

2019-2024 Public Health Emergency Preparedness (PHEP) Notice of Funding Opportunity Supplemental Guidance and Resources

At-A-Glance: Requirements and Recommendations for Strengthening Public Health Emergency Preparedness Programs

March 2019

At-A-Glance: Requirements and Recommendations for Strengthening Public Health Emergency Preparedness Programs

Overview

The At-A-Glance provides a summary of the 2019-2024 PHEP requirements described in the PHEP notice of funding opportunity (NOFO): CDC-RFA-TP19-1901. For the 2019-2024 performance period, all PHEP recipients must address and comply with programmatic requirements for the following PHEP strategies and activities, building their jurisdictional capabilities with the goal of operational readiness for an emerging infectious diseases (EIDs) such as pandemic influenza, an anthrax event, and other hazards. Additionally, PHEP recipients must meet all requirements associated with statute and HHS grant guidance.

Each At-A-Glance section includes a definition of the domain, PHEP logic model strategies and activities, associated public health preparedness capabilities, performance measures, outputs, and an abbreviated list of requirements. For full details, refer to the 2019-2024 PHEP Cooperative Agreement NOFO.



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Domain 1 At-A-Glance: Strengthen Community Resilience

Definition: Community resilience is the ability of a community, through public health agencies, to develop, maintain, and use collaborative relationships among government, private, and community organizations to develop and use shared plans for responding to and recovering from disasters and public health emergencies.

PHEP strategies and activities include:

- Determine risks to the health of the jurisdiction.
- Coordinate with community partners (including training) to disseminate information through all phases of an incident.
- Identify and support recovery needs for public health and related systems for the community.

Associated Capabilities

- **Capability 1:** Community Preparedness
- **Capability 2:** Community Recovery

Performance Measures

- None

Outputs

- Risk assessments and hazard vulnerability analyses (HVAs)
- Plans for at-risk populations
- Prepared and resilient communities, health care systems, public and private partners
- Post-incident assessments of public health, medical, and mental/behavioral infrastructure

Programmatic Requirements

- Determine the risks to the health of the jurisdiction.
 - Conduct a public health jurisdictional risk assessment once every five years
- Ensure Hospital Preparedness Program (HPP) coordination
 - Coordinate with HPP, including health care coalitions
 - Conduct joint HPP-PHEP exercise
- Strengthen and implement plans through training and exercising
 - Develop and maintain plans
 - Coordinate training, exercise planning, and implementation
 - Conduct evaluation and improvement planning
- Plan for whole community
 - Identify populations at risk of being disproportionately impacted by incidents or events
 - Coordinate with community-based organizations
 - Integrate access and functional needs of individuals
 - Develop or expand child-focused planning and partnerships
 - Engage state office on aging
 - Engage mental/behavioral health partners and stakeholders



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- Ensure Emergency Support Function (ESF) cross-discipline coordination and partner and stakeholder collaboration
- Focus on tribal planning and engagement
- Establish and maintain senior advisory committee
- Obtain public comment and input

Domain 2 At-A-Glance: Strengthen Incident Management

Definition: Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.

PHEP strategies and activities include:

- Coordinate emergency operations.
- Expedite fiscal preparedness procedures.
- Plan capability-based drills and exercises.

Associated Capability

- **Capability 3:** Emergency Operations Coordination

Performance Measures

- None

Outputs

- Risk communication systems
- Emergency operation centers, including primary and alternate
- Incident management systems
- Operational response plans
- Multiyear exercise plans
- Exercise and incident after-action reports and improvement plans (AARs/IPs)

Programmatic Requirements

- Activate and coordinate public health emergency operations
 - Regularly update critical contact information
 - Maintain updated all-hazards preparedness and response plans
 - Maintain and exercise continuity of operations (COOP) plans
 - Maintain personnel lists
- Maintain and exercise fiscal and administrative preparedness plans
 - Describe standard fiscal operating procedures
 - Submit updated administrative preparedness plans
 - Conduct administrative preparedness tabletop exercise



Domain 3 At-A-Glance: Strengthen Information Management

Definition: Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

PHEP strategies and activities include:

- Disseminate public information, alerts, warnings and notifications.
- Exchange emergency and warning information with the public.
- Share essential information across agencies and stakeholders to determine a common operating picture.

Associated Capabilities

- **Capability 4:** Emergency Public Information and Warning
- **Capability 6:** Information Sharing

Associated Performance Measures

- 6.1 Information sharing

Outputs

- Risk communication materials
- Social media monitors
- Health information exchange protocols
- Trained risk communication staff
- Message and report templates

Programmatic Requirements

- Maintain situational awareness during incidents
- Coordinate information sharing.
- Coordinate emergency information and warning.



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Domain 4 At-A-Glance: Strengthen Countermeasures and Mitigation

Definition: Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate nonpharmaceutical and responder safety and health measures during response to a public health incident. PHEP recipients should strengthen access to and administration of medical and other countermeasures for pharmaceutical and nonpharmaceutical interventions and strengthen mitigation strategies.

PHEP strategies and activities include:

- Manage pharmaceutical and nonpharmaceutical interventions.
- Operationalize response plans.
- Ensure safety and health of responders.

Associated Capabilities

- **Capability 8:** Medical Countermeasure Dispensing and Administration
- **Capability 9:** Medical Materiel Management and Distribution
- **Capability 11:** Nonpharmaceutical Interventions
- **Capability 14:** Responder Safety and Health

Outputs

- Storage and distribution centers
- Inventory management systems
- Points of dispensing (POD) and alternate nodes
- Trained POD staff
- Stockpiled select medical countermeasures
- Safety, just-in-time trainings

Associated Performance Measures:

None

Programmatic Requirements

- Develop and test MCM distribution, dispensing, and vaccine administration plans
- Demonstrate operational readiness for multiple risks
- Maintain preparedness plans based on risks
 - Maintain and update anthrax plans
 - Maintain and update pandemic influenza plans
- Ensure scalable staffing plans
- Conduct required MCM exercises
 - Conduct MCM drills
 - Conduct MCM table-top exercises
 - Conduct MCM functional exercises
 - Conduct MCM full scale exercises
- Participate in operational readiness reviews (ORRs)
- Submit ORR forms and documentation
- Submit updated MCM action plans
- Conduct Inventory Management Tracking System and Data Exchange annual tests
- Update receipt, stage, and store (RSS) site surveys
- Coordinate nonpharmaceutical interventions
- Ensure safety and health of responders
- Demonstrate MCM operational readiness



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Recommendations

- Award 75% of Cities Readiness Initiative (CRI) funding to improve local capability



Domain 5 At-A-Glance: Strengthen Surge Management

Definition: Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

PHEP strategies and activities include:

- Address fatalities.
- Address displaced persons (shelters).
- Support health care needs.
- Coordinate volunteers.

Associated Capabilities

- **Capability 5:** Fatality Management
- **Capability 7:** Mass Care
- **Capability 10:** Medical Surge
- **Capability 15:** Volunteer Management

Performance Measures

- 15.1 Managing volunteers
- Joint Measure 2 Volunteer management

Outputs

- Electronic death registration systems
- Environmental health assessments and screenings
- Interoperable data storage systems such as Inventory Management and Tracking System (IMATS)
- Electronic volunteer registries

Programmatic Requirements

- Coordinate activities to manage public health and medical surge
- Coordinate public health, health care, mental/behavioral health, and human services needs during mass care operations
- Coordinate with partners to address public health needs during fatality management operations
- Coordinate medical and other volunteers to support public health and medical surge

Domain 6 At-A-Glance: Strengthen Biosurveillance

Definition: Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor – through active and passive surveillance – threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

PHEP strategies and activities include:

- Conduct epidemiological surveillance and investigation.
- Detect emerging threats and injuries.
- Conduct laboratory testing.

Associated Capabilities

- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation

Outputs

- Electronic disease surveillance systems
- Laboratory response networks
- Laboratory testing capability
- Integrated laboratory and epidemiology systems

Performance Measures

- 12.1 Laboratorian reporting
- 12.2 24/7 emergency contact drill (bidirectional)
- 12.5 Proficiency testing (LRN-C additional methods)
- 12.6 Proficiency testing (LRN-C core methods)
- 12.7 Sample packaging and shipping exercise (SPaSE)
- 12.11 Proficiency testing (LRN-B)
- 12.14 PFGE *E. Coli*
- 12.15 PFGE *L. monocytogenes*
- 13.1 Disease reporting
- 13.2 Disease control

Programmatic Requirements

- Submit state health official letter
- Conduct epidemiological surveillance and investigation
 - Continue to develop, maintain, support, and strengthen surveillance and detection systems and epidemiological processes
 - Collaborate to enhance essential surveillance systems
 - Have access to personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats
 - Have procedures in place to establish partnerships, conduct investigations, and share information with other governmental agencies, partners, and organizations
 - Evaluate effectiveness of public health surveillance and epidemiological investigation processes and systems

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- Conduct border health surveillance activities
- Implement processes for using poison control center data for public health surveillance
- Coordinate with epidemiological partners to implement electronic death registration systems (EDR)
- Conduct Laboratory Testing
 - LRN-B Requirements
 - Meet LRN-B proficiency testing (PT) requirements – PHEP Benchmark
 - Meet or sustain standard reference laboratory requirements
 - Meet or sustain advanced reference laboratory requirements
 - Successfully complete 24/7 emergency contract drill
 - Attend national meetings
 - Ensure national coverage
 - Maintain partnerships
 - Maintain communication with sentinel laboratories
 - Maintain staffing and equipment requirements
 - LRN-C Requirements
 - Meet LRN-C basic membership requirements
 - Meet LRN-C exercising and proficiency testing requirements – PHEP Benchmark
 - Improve secured data messaging and laboratory information management system (LIMS) capabilities
 - Participate in chemical threat program response reporting
 - Successfully complete 24/7 emergency contract drill
 - Participate in LRN-C Level 2 laboratory equipment replacement (as applicable)

Recommendation

- Participate in disaster epidemiology training initiatives

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At-A-Glance: Administrative Requirements

For the 2019-2024 performance period, recipients must address and comply with administrative and federal requirements. CDC will publish prior to the start of each budget period a summary of PHEP reporting requirements and their associated deadlines.

Administrative Requirements

- Comply with reporting requirements
- Obtain local health department (LHD) concurrence
 - LHD concurrence letter
 - Description of LHD engagement process
 - Description of work plan activities
 - Description of subrecipient monitoring and accountability methods
- Submit independent audit reports every two years to the Federal Audit Clearinghouse within 30 days of receipt of the reports
- Document maintenance of funding and matching funds at the time of application
- Have fiscal and programmatic systems in place to document accountability and improvement at the state and local levels
- Submit quarterly reconciliation of the PHEP program's financial records in the Payment Management System (PMS)
- Maintain all program documentation for purposes of data verification and validation.
- Engage in technical assistance planning
- Participate in program monitoring activities
- Describe progress on capabilities
- Submit Capabilities Planning Guide data
- Participate in essential meetings and trainings
- Comply with SAFECOM requirements
- Submit exercise documentation



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At-A-Glance: Exercise Requirements

To effectively implement the quality improvement cycle, recipients and subrecipients should ensure submission of the following drill and exercise documentation as specified.

Requirement	Submission Cycle	Submission Location	States	Directly Funded Localities	Higher Risk Jurisdictions	Other Local CRI Jurisdictions	USAPI/ USVI
Drill: facility setup	Once a year, no later than June 30			X	X	X	Option 1*
Drill: staff notification and assembly drill	Once a year, no later than June 30			X	X	X	Option 2*
Drill: site activation	Once annually, no later than June 30			X	X	X	Option 3*
Drill: dispensing throughput Only used if throughput not calculated during dispensing FSE	At least once every 5 years	ORR		X	X	X	X
Test: IMATS/IDE	Once a year, no later than June 30	ORR	X	X			X
Annual PHEP exercise: must include at-risk population partners	Once a year, no later than June 30	ORR	X	X			X
Drill: EOC staff notification and assembly drill (formerly performance measure 3.1)	Once a year, no later than June 30	ORR	X	X			
TTX: anthrax	At least once every 5 years	ORR	X	X	X	X	
TTX: pandemic influenza	At least once every 5 years	ORR	X	X	X	X	X
TTX: administrative preparedness	At least once every 5 years	ORR	X				
TTX: COOP	At least once every 5 years	ORR	X	X			X



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Requirement	Submission Cycle	Submission Location	States	Directly Funded Localities	Higher Risk Jurisdictions	Other Local CRI Jurisdictions	USAPI/USVI
FE: pandemic influenza - critical workforce	At least once every 5 years	ORR		X	X	X	
FE: joint PHEP-HPP exercise	At least once every 5 years	ORR	X	X			X
FSE: pandemic influenza	At least once every 5 years	ORR	X States without higher risk jurisdictions*				X Optional
FSE: anthrax distribution	At least once every 5 years	ORR	X States with higher risk	X			
FSE: anthrax dispensing	At least once every 5 years	ORR	Submit only if MCM plan includes state-run PODs	X	X		
All EOC activations having a public health component (including health EOC, DOC, etc.)	Each activation	ORR	X	X			X
AAR/IP	Submit with each incident, FE and FSE	ORR	X	X	X	X	X Required for public health incidents in which EOC is activated
Training and exercise planning workshop (TEPW) form	Once a year, no later than June 30	ORR	X	X			Every 2 years
Training and exercise planning form with supporting multiyear training and exercise plan	Once a year, no later than June 30	ORR	X	X	X	X	X

*USAPI/USVI recipients must complete one of the three drill options (facility setup, staff notification and assembly, or site activation) annually. The same drill option must not be submitted in consecutive years.

States that have **both higher risk CRI planning jurisdictions for intentional anthrax release and CRI planning jurisdictions that do not meet the higher risk criteria can demonstrate operational readiness through a distribution FSE for anthrax **or** pandemic influenza.

