, supplies, and systems needed to support dispensing/administration; which may include material handling equipment, cold chain management equipment, and ancillary medical supplies
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Evaluate jurisdictional medical countermeasure inventories. Assess the ability of jurisdictional medical countermeasure inventories to meet the jurisdiction's needs based on the incident.
- ☐ Task 2: Request medical countermeasures. Request or obtain medical countermeasures using established procedures from federal, jurisdictional, or private partners and stakeholders to meet supply needs.
- ☐ Task 3: Receive medical countermeasures at dispensing/administration sites. Ensure all activated medical countermeasure dispensing/administration sites receive apportioned inventories according to incident requirements, logistics, infrastructure, and security strategies.
- ☐ No gap identified

Function 3: Activate medical countermeasure dispensing/administration operations. Coordinate with partners and stakeholders to ensure resources, including personnel, equipment, technology, and physical space, are activated to dispense/administer medical countermeasures.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to guide the activation of dispensing/administration sites and the activation of trained staff, volunteers, and skilled personnel to support those sites
- ☐ P2: Procedures in place to dispense/administer medical countermeasures to public health responders and/or critical workforce, either pre-incident or during the early stages of an incident
- ☐ P3: Security measures developed for each specific medical countermeasure dispensing and vaccine administration site; necessary, to ensure personnel safety, product security, and crowd management during an incident
- ☐ P4: List of identified partners and stakeholders for private sector dispensing/administration and procedures to activate private sector partners, as applicable
- ☐ P5: Communication messages and procedures in place to address various threats, incidents, and at-risk populations
- ☐ E/T1: Equipment for dispensing/administering medical countermeasures including PPE, medical handling equipment, medical supplies, administrative supplies, etc
- ☐ E/T2: Information systems and communication tools to inform community, target populations, and health care providers about key medical countermeasure information
- ☐ E/T3: Information systems to support the development and maintenance of staffing models
- ☐ E/T4: Equipment and internet connection (at POD locations), as needed, to access an individual's immunization status found in an immunization registry, or information about medical conditions as found in an electronic health record
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Activate medical countermeasure dispensing/administration operations based on needs of the incident. Notify and then activate the participating network of sites that will dispense/administer medical countermeasures to achieve coverage goals commensurate with the incident.
- ☐ Task 2: Notify and assemble personnel who will support medical countermeasure dispensing/administration. Alert and assemble personnel who will support medical countermeasure dispensing/administration according to the roles, responsibilities, and resources needed to achieve medical countermeasure coverage goals.
- ☐ Task 3: Provide medical countermeasures to public health responders and/or critical workforce. Dispense/administer medical countermeasures to public health responders and critical workforce based on the incident needs and relevant guidance, such as targeting vaccine prioritization to certain population groups.
- ☐ Task 4: Implement security measures for medical countermeasure dispensing/administration. Implement site-specific security measures to ensure facility safety, personnel safety, product integrity, and crowd management when dispensing or administering medical countermeasures.
- ☐ Task 5: Provide information to the public. Inform the public about dispensing/administration site locations, operational periods (days and hours open), and populations targeted to receive medical countermeasures.
- ☐ No gap identified

Function 4: Dispense/administer medical countermeasures to targeted population(s). Provide medical countermeasures to the target population in accordance with public health guidelines and recommendations appropriate to the incident.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures and guidance to dispense/administer medical countermeasures to affected, targeted, and prioritized populations that align with current science, incident characteristics, and public health guidelines
- ☐ P2: Drug or vaccine information available to the public and to persons receiving medical countermeasures
- ☐ P3: Procedures to request additional personnel and supplies based on incident characteristics
- ☐ S/T1: Personnel trained on jurisdictional medical countermeasure tracking systems such as immunization information systems, electronic health records, or other tracking databases
- ☐ E/T1: Adapted information statements for target audience
- ☐ E/T2: Primary and backup information system(s) for dispensing and administering medical countermeasures, such as inventory tracking systems to manage medical countermeasure supplies or state IISs to track vaccinations to individuals
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Dispense/administer medical countermeasures to target populations. Identify, screen, and triage target populations to receive medical countermeasures and then to dispense/administer medical countermeasures according to appropriate protocols.
- ☐ Task 2: Provide essential information to those who receive medical countermeasures. Provide product name, rationale for use and contraindications, point(s) of contact, and other information about the medical countermeasures provided.
- ☐ Task 3: Monitor and adjust medical countermeasure dispensing/administration throughput and coverage. Monitor and adjust staffing and supplies to achieve and sustain throughput and coverage goals based on the remaining needs of the population, such as inventory level and remaining regimen use surge or decline.
- ☐ Task 4: Track medical countermeasures that are dispensed/administered. Maintain inventory management systems to track medical countermeasure inventories and ancillary medical supplies.
- ☐ No gap identified

Function 5: Report adverse events. Monitor and report or facilitate the reporting of adverse events associated with a medical countermeasure.

Indicate any F5 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to guide the reporting of adverse events including receipt of reports and dissemination of adverse event information, to include provisions for adverse event reporting at national and jurisdictional levels
- ☐ P2: Procedures in place to generate and disseminate pertinent information related to adverse event reporting
- ☐ S/T1: Personnel trained on federal and applicable jurisdictional adverse event reporting system procedures such as VAERS, FDA MedWatch, or local reporting systems
- ☐ E/T1: Access to national and jurisdictional adverse event reporting systems
- ☐ No gap identified

Indicate any F5 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Prepare for adverse event reporting. Assure jurisdictional procedures are in place for adverse event reporting and information dissemination to ensure persons who dispense, administer, or receive medical countermeasures are informed and understand actions to take in the instance of an adverse event.
- ☐ Task 2: Activate adverse event reporting procedures. Activate adverse event reporting processes to accommodate reporting from any relevant source, including individuals, health care providers, or public health agencies.
- ☐ Task 3: Report and use adverse event information. Promote and facilitate reporting of adverse events, disseminate relevant trend data to applicable entities, such as federal agencies, jurisdictional government agencies, and health response partners, and monitor emerging data to inform potential modifications to medical countermeasure strategies.
- ☐ No gap identified

Capability 8: Medical Countermeasure Dispensing and Administration (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

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Capability 9: Medical Materiel Management and Distribution (Part I)

INSTRUCTIONS: For each of the C9 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Direct and activate materiel management and distribution. Coordinate with the jurisdictional emergency management agency and health care systems to activate medical materiel distribution operations when an incident exceeds the normal capacity of the jurisdictional supply chain.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Assessment of jurisdictional medical materiel needs and distribution response capacity to identify gaps and inform distribution site selection (number of sites and locations), personnel resource requirements, transportation requirements, inventory management strategies, and security measures
- ☐ P2: Jurisdictional plans that reflect the sequential process of medical materiel distribution, meaning acquisition, management, transport, tracking, recovery, disposal, and return or loss
- ☐ P3: Identified lead or jurisdictional authority to initiate medical materiel distribution operations
- ☐ P4: Written agreements with critical partner(s) which support medical materiel distribution operations
- ☐ P5: Primary and backup distribution sites capable of receiving, staging, storing, and distributing medical materiel, regardless of the originating supply source
- ☐ P6: Transportation strategy that includes critical operational planning (refer to Capabilities document for detail)
- ☐ P7: Procedures in place to identify and prepare personnel or volunteers to support medical materiel distribution
- ☐ P8: Procedures in place to ensure security throughout the medical materiel distribution process
- ☐ S/T1: Personnel trained to manage and distribute medical materiel in alignment with jurisdictional procedures
- ☐ S/T2: Personnel trained to use and manage inventory management systems to track materiel throughout the distribution process
- ☐ S/T3: Personnel trained to conduct tabletop, functional, and full-scale exercises, in accordance with HSEEP standards
- ☐ E/T1: Transportation assets scalable for distributing medical materiel to distribution sites based on incident characteristics and logistical conditions
- ☐ E/T2: Inventory management system(s) to coordinate and account for medical materiel receipt and distribution, such as CDC's Inventory Management and Tracking System (IMATS). Inter-operable information systems to exchange and store inventory-related data
- ☐ E/T3: Equipment needed to maintain security for personnel and facilities (physical security measures, personal protective equipment, etc)

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify jurisdictional needs for distributing medical materiel. Assess medical materiel response needs based on risk-based scenarios, identify available jurisdictional resources to support medical materiel distribution, and identify potential distribution challenges.
- ☐ Task 2: Develop procedures to distribute medical materiel. Formulate and update procedures for medical materiel distribution throughout the distribution process, meaning acquisition, management, transport, and tracking during an incident; recovery, disposal, and return or loss after an incident.
- ☐ Task 3: Establish a network of distribution sites. Identify distribution sites, including receipt, stage, store (RSS), sites regional distribution sites (RDSs), local distribution sites (LDSs), hospitals and health care facilities, or other potential distribution sites, to manage and distribute medical materiel.
- ☐ Task 4: Develop and establish a transportation strategy. Identify and document transportation assets, based on jurisdictional availability of commercial and governmental transportation resources and establish procedures to mobilize transportation assets based on incident characteristics.
- ☐ Task 5: Identify and train medical materiel distribution personnel. Identify personnel to manage and distribute medical materiel and ensure identified personnel meet training or certification requirements.
- ☐ Task 6: Establish an inventory management system. Establish a reliable inventory management system to track medical materiel and exchange inventory-related data with CDC throughout the distribution process.
- ☐ Task 7: Identify security needs and establish security measures. Identify security needs for personnel, medical materiel, and the network of distribution sites, and establish appropriate security measures based on incident characteristics.
- ☐ Task 8: Activate medical materiel management and distribution operations. Start procedures to activate identified personnel and the network of distribution sites for medical materiel management and distribution.
- ☐ No gap identified

Function 2: Acquire medical materiel from national stockpiles or other supply sources. Acquire, receive, stage, and store medical materiel from jurisdictional caches or from private, regional, or federal partners.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to request medical materiel, for both initial requests and resupply requests; including operational considerations
- ☐ P2: Procedures in place to receive, stage, and store medical materiel at distribution center
- ☐ S/T1: Personnel trained on procedures to request and manage medical materiel in accordance with manufacturer guidance
- ☐ S/T1: Materiel-handling equipment at receiving sites
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Acquire medical materiel. Request or obtain medical materiel to meet the needs of the jurisdiction based on incident characteristics.
- ☐ Task 2: Manage medical materiel. Receive, stage, and store medical materiel in accordance with manufacturer specifications.
- ☐ No gap identified

Function 3: Distribute medical materiel. Transport medical materiel to receiving sites based on incident needs.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to apportion and transport medical materiel
- ☐ P2: Written agreements with receiving sites and transportation partners
- ☐ S/T1: Personnel trained to apportion and transport medical materiel
- ☐ E/T1: Equipment and supplies, for the distribution of medical materiel at receiving site(s)
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Transport medical materiel to receiving sites. Activate strategies for apportioning and transporting medical materiel to distribution sites and dispensing/administration sites.
- ☐ Task 2: Ensure product integrity of medical materiel. Maintain medical materiel integrity in accordance with established safety and manufacturer specifications during transport and distribution.
- ☐ No gap identified

Function 4: Monitor medical materiel inventories and medical materiel distribution operations. Maintain real-time situational awareness of medical materiel management and distribution in order to address emerging needs for resupply, security, transportation, and use of receiving sites.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to report inventory status to local, state, regional, and federal authorities
- ☐ P2: Procedures in place to request resupply for distribution sites that specify critical medical materiel information
- ☐ P3: Procedures in place to assess security measures throughout the distribution process and make adjustments as necessary
- ☐ P4: Procedures in place to resupply, replace, or adapt transportation assets
- ☐ S/T1: Supplemental inventory management personnel trained and ready to sustain medical materiel distribution
- ☐ E/T1: Ongoing access to physical security measures for maintaining security of materiel
- ☐ E/T2: Ongoing access to primary or backup system(s) to manage inventory
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify and respond to medical materiel resupply needs. Monitor inventory status reports and request resupply, based on demand and incident needs.
- ☐ Task 2: Monitor security of medical materiel operations. Maintain situational awareness of security needs, throughout the duration of the incident, and adjust security measures, as necessary.
- ☐ Task 3: Monitor transportation operations. Maintain situational awareness of transportation assets and adjust transportation plans, as necessary.
- ☐ Task 4: Monitor receiving sites and associated personnel. Assess the effectiveness and efficiency of receiving sites and scale operations, as applicable.
- ☐ No gap identified

Function 5: Recover medical materiel and demobilize distribution operations. Recover remaining medical materiel and demobilize distribution operations in accordance with jurisdictional policies, federal regulations, and incident characteristics.

Indicate any F5 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to demobilize operations
- ☐ P2: Procedures in place to store, distribute, dispose of, or return unused or unopened materiel
- ☐ P3: Procedures in place to dispose of biomedical waste and hazardous materials
- ☐ P4: Procedures in place to complete an AAR and IP consistent with HSEEP guidance
- ☐ S/T1: Personnel trained on medical materiel and equipment recovery
- ☐ S/T2: Personnel trained on established protocols for disposal of unused or unopened medical materiel, pharmaceuticals, durable items, and hazardous materials and medical waste
- ☐ S/T3: Personnel trained on established HSEEP and NIMS procedures for after-action reporting
- ☐ No gap identified

Indicate any F5 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify recovery and demobilization needs. Determine the needs of the jurisdiction to recover medical materiel and scale down medical materiel management operations.
- ☐ Task 2: Recover medical materiel. Recover remaining medical materiel when demobilizing jurisdictional distribution operations.
- ☐ Task 3: Return or dispose of unused medical materiel. Account for, return, or dispose of unused and unopened medical materiel.
- ☐ Task 4: Demobilize distribution operations. Deactivate transportation assets, receiving sites, and personnel.
- ☐ Task 5: Dispose of biomedical waste or other hazardous material. Dispose of biomedical and other potentially infectious, hazardous, or contaminated materials and waste.
- ☐ Task 6: Prepare after-action reports and improvement plans. Document within an after-action report (AAR) the strengths and challenges encountered during the medical materiel distribution process and develop a corresponding improvement plan (IP).
- ☐ Task 7: Implement improvement plans. Implement an IP based on the identified opportunities for improvement.
- ☐ No gap identified

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Capability 9: Medical Material Management and Distribution (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Local CPG Assessment

Capability 10: Medical Surge (Part I)

INSTRUCTIONS: For each of the C10 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Assess the nature and scope of the incident. Coordinate with Emergency Support Function (ESF) #8 partners, the jurisdiction's health care response, and other partners and stakeholders to define incident needs and available health care personnel and resources through the collection and analysis of data, including resource tracking data, data resulting from mutual aid agreements, such as the Emergency Management Assistance Compact (EMAC), disease surveillance data, and other applicable health data.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Personnel trained and assigned to fill public health incident management roles, as applicable to a medical surge response
- ☐ P2: Procedures in place to ensure coordination with jurisdictional partners and stakeholders for emergency incidents, exercises, and pre-planned events in accordance with ICS organizational structures, doctrine, and procedures, as defined by NIMS
- ☐ P3: Bi-directional situational awareness system in place to assess and maintain visibility of emergency surge resources
- ☐ P4: Procedures in place for public health to engage and collect critical information from the health care system and health care coalitions
- ☐ P5: Procedures in place to define when the jurisdiction's health care system and health care coalitions transition between response status
- ☐ P6: Procedures in place for the inclusion of partners to assist in the effective management of medical surge needs
- ☐ P7: Ongoing processes and procedures for bi-directional public communication.
- ☐ S/T1: Personnel trained to use NEMSIS and 911 data
- ☐ S/T2: Personnel trained to use the jurisdictional bed-tracking system
- ☐ S/T3: Personnel trained for the role of the public health agency programs in incident response requiring medical surge
- ☐ E/T1: Primary and backup Internet connection to access local and state NEMSIS, 911 data, or access bed-tracking data
- ☐ E/T2: Jurisdictional situational awareness system coordinated with critical healthcare partners
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Define the role of the public health agency in medical surge. Identify jurisdictional public health medical surge lead and/or support roles and responsibilities in coordination with other jurisdictional authorities and partners.
- ☐ Task 2: Evaluate the structural needs of the jurisdictional incident management system. Support the jurisdictional incident management system to determine the public health medical surge role within the Incident Command System (ICS).
- ☐ Task 3: Complete incident assessments. Assess and document initial needs and availability of resources including personnel, facilities, logistics, and other health care resources.
- ☐ Task 4: Exchange data with jurisdictional health care organizations or health care coalitions. Provide public health data to jurisdictional health care organizations or health care coalitions to support activation of plans, if required, to maximize scarce resources and prepare for shifts into and out of conventional, contingency, and crisis standards of care.
- ☐ No gap identified

Function 2: Support activation of medical surge. Convene subject matter experts to discuss incident-specific changes to clinical care in protracted incidents, such as pandemic influenza, and expand access to health care services, such as call centers, alternate care systems, EMS, inpatient services, pharmacies, and occupational health clinics, during a surge on the jurisdiction's health care system from an incident or event. Support the health care system, health care coalitions, and response partners based on identified public health response role(s), including providing recommendations for allocation of scarce resources.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place that indicate how the jurisdictional public health agency will access volunteer resources
- ☐ P2: Procedures in place that indicate how the public health agency will engage with health care coalitions and other response partners in the development and execution of health and medical response plans, integrating the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event to meet incident and medical surge needs
- ☐ P3: Jurisdictional procedures in place to identify critical information sharing requirements
- ☐ P4: Procedures in place to document participation from jurisdictional and regional health care partners
- ☐ P5: Procedures in place to connect health care organizations and providers with additional volunteers resources
- ☐ P6: Procedures in place to provide support for the integration of MRC units with local, regional, and statewide infrastructure
- ☐ P7: Written agreements with partner agencies needed to create formal and informal partnerships with jurisdictional volunteer sources
- ☐ P10: Procedures in place to staff call centers with volunteer resources to manage increased call volumes
- ☐ P11: Procedures in place to develop and disseminate medical surge guidance to the public during an incident or event.
- ☐ P12: Procedures in place for the local EMS system to request additional for the needs of pediatric cases
- ☐ P13: Legal and regulatory mechanisms to support surge activities at the jurisdictional level, and identification and engagement of the health care workforce to execute the mechanisms.
- ☐ S/T1: Personnel trained and knowledgeable on the SNS formulary and trained on FMS implementation
- ☐ S/T2: Personnel trained on providing care to pediatric patients and using pediatric equipment.
- ☐ E/T1: Incorporation of equipment, communication, and data interoperability into the health care organizations' acquisition programs
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Mobilize medical surge personnel. Support mobilization of incident-specific medical and mental/behavioral treatment personnel, public health personnel, and support personnel.
- ☐ Task 2: Activate alternate care facilities. Assist health care organizations and health care coalitions with monitoring and activating alternate care facilities, as requested.
- ☐ Task 3: Support additional health care services. Assist with the surge of the health care system through coordination with health care coalitions, including hospitals and non-hospital entities.
- ☐ Task 4: Ensure situational awareness. Support situational awareness by using real-time information exchange among response partners, the health care system, and health care coalitions.
- ☐ Task 5: Coordinate public education opportunities. Provide information to educate the public regarding available health care services, and adapt messaging for populations that may be disproportionately impacted by the incident, including individuals with access and functional needs.
- ☐ No gap identified

Function 3: Support jurisdictional medical surge operations. Coordinate health care resources in conjunction with response partners, including the tracking of patients, medical personnel, equipment, and supplies from intra- or inter-state and federal partners, if necessary, in quantities needed to support medical response operations.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to collect, communicate, and share situational awareness information with response partners
- ☐ P2: Procedures in place that detail jurisdictional public health agency participation in the development and execution of health and medical response and recovery plans that integrate the access and functional needs of at-risk populations.
- ☐ P3: Procedures in place to support or implement family reunification.
- ☐ P4: Public health and health care system coordination procedures that account for public health and medical materiel management, inventory assessments, and personnel and equipment resource requests
- ☐ P5: Jurisdictional patient-tracking and disease surveillance systems operated in conjunction with critical response partners
- ☐ P6: Procedures in place to coordinate with the jurisdiction's patient-tracking system(s)
- ☐ E/T1: Operational electronic or other data storage systems to inform situational awareness
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Maintain communications and continuity of services. Coordinate and maintain communications per jurisdictional authority or jurisdictional incident management structure with partners and stakeholders, to maintain situational awareness, account for jurisdictional needs, and maintain continuity of medical response operations.
- ☐ Task 2: Coordinate with partners to provide required resources. Assess resource requirements during each operational period and coordinate with partners, including those able to provide mental/behavioral health services for the community, to obtain necessary resources and to support medical surge.
- ☐ Task 3: Track patients impacted by the incident. Coordinate with jurisdictional partners and stakeholders to facilitate patient tracking during the incident response and recovery.
- ☐ No gap identified

Function 4: Support demobilization of medical surge operations. In conjunction with jurisdictional partners, return the health care system to pre-incident operations by incrementally decreasing surge staffing, equipment needs, alternate care facilities, and other systems and transitioning patients from acute care services into their pre-incident medical environments or other applicable medical settings.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures in place to coordinate with state EMS to demobilize transportation assets used in the incident
- ☐ P2: Procedures in place to demobilize surge personnel and partners.
- ☐ P3: Communication between public health and the health care system, health care coalitions, and community partners to maintain situational awareness of health care system impacts that may inform demobilization priorities.
- ☐ P4: Procedures in place to coordinate case management, or other support, to assist in the transition to pre-incident medical environments or other applicable medical settings
- ☐ P5: Coordinated procedures to communicate with HHS Regional Health Administrators (RHAs) and state, local, or county agencies, and HHS RECs to address the access and functional needs of patients during the demobilization of medical surge efforts
- ☐ P6: Coordination of jurisdictional authorities and partner groups to support post-deployment volunteer
- ☐ P7: For purpose of demobilization, procedures in place to release volunteers and other personnel
- ☐ P8: Developed exit screening procedures for out-processing activities.
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Assist in the return movement of patients. Assist or coordinate with partners to return patients to their pre-incident medical environments, such as prior medical care provider, skilled nursing facility, or place of residence, or other applicable medical settings.
- ☐ Task 2: Assist health care system in the demobilization of resources. Coordinate with partners to demobilize health care resources including facilities, personnel, and equipment according to incident needs. Ensure effective discharge planning for people with disabilities and other access and functional needs to avoid inappropriate placement, and maintain independent living in the least restrictive environment.
- ☐ Task 3: Demobilize care facilities and mutual aid resources. Coordinate with partners to demobilize alternate care facilities and resources obtained through mutual aid, EMAC, and other means of assistance, as appropriate for the incident.
- ☐ No gap identified

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Capability 10: Medical Surge (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Capability 11: Non-Pharmaceutical Intervention (Part I)

INSTRUCTIONS: For each of the C11 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions. Engage with partners and stakeholders to identify authorities, policies, and community factors that guide decision-making about NPIs and to determine jurisdictional roles and responsibilities for NPIs.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Documentation of applicable policies for non-pharmaceutical interventions
- ☐ P2: Identification and documentation of local conditions or incident characteristics
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify authorities, policies, and other factors that impact NPIs. Identify jurisdictional, legal, and regulatory authorities and policies as well as other community factors that enable or limit the ability to recommend and implement NPIs.
- ☐ Task 2: Determine jurisdictional roles and responsibilities related to NPIs. Determine jurisdictional lead and support roles for implementing NPIs, and confirm roles and responsibilities among partners and stakeholders.
- ☐ No gap identified

Function 2: Determine nonpharmaceutical interventions. Collaborate with subject matter experts and community representatives to make recommendations for NPIs based on incident characteristics and subject matter expertise in applicable specialties, such as epidemiology, laboratory, surveillance, health care, chemistry, biology, radiology, social service, emergency management, and law enforcement.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Decision matrix indicating questions for public health leadership and recommendation options
- ☐ P2: Procedures in place to develop nonpharmaceutical intervention recommendations specific to the incident and based on science, risks, resource availability, and legal authorities.
- ☐ S/T1: Training in use of the jurisdiction's non-pharmaceutical interventions and implementation
- ☐ S/T2: Training on agency role(s) as they relate to NPIs
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Engage subject matter experts to assess exposure or transmission. Assemble subject matter experts to assess the severity of exposure or transmission at the jurisdictional level and the need for NPIs.
- ☐ Task 2: Develop recommendations for NPIs. Identify NPI recommendations based on science, risks, resource availability, and legal authorities.
- ☐ No gap identified

Function 3: Implement nonpharmaceutical interventions. Coordinate with jurisdictional partners and stakeholders to implement and, if necessary, enforce the recommended NPI(s).

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Written agreements with partners to implement appropriate plans for NPIs
- ☐ P2: Written agreements with mental /behavioral health providers for individuals affected by NPIs
- ☐ P3: Procedures to support the separation of cohorts of potentially exposed persons
- ☐ P4: Process for implementing isolation or quarantine measures at designated location
- ☐ P5: Procedures to support coordination of population monitoring and external decontamination
- ☐ P6: Procedures to support evacuation or relocation of populations due to a nuclear emergency
- ☐ P7: Templates and intervention-specific public educational materials
- ☐ S/T1: Personnel trained to support radiological emergency community reception centers
- ☐ S/T2: Personnel or agencies with legal expertise authorized to advise on legal or regulatory aspects
- ☐ S/T3: Relevant personnel trained to understand decontamination procedures
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Implement NPIs in designated locations. Coordinate with jurisdictional officials to implement NPIs in priority locations, such as community settings where disease is circulating, isolation sites, or quarantine sites.
- ☐ Task 2: Coordinate support services for NPIs. Assist community partners with coordinating support services, such as medical care, mental health services, and the provision of food and water, for individuals and communities targeted for NPI(s).
- ☐ Task 3: Close locations and cancel events with mass gatherings. Implement voluntary or mandatory closure of specific locations or cancel large events in coordination with appropriate jurisdictional officials and other stakeholders.
- ☐ Task 4: Restrict movement: Implement voluntary or mandatory restrictions on movement, as needed, in coordination with relevant jurisdictional officials, partners, and stakeholders.
- ☐ Task 5: Manage and detain passengers at ports of entry. Coordinate with CDC's Division of Global Migration and Quarantine (quarantine station), port authorities, and jurisdictional officials to manage and detain passengers at ports of entry, as applicable to the incident, including security and law enforcement support, notification of family, and provision of food, shelter, water, and communication channels.
- ☐ Task 6: Ensure external decontamination of individuals. Screen, register, and conduct external decontamination of potentially exposed or contaminated individuals.
- ☐ Task 7: Inform the public, responder agencies, and other partners of recommendations for NPIs. Provide education and appropriate messaging to the public, responder agencies, and other partners regarding the recommended NPIs.
- ☐ No gap identified

Function 4: Monitor nonpharmaceutical interventions. Monitor the implementation and effectiveness of interventions, adjust intervention methods and scope as the incident evolves, and determine the level or point at which interventions are no longer needed.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to monitor the effectiveness of NPIs
- ☐ P2: Procedures to monitor known cases/exposed persons
- ☐ P3: Documentation of feedback applicable to the intervention
- ☐ P4: Triggers and timeframes for ceasing nonpharmaceutical interventions
- ☐ E/T1: Equipment to support collection and compilation of incident data (such as electronic communications and data storage equipment)
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Assess implementation and effectiveness NPIs. Assess the effectiveness and uptake of NPIs using relevant data about the disease or exposure, such as the degree of transmission, contamination, infection, and severity of exposure, and monitor potential unintended or adverse effects of interventions.
- ☐ Task 2: Provide updated information to partners related to the use of nonpharmaceutical interventions. Provide reports about the use of NPIs, as needed, to relevant agencies, partners, and stakeholders to inform continuous and timely decision making.
- ☐ Task 3: Revise recommendations for nonpharmaceutical interventions. Update recommendations for NPIs as indicated by the incident, including increasing or decreasing frequency or implementing new interventions.
- ☐ Task 4: Conduct after-action reviews of nonpharmaceutical interventions. Identify lessons learned related to NPI implementation within after-action reports (AARs) and develop and implement corresponding improvement plans (IPs).
- ☐ No gap identified

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Capability 11: Non-Pharmaceutical Interventions (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

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Capability 13: PH Surveillance & Epidemiological Investigation (Part I)

INSTRUCTIONS: For each of the C13 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Conduct or support public health surveillance. Conduct or support ongoing systematic collection, analysis, interpretation, and management of public health-related data to effectively detect, verify, characterize, and manage a threat, hazard, risk, or incident of public health concern throughout and following an incident.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Documented legal and procedural frameworks that support mandated and voluntary information exchange with community partners
- ☐ P2: Existing procedures for gathering and analyzing data for broad range of health indicators
- ☐ P3: Public health surveillance procedures to access and share health-related information while following jurisdictional and federal requirements and law
- ☐ P4: Procedures for jurisdictional public health agency to access, collect, analyze, interpret, and respond to reports of potential public health threats or incidents
- ☐ P5: Regularly updated and verified list(s) of stakeholders who share, receive, and distribute surveillance reports
- ☐ P6: Procedures to notify CDC of cases in NNDSS, includes immediate notifications concerning PHEICs
- ☐ P7: Procedures that ensure electronic exchange of personal health information meets privacy-related laws, standards, and jurisdictional requirements
- ☐ P8: Procedures to ensure surveillance system continues should systems be disrupted
- ☐ S/T1: Personnel to participate in data collection, analysis, and reporting
- ☐ E/T1: Systems able to analyze and share surveillance and epidemiological data across multiple disciplines
- ☐ E/T2: Systems to ensure the management and exchange of information with partners and stakeholders
- ☐ No Gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Engage stakeholders to support public health surveillance and investigation
- ☐ Task 2: Conduct or support routine and incident-specific surveillance
- ☐ Task 3: Share surveillance findings
- ☐ Task 4: Maintain and improve surveillance systems
- ☐ No Gap identified

Function 2: Conduct public health and epidemiological investigations. Identify the source of a case or outbreak of disease, injury, or exposure and the associated determinants in a population, including time, place, person, vital status, or other indices, to report results and findings to cross-disciplinary jurisdictional and federal partners and stakeholders.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Templates for outbreak and multiple exposure investigation reports
- ☐ P2: Procedures in place to support jurisdictional methods for conducting investigations of public health, environmental, and occupational threats, incidents, and hazards
- ☐ P3: Procedures to establish partnerships, conduct investigations, and share information
- ☐ P4: Written agreements to authorize joint investigations and information exchange
- ☐ P5: Existing laws, statutes, policies and procedures that ensure jurisdictional public health authority to collect and share uniform set of health-related data
- ☐ S/T1: Personnel to manage surveillance and epidemiological investigation systems and support surge requirements
- ☐ E/T1: Systems to monitor health status and exposure risks of individuals and groups
- ☐ E/T2: Systems to aid in development of public health investigation reports
- ☐ No Gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Conduct public health and epidemiological investigations
- ☐ Task 2: Provide support to local public health and epidemiological investigations
- ☐ Task 3: Share public health and epidemiological investigation findings
- ☐ No Gap identified

Function 3: Recommend, monitor, and analyze mitigation actions. Recommend, implement, and support public health interventions that contribute to the mitigation of a threat, hazard, risk, or incident, and monitor intervention effectiveness.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to initiate and sustain surveillance, exposure containment, control, and mitigation actions in response to emergency public health events
- ☐ P2: Procedures to use health-related data and statistics that support recommendations for populations at higher adverse outcomes risk
- ☐ P3: Procedures to track mitigation actions, monitor performance, document and share outcomes using data instruments
- ☐ S/T1: Personnel trained to conduct epidemiological investigations
- ☐ S/T2: Personnel trained on HSEEP processes
- ☐ No Gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify public health guidance and recommendations
- ☐ Task 2: Share appropriate public health guidance and recommendations
- ☐ Task 3: Monitor and assess public health interventions
- ☐ No Gap identified

Function 4: Improve public health surveillance and epidemiological investigation systems. Assess internal agency surveillance and epidemiologic investigation systems and implement quality improvement measures within jurisdictional public health agency control.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to assess jurisdictional response effectiveness with local partners
- ☐ P2: Procedures to communicate AAR/IP findings to data submitters and key partners
- ☐ S/T1: Personnel trained on quality improvement processes and techniques
- ☐ S/T2: Personnel trained on HSEEP AAR/IP guidelines
- ☐ S/T3: Personnel trained to meet public health informatician competencies for surveillance and epidemiologic analysis
- ☐ E/T1: Electronic and non-electronic tools and methods for data collection, management, analysis, and sharing
- ☐ E/T2: Systems to track implementation and impact of corrective actions identified within AARs/IPs
- ☐ No Gap Identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Evaluate effectiveness of public health surveillance and epidemiological investigation processes and systems
- ☐ Task 2: Identify and prioritize corrective actions
- ☐ Task 3: Establish an after-action process, share after-action report(s) and improvement plan(s), and implement and monitor corrective actions
- ☐ No Gap identified

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Capability 13: PH Surveillance & Epidemiological Investigation (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Capability 14: Responder Safety & Health (Part I)

INSTRUCTIONS: For each of the C14 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Identify responder safety and health risks. Identify and prioritize responder safety and health risks, and determine the protection and control measures, medical services, including the provision of medical countermeasures, and mental/behavioral health support services necessary to protect and support responders.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Pre-identified safety and health risk scenarios for public health responders
- ☐ P2: Pre-defined public health agency roles and responsibilities for responder safety and health
- ☐ P3: Incident safety plans that include clear and concise statements for safety messages
- ☐ P4: Procedures that determine responder eligibility and identified screening/background check factors
- ☐ P5: PPE recommendations for responders
- ☐ S/T1: Personnel trained to serve in the role of Incident Safety Officer
- ☐ S/T2: Personnel trained to use various PPE and decontamination procedures
- ☐ S/T3: Personnel trained on jurisdictional systems for population monitoring to identify risks and recommendations for PPE
- ☐ E/T1: Responder registration system that is scalable, secure, and compliant with NIMS
- ☐ E/T2: Technology and cybersecurity safeguards that prevent unauthorized access to responder PII
- ☐ E/T3: PPE consistent with identified risks and associated job functions
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify and prioritize safety and health risks. In conjunction with partner agencies, identify and prioritize the potential medical, environmental, and mental/behavioral health risks responders may encounter during an incident with public health consequences, based on jurisdictional risk assessment findings.
- ☐ Task 2: Identify, prioritize, and recommend protection and control measures, medical services, and mental/behavioral health support services for responders. Use a hierarchical approach in coordination with partners and stakeholders to identify, prioritize, and recommend protection and control measures, medical countermeasures, such as vaccinations, mental/behavioral health support services, and other resources to protect and support incident responders.
- ☐ Task 3: Develop or refine incident safety plan. Use identified safety and health recommendations to develop or refine incident safety plan.
- ☐ Task 4: Support responder eligibility confirmation. Provide recommendations and guidance to support pre-incident screening and verification of responder credentials, training, and health status, such as vaccinations, physical fitness, and mental health, to ensure suitability for deployment role.
- ☐ No gap identified

Function 2: Identify and support risk-specific responder safety and health training. Support responder safety and health training that accounts for physical safety, mental/behavioral health, use of hierarchical controls, such as administrative controls, engineering controls, and PPE, and other responder safety and health topics based on identified risks and recommendations.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to ensure responder training completion and verification
- ☐ S/T1: Recommended responder safety and health training topics that include safety, communications, operations, and registry use
- ☐ S/T2: Qualified personnel to conduct public health responder training
- ☐ S/T3: Appropriately trained personnel in level A, B, and/or C OSHA PPE standards
- ☐ S/T4: Trained personnel on donning/doffing various types of PPE and disposal of infectious waste
- ☐ S/T5: Enrollment in respiratory protection program by personnel required to use respirators
- ☐ E/T1: PPE consistent with jurisdictional risks and job functions
- ☐ E/T2: Respirator fit testing kit with a certified fit for public health responders.
- ☐ E/T3: Information systems to assess the immunization status of all responders prior, during, and after an event
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Determine responder safety and health training needs. Conduct a training needs assessment to determine the types and frequency of training(s) required to support responder safety and health, such as physical safety, mental/behavioral health, pre-deployment requirements, such as immunization needs, and hierarchical protection and control measures.
- ☐ Task 2: Support safety and health training initiatives. Support provision of just-in-time, initial, and ongoing emergency response safety and health training in partnership with jurisdictional emergency management, other agencies, and partnering organizations.
- ☐ No gap identified

Function 3: Monitor responder safety and health during and after incident response. Coordinate with the Incident Safety Officer or others to conduct and participate in monitoring or surveillance activities to identify potential adverse health effects on public health responders, communicate identified hazards and control measures, and provide medical support services, as necessary.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Documentation of pre-identified incident-specific responder safety and health risks, threats, and precautions
- ☐ P2: On-site rostering and badging to facilitate visual identification of public health responders
- ☐ P3: Procedures to support volunteer needs during a response
- ☐ P4: Procedures for monitoring, exposure assessment, and sampling activities to determine exposure and their effects on responders
- ☐ P5: Updated incident safety plans to reflect monitoring, exposure assessment, sampling, and surveillance findings
- ☐ P6: Communication strategy for sharing responder monitoring and surveillance to responders, the public, and the media
- ☐ P7: Proper demobilization procedures for responders
- ☐ P8: Long-term support and periodic assessment procedures for responders
- ☐ E/T1: Registry or database to document responders exposed to hazards or injured during an event
- ☐ E/T2: Collection, analysis, and reporting of responder safety and health data during/after response
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Conduct responder safety and health monitoring and surveillance. Ensure the appropriate level of safety monitoring and health surveillance for responders based on identified risks, jurisdictional responder roles, and subject matter expert recommendations.
- ☐ Task 2: Document additional incident-specific safety and health risks. Identify potential responder safety and health risks based on responder monitoring and surveillance findings.
- ☐ Task 3: Update incident safety plan. Update and revise the incident safety plan as needed, based on responder monitoring and surveillance findings.
- ☐ Task 4: Conduct responder in-processing. Ensure appropriate badging and rostering during on-site incident responder in-processing.
- ☐ Task 5: Conduct exposure assessment activities. Execute or provide guidance on exposure assessment activities to identify evidence and documentation of hazardous exposures.
- ☐ Task 6: Provide mental/behavioral and medical support services. Coordinate with health care partners to facilitate access to and promote the availability of mental/behavioral and medical support for responders, as necessary.
- ☐ Task 7: Track responder demobilization and out-processing. Conduct post-deployment responder out-processing and track responder physical and mental/behavioral health status upon demobilization.
- ☐ No gap identified

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Capability 14: Responder Safety & Health (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)

Capability 15: Volunteer Management (Part I)

INSTRUCTIONS: For each of the C15 Functions below, identify any Resource Element or Task gaps, as it pertains to your jurisdiction. When evaluating the resource elements and tasks below, please first review the more detailed descriptions in the Capabilities document available on [the CDC website](#).

Function 1: Recruit, coordinate, and train volunteers. Identify, recruit, register, verify, and train volunteers to support the jurisdictional public health agency incident response.

Indicate any F1 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Identified volunteers and resources to respond to public health incidents or events
- ☐ P2: Written agreements to address potential public health responses
- ☐ P3: Verification of professional credentials
- ☐ P4: Proof of deployment eligibility for pre-identified volunteer responders
- ☐ S/T1: Documentation of completed training(s) related to assigned responsibilities
- ☐ S/T2: Personnel trained in volunteer management
- ☐ S/T3: Prospective volunteer training in jurisdictional incident management
- ☐ E/T1: Volunteer manager system access to track registered volunteers
- ☐ E/T2: IT security measures that prevent unauthorized access to volunteer PII
- ☐ No gap identified

Indicate any F1 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify needs for volunteers and other supporting resources. Identify the types and numbers of volunteers and other supporting resources needed to address potential public health responses, based on jurisdictional risk assessments.
- ☐ Task 2: Recruit volunteers. Support the pre-incident recruitment of volunteers needed in a potential jurisdictional public health response by coordinating with existing volunteer programs and partner organizations.
- ☐ Task 3: Verify volunteer credentials. Ensure pre-incident screening and verification of volunteer credentials through jurisdictional ESAR-VHP, MRC, or other volunteer programs.
- ☐ Task 4: Support volunteer emergency response training. Support provision of just-in-time, initial, and ongoing emergency response training, including access and functional needs training, for registered volunteers, in partnership with jurisdictional MRC unit(s) and other partner groups.
- ☐ No gap identified

Function 2: Notify, organize, assemble, and deploy volunteers. Notify, organize, assemble, and deploy volunteers participating in the jurisdictional public health agency response efforts based on identified assignments and incident characteristics.

Indicate any F2 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to coordinate with partners, contact volunteers, identify supporting resources, and share specific assignment details
- ☐ P2: Procedures to identify public health personnel roles in volunteer management
- ☐ P3: Procedures to coordinate with organizations to identify volunteers
- ☐ P4: Procedures to support additional and spontaneous volunteers
- ☐ P5: Procedures to support volunteer needs during a response
- ☐ E/T1: Communication equipment to contact volunteer organizations
- ☐ E/T2: Maintained volunteer registries and rosters that protect volunteer PII
- ☐ E/T3: PPE consistent with volunteer incident risk and associated job functions
- ☐ No gap identified

Indicate any F2 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Identify incident-specific volunteer needs. Identify the number of volunteers, skills, and resources needed to support an incident based on pre-existing volunteer registration lists.
- ☐ Task 2: Identify volunteers. Contact volunteer organizations to support the identification of volunteers based on incident-specific needs.
- ☐ Task 3: Notify registered volunteers of incident-specific assignment details. Notify pre-incident registered volunteers, who are able and willing to respond and share assignment details using multiple modes of communication.
- ☐ Task 4: Request additional volunteers as needed. Notify partner organizations of any additional volunteer needs and request additional volunteers.
- ☐ Task 5: Manage or support spontaneous volunteers. Manage spontaneous volunteers by incorporating them into the incident response or triaging them to other potential volunteer agencies as applicable.
- ☐ No gap identified

Function 3: Conduct or support volunteer safety and health monitoring and surveillance. Conduct or support monitoring and surveillance activities to identify potential volunteer safety and health needs.

Indicate any F3: Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Documentation of incident-specific volunteer safety and health risks, threats, and precautions
- ☐ P2: Procedures to conduct standardized assessment of identified safety and health risks and threats
- ☐ P3: Surveillance to assess trends and practices contributing to illness, injury or mental trauma
- ☐ P4: Procedures to communicate results of volunteer safety and health monitoring and surveillance to responders, media, and the public
- ☐ E/T1: Surveillance systems and databases to track volunteer health and safety
- ☐ No gap identified

Indicate any F3 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Communicate incident-specific safety and health risks to volunteers. Identify potential volunteer safety and health risks, based on incident characteristics, and communicate identified risks and recommended precautions to volunteers.
- ☐ Task 2: Conduct volunteer safety and health monitoring and surveillance. Ensure volunteer safety and health monitoring and surveillance are conducted according to volunteer role risk profile(s).
- ☐ No gap identified

Function 4: Demobilize volunteers. Support the release of volunteers, based on evolving incident needs or incident action plans, and coordinate with partner agencies and organizations to support the provision of any medical and mental/behavioral health support for volunteers.

Indicate any F4 Resource Elements that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ P1: Procedures to ensure proper volunteer demobilization after response
- ☐ P2: Procedures to provide long-term support and periodic assessments of volunteers
- ☐ E/T1: Registries/databases used to document injured volunteer responders or those exposed to hazards during a response
- ☐ E/T2: Ability to collect, analyze, report volunteer safety and health data during/after response
- ☐ No gap identified

Indicate any F4 Tasks that have gaps. Check all that apply. If none, select 'No gap identified.'

- ☐ Task 1: Manage volunteer demobilization and out-processing. Conduct post-deployment volunteer out-processing and track volunteer physical and behavioral health status during demobilization.
- ☐ Task 2: Provide post-incident support to volunteers. Determine need for long-term medical, mental, and behavioral health support for volunteers based on information collected from volunteers during the response and at demobilization.
- ☐ Task 3: Conduct after-action review(s) and develop improvement plan(s). Conduct after-action reviews (AARs) and develop improvement plans (IPs) that identify corrective actions specific to volunteer management to improve future operations.
- ☐ No gap identified

Local CPG Assessment

Capability 15: Volunteer Management (Part II)

INSTRUCTIONS: Answer the questions below as they relate to the Capability as a whole.

Based on your hazards, vulnerabilities, and jurisdictional needs, how important is this Capability to your Jurisdiction's overall preparedness and response mission?

- ☐ Not relevant
- ☐ Limited importance
- ☐ Important
- ☐ Highly important
- ☐ Critical

What is your CURRENT ability to perform the Functions within this Capability?

- ☐ No ability / capacity
- ☐ Limited ability / capacity
- ☐ Some ability / capacity
- ☐ Significant ability / capacity
- ☐ Full ability / capacity

If this Capability is not fully in place, what are the primary challenges or barriers? Select all that apply. If none, select 'No challenges/barriers identified.'

- ☐ Lack of personnel due to funding issues
- ☐ Lack of personnel due to hiring issues
- ☐ Lack of trained personnel
- ☐ Lack of subject matter experts
- ☐ Lack of plans / incomplete plans
- ☐ Legal barriers
- ☐ Administrative barriers
- ☐ Issues with procurement / contracting process
- ☐ Lack of equipment
- ☐ Lack of IT Systems
- ☐ Lower priority Function
- ☐ Lack of supporting infrastructure
- ☐ Corrective actions and/or exercising is required
- ☐ No challenges / barriers identified
- ☐ Other (please specify)