

Centers for Disease Control and Prevention (CDC)
Medical Countermeasure (MCM) Operational Readiness Review (ORR) Guidance

Budget Period 3

July 1, 2014 – June 30, 2015

Introduction

Background

In July 2014, the Centers for Disease Control and Prevention (CDC) implemented a new method of reviewing state and local medical countermeasure operational readiness. The Medical Countermeasure (MCM) Operational Readiness Review (ORR) replaces CDC's technical assistance review (TAR) planning tool, which CDC used successfully for nearly a decade to review medical countermeasure planning at the state and local levels. CDC developed the MCM ORR with input from national partner associations and representatives of 19 state and local Public Health Emergency Preparedness (PHEP) jurisdictions.

CDC's new review process is designed to better measure a jurisdiction's ability to plan and successfully execute any large-scale response requiring distribution and dispensing of medical countermeasures. It builds upon the medical countermeasure planning progress PHEP awardees have made over the years and is intended to identify medical countermeasure response operational capabilities as well as gaps that may require more targeted technical assistance.

With the transition from primarily assessing planning to now also measuring operational readiness, CDC is not changing its medical countermeasure planning and operational requirements. While the primary focus is on Capabilities 8 and 9, the two public health preparedness distribution and dispensing capabilities, the ORR also includes applicable supporting elements from six other public health preparedness capabilities that are needed to mount a successful medical countermeasure mission. Most of these supporting elements align with planning elements that were previously included in the TAR. The majority of the elements in the MCM ORR tool relate to aspects of these capabilities that would be essential to respond to an MCM incident. For purposes of this tool, an "MCM incident" refers to any public health response requiring the distribution and dispensing of medical countermeasures.

Determining Operational Readiness: Four Levels of Implementation

The MCM ORR does not use numerical scoring. Instead, it measures jurisdictions' readiness status for each element using a continuum of levels of implementation: early, intermediate, established, and advanced. The descriptions for these levels reflect the intent of the MCM ORR when it was developed, but they may be adapted based on evaluation of Budget Period 3 (BP3) data and awardee feedback. CDC does not expect jurisdictions to be at an advanced planning or operational status for all tasks; instead, tasks where the jurisdiction is not

advanced indicate an opportunity for future improvement. However, CDC expects that, over time, awardees will demonstrate progress in implementing their response plans and will move along the continuum to the advanced level.

- **Early Implementation**
 - Jurisdiction demonstrates the beginning stage of planning or operations.
- **Intermediate Implementation**
 - Jurisdiction demonstrates planning and operations that have progressed beyond the beginning stage but may lack some criteria deemed necessary in response to an MCM incident.
- **Established Implementation**
 - Jurisdiction demonstrates planning and operations criteria that meet the capability standard.
- **Advanced Implementation**
 - Jurisdiction demonstrates planning and operations that exceed or enhance the capability standard.

For each task in the MCM ORR, the four implementation levels are defined by specific criteria. For example, Planning Implementation Capability 1: Community Preparedness, Function 2 reads:

		Planning Implementation			
		Early	Intermediate	Established	Advanced
Function 2	Build community partnerships to support health preparedness	a. Plans address partner engagement and document written acknowledgment of response roles for the following partners: 1) private sector, 2) local, 3) state, and 4) regional.			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above

Exercises

The MCM ORR does not require awardees to train, drill, or exercise. Rather, criteria that are based on drills, exercises, or responses to real incidents are solely intended to determine whether jurisdictions can demonstrate their current status of capabilities deemed important for an MCM incident. Planners should reference operational elements included in the MCM ORR when planning exercises so they can demonstrate and document relevant capabilities. One well-planned functional or full-scale exercise (FSE) could easily include many of the

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operational readiness criteria outlined in the tool. For operational criteria, CDC will accept documentation from the five years prior to the review date. For jurisdictions that conducted a full-scale exercise in Budget Period 11 and were not required to repeat MCM performance metrics, those metrics may be used for the BP3 MCM ORR, or updated performance metrics captured after the exercise can be used.

Overlap with PHEP Performance Measures

CDC has taken into account overlapping PHEP performance measures and other exercise metrics in developing the MCM ORR. CDC does not intend to ask jurisdictions to duplicate efforts, but rather to highlight important MCM and general incident planning and operational concepts. To assist jurisdictions in completing the MCM ORR, elements where there are direct synergies with PHEP performance measures are indicated through this document. CDC strongly encourages jurisdictions to use BP3 activities to meet these multiple requirements, where possible. The MCM ORR tool and this guidance document provide all necessary details to complete the review.

Documentation

The MCM ORR guidance outlines example documentation for each element. Note that not all of the examples listed are required. Conversely, awardees may have documentation that is not listed in the example documentation that may suffice for those criteria. DSLR project officers have ultimate discretion in determination of acceptable documentation. Unless otherwise specified, any supporting documentation (including relevant training records) should be up-to-date (no older than the date of the previous review).

Implementation

In BP3, CDC will use the new tool to review all 62 PHEP awardees. Additionally, the MCM ORR will be used to review at least one local planning jurisdiction within each of their Cities Readiness Initiative (CRI) metropolitan statistical areas (MSAs) in conjunction. For those states that have overlapping CRI MSA jurisdictions with adjoining states, the state with the majority of the MSA population will be responsible for conducting the review in that CRI MSA. State, local, tribal, and territorial authorities will use the MCM ORR throughout the year to collect jurisdictional data. CDC expects awardees to provide training on the new tool and process to all local CRI planning jurisdictions in BP3. CDC or the awardee may choose to review additional local CRI jurisdictions based on risk, operational gaps, or other criteria. BP3 MCM ORR data will be considered provisional and will not be tied to any benchmarks subject to funding penalties. Budget Period 4 (BP4) will be considered a baseline period that CDC will use to determine review frequency.

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Benchmarks

MCM benchmarks for BP3 include three drills for each CRI planning jurisdiction and completion and submission of all Receipt, State, and Store (RSS) site surveys.

Capability 1: Community Preparedness

Function 1: *Determine risks to the health of the jurisdiction*

a. Planning Implementation

Intent: To effectively implement a dispensing campaign, jurisdictions need to consider numerous community factors. Each of these planning elements is a unique consideration that jurisdictions need to integrate in MCM plans for an effective response. The intent of this element is to determine whether a jurisdiction's plans identify the risks that can adversely affect its ability to mount an efficient dispensing campaign and incorporate mitigation strategies into the planning process. This element accounts for all populations that could be considered vulnerable to the identified risk(s), not just those with access and functional needs. These include populations that may have additional needs in one or more of the following functional areas:

- **Maintaining Independence:** Individuals in need of support that enables them to be independent in daily activities
- **Communication:** Individuals who have limitations that interfere with the receipt of and response to information
- **Transportation:** Individuals who cannot drive due to the presence of a disability or who do not have a vehicle
- **Supervision:** Individuals who require the support of caregivers, family, or friends or have limited ability to cope in a new environment
- **Medical Care:** Individuals who are not self-sufficient or do not have or have lost adequate support from caregivers and need assistance with managing medical conditions

In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (PAHPA) (i.e., children, senior citizens, and pregnant women) individuals who may need additional response assistance could include those who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency.

Example Documentation or Evidence: Acceptable evidence may include jurisdictional risk assessments, standard operating procedures, written agreements, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 1; *Analysis of Risk Communication Strategies and Approaches with At-Risk Populations to Enhance Emergency Preparedness, Response, and Recovery: Final Report* (2008); *Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)* (2013)

Function 2: *Build community partnerships to support health preparedness*

a. *Planning Implementation*

Intent: An emergency incident will require the coordinated efforts of federal, state, local, and community partners to provide MCM quickly to those who need it. Jurisdictional plans must clearly identify the responsibilities of agencies and organizations with a role during MCM deployment. Plans for coordinated efforts should include designated roles and responsibilities for related emergency support function partners and other community partners who will play a role in the MCM response.

Example Documentation or Evidence: Acceptable evidence includes documentation indicating that all agencies and / or organizations have acknowledged their roles and responsibilities in MCM planning elements. Examples of supporting documentation include signatory pages, letters of acknowledgment, written agreements, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 1

a. *Operations Implementation*

Intent: Demonstrated coordination of government and community partners ensures that these designated entities understand and can execute their roles. Exercise types are defined in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) principles.

Example Documentation or Evidence: Acceptable evidence includes after-action reports (AARs), corrective action plans (CAPs), improvement plans (IPs), or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 3: *Engage with community organizations to foster public health, medical and mental/behavioral health social networks*

a. *Planning Implementation*

Intent: An MCM incident and the subsequent dispensing campaign may have various adverse effects on staff and the general population, including health and/or mental health issues related to the stress of the incident. To help mitigate these concerns, jurisdictions should identify and engage relevant community partners (as defined by the jurisdiction) prior to an incident.

Example Documentation or Evidence: Acceptable evidence may include written agreements, standard operating procedures, or other documents that indicate partner engagement.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 1; National Biodefense Science Board “Integration of Mental and Behavioral Health in Federal Disaster Preparedness, Response, and Recovery: Assessment and Recommendations” (2010)

Function 4: *Coordinate training or guidance to ensure community engagement in preparedness efforts*

a. *Planning Implementation*

Intent: For community partners to engage all necessary constituencies, they must have appropriate levels of understanding regarding the jurisdiction’s planned response strategy for an MCM incident. While community partners may vary from jurisdiction to jurisdiction, it is important that a jurisdiction identifies relevant partners to represent all constituencies and include those partners in its plans.

Example Documentation or Evidence: Acceptable evidence may include sign-in logs or training rosters, and training/guidance materials.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 1; Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Capability 3: Emergency Operations Coordination

Function 1: *Conduct preliminary assessment to determine need for public activation*

a. Planning Implementation

Intent: An emergency will require the efforts of various subject matter experts (SMEs) to inform the decision-making process regarding MCM resource needs. Policies should define the coordination of the SME contributions related to these planning elements, at a minimum. To maximize the amount of available time to provide prophylaxis and/or treatment to the population at risk, a jurisdiction should establish processes to inform necessary officials on decisions to request assistance during the early stages of a public health emergency.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, official policies, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3; *Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11*

a. Operations Implementation

Intent: Demonstrated coordination of SMEs ensures that these individuals understand and can execute their roles. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: To plan for an effective dispensing campaign, a jurisdiction must define specific actions necessary at various phases of the response. In its plans, the jurisdiction should identify each phase of the response and the associated actions that take place during each phase. A timeline is an optimal format to effectively illustrate required actions in each phase.

Example Documentation or Evidence: Acceptable evidence may include timelines, time flow models, algorithms, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3

c. *Planning Implementation*

Intent: Because effective communication is critical to successful public health emergency responses, every method of communication between management and command locations and support agencies should have some form of back-up system. Jurisdictions should prioritize redundant communications that use multiple platforms (i.e., cellular technologies) and not multiple devices or methods of communication that operate on the same platform (i.e., cell phone calls and text messages).

Example Documentation or Evidence: Acceptable evidence includes documentation of any of the following systems:

- Landline dependent telecommunications; landline telephones, FAX, Dial-up/DSL internet and email
- Non-telephone based internet, email and web-based communications access systems; Satellite or Cable
- Cellular technologies and communications; phone, text
- Amateur (HAM) Radio
- Two-Way VHF/UHF/700/800/900 MHz Communications
- Satellite telephone communications

Reference(s): *Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11*

c. *Operations Implementation*

Intent: Routine testing of communication platforms helps ensure their operational readiness for an incident, as well as responder familiarity with these systems. Testing should be emphasized for systems that are not used daily.

Example Documentation or Evidence: Acceptable evidence may include call logs, computer tracking mechanisms, after-action reports, drill summary sheets, memos for record, etc.

Reference(s): *Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11*

Function 2: *Activate public health emergency operations*

a. Planning Implementation

Intent: Incident Command System (ICS) is a fundamental form of management established in a standard format that enables incident managers to identify the key concerns associated with the incident. Managing the response to a public health emergency will require organizations to collaborate across a variety of incident management functions and emergency management roles. Integration of MCM functions enables effective incident management.

Example Documentation or Evidence: Acceptable evidence may include ICS charts (with specific individuals identified to fill specific roles) and evidence that the following functions have been integrated into the established ICS roles: staffing/volunteer coordination, tactical communications/IT support, security coordination, RSS operations, distribution operations, dispensing site operations, hospital/treatment center coordination, public information and communication, and safety coordination.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Demonstrated use of ICS that incorporates these MCM functions within the Emergency Operations Center (EOC) ensures that ICS staff members understand and can execute their roles as required during an MCM incident.

Example Documentation or Evidence: Acceptable evidence includes proof of master exercise practitioner (MEP) certification, AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: A predetermined physical or virtual location is necessary to coordinate unified health command activities and facilitate an effective response. Jurisdictions should define all required procedures for establishing a health EOC and train all responsible parties on those procedures.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, as well as written agreements, EOC activation plans, training logs, sign-in sheets, training materials, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3

- b. *Operations Implementation - *Data from Performance Measure PHEP 3.1 will be used to populate this element for awardees. CRI planning jurisdictions should provide evidence, as described below.**

Intent: To ensure a timely and effective response to an MCM incident, jurisdictions must demonstrate the ability to rapidly assemble public health staff with senior incident management lead roles.

Example Documentation or Evidence: Data from performance measure PHEP 3.1 will be used to populate this element for awardees. CRI planning jurisdictions should provide evidence supporting site activation, including drill summary sheets, sign-in logs, after-action reports, etc., of the EOC to the reviewer.

Reference(s): PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014): Capability 3, PHEP 3.1; PHEP Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

Function 3: *Develop incident response strategy*

- a. *Planning Implementation*

Intent: Effective coordination of an MCM incident will require adherence to ICS principles, including processes and procedures for the completion of these planning elements. It is critical for a successful response that a jurisdiction develops these processes and procedures for an MCM incident and identifies the parties responsible for completing them.

Example Documentation or Evidence: Acceptable evidence may include MCM-specific templates, standard operating procedures, job aids, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3; FEMA, ICS (<http://www.fema.gov/incident-command-system>)

Function 4: *Manage and sustain the public health response*

- a. *Planning Implementation*

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Capability 3: Emergency Operations Coordination

Intent: During an MCM incident, it is critical for a jurisdiction to maintain pre-identified essential public health services, including the functions necessary to conduct the dispensing campaign, in the absence of primary operational capacity. Training on these procedures is paramount to ensure viable continuity capabilities.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, continuity of operations (COOP) plans, training logs, sign-in sheets, training materials, etc.

Reference(s): FEMA, Continuity of Operations (<http://www.fema.gov/continuity-operations/continuity-operations-capabilities>); *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3

a. Operations Implementation

Intent: Due to the complexity of implementing a viable continuity strategy, jurisdictions should test their plans and demonstrate operational capacity. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence may include AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 5: Demobilize and evaluate public health emergency operations

a. Planning Implementation

Intent: It is important that a jurisdiction maintains processes for scaling down the response campaign following an MCM incident. Jurisdictions should pre-identify necessary resources according to these planning elements to efficiently restore systems, supplies, and staffing to their normal state of operations.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, inventory logs, chain of custody forms, disposition logs, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 3

b. Planning Implementation

Intent: To plan for MCM-related training and exercises, a jurisdiction should maintain dedicated staff to develop training and exercise programs according to HSEEP guidance (including the development of AARs and IPs).

Example Documentation or Evidence: Acceptable evidence may include personnel staffing lists, training certificates, job aids, etc.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

c. Planning Implementation

Intent: Planning exercises can be time-consuming and expensive; therefore, it is vital to take a long-term approach to exercising. Advance planning provides opportunities to consolidate exercises, thus relieving the burden. MCM activities should be included when developing a multi-year training and exercise plan (MYTEP) and considered in continuous quality improvement activities.

Example Documentation or Evidence: Acceptable evidence may include MYTEP, AARs, IPs, hot wash documents, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

c. Operations Implementation

Intent: A jurisdiction should conduct an annual training and exercise plan (TEP) workshop to provide direction for developing its training and exercise plans and increase visibility on participating organizations training and exercise plans. Though exercise planning is a continuous process, updates to the MYTEP and related IPs must occur at least annually. An advanced level of operational implementation indicates that the jurisdiction has re-tested and re-evaluated the gaps identified in IPs.

Example Documentation or Evidence: Acceptable evidence may include agendas, meeting minutes, sign-in sheets, IPs, AARs, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Capability 4: Emergency Public Information and Warning

Function 1: *Activate the emergency public information system*

a. Planning Implementation

Intent: Public information and communication (PIC) personnel regularly inform, educate, and communicate with the public. When planning to respond to an incident that requires mobilizing the public to perform specific actions, it is critical that PIC personnel understand and are involved in the response to provide information that empowers the public to make the right choices for their health. For all identified staff, jurisdictions should maintain and make accessible contact information that is updated quarterly.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, communication plans, contact lists, training logs, sign-in sheets, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Function 2: *Determine the need for a joint public information system*

a. Planning Implementation

Intent: Depending on the nature of the incident, public information demands may vary. A decision matrix will help inform what resources, including personnel resources (such as MCM SMEs) and equipment, may be needed to coordinate the dissemination of information.

Example Documentation or Evidence: Acceptable evidence may include decision matrices, algorithms, standard operating procedures, communication plans, equipment lists, contact lists, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 4

a. Operations Implementation

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Capability 4: Emergency Public Information and Warning

Intent: Jurisdictions should test their ability to scale the dissemination of public information to the specific demands of an MCM incident. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 3: *Establish and participate in information system operations*

a. Planning Implementation

Intent: Jurisdictions should identify methods and mechanisms of communication with media contacts before an incident occurs to ensure media partners are identified and involved in the public information dissemination process. It is also important for jurisdictions to ensure that messages are being accurately and effectively conveyed to the public.

Example Documentation or Evidence: Acceptable evidence may include contact lists, standard operating procedures, communications plans, template for press briefings, job aids, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 4

b. Planning Implementation

Intent: In an MCM incident, trained, knowledgeable personnel are invaluable to communications functions such as interfacing with the media and providing public information at dispensing sites. Job aids should include key PIC responsibilities, as outlined in the planning elements.

Example Documentation or Evidence: Acceptable evidence may include job aids, standard operating procedures, communications plans, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Function 4: *Establish avenues for public interaction and information exchange*

a. Planning Implementation

Intent: Jurisdictions should ensure that mechanisms exist for the public to contact the health department with MCM-related questions and concerns and for the health department to disseminate messages to the public. It is important that communications plans include a variety of mechanisms by which the public can contact the health department, as outlined in the planning elements, and that the public is informed of these mechanisms.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, communications plans, public information announcements, documentation of hotline numbers, email addresses, social media accounts, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 4 (page 41)

a. Operations Implementation

Intent: Jurisdictions should test their procedures for responding to inquiries from the public and demonstrate operational capacity in this area. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 5: *Issue public information alerts, warnings, and notifications*

a. Planning Implementation

Intent: Developing and clearing messages prior to an MCM incident and planning for their dissemination can reduce the timeline required to get the first messages out to all targeted audiences. Well-crafted, accurate, and consistent messages are important during an emergency to help gain trust and encourage the public to make the right choices regarding their health. These key messages are the basis for all communication materials used before, during, and after an incident.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, communications plans, and pre-developed fact sheets, media kits, press news releases or template releases, flyers, brochures, videos, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Jurisdictions should test their plans for message creation and dissemination and demonstrate operational capacity. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: Plans to provide information to the population should address segments of the population that may need targeted messages, materials, and/or alternate methods of delivering those messages and materials. Examples of these segments of the population include those with language or literacy barrier. The intent of this element is to help to ensure that those segments of the population are not overlooked and receive the information they need in the manner most useful to them.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, communications plans, and pre-developed fact sheets, media kits, press news releases or template releases, flyers, brochures, videos, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

b. Operations Implementation

Intent: Jurisdictions should test message translation capabilities for identified at-risk populations listed in the planning element and demonstrate operational capacity. Exercise types are defined in accordance with HSEEP principles.

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Capability 4: Emergency Public Information and Warning

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Capability 6: Information Sharing

Function 1: *Identify stakeholders to be incorporated into information flow*

a. Planning Implementation

Intent: Prior to an incident, it is essential that each involved agency or location know the agency, or position with whom they must communicate for guidance, requests, and information and the communication pathways (or lines of communication) necessary for this information exchange. Appropriate planning requires the coordination, collaboration and integration of a multidisciplinary approach, since it will take the collective effort of many diverse agencies to support the response to a public health emergency. The intent for this element is to engage the agencies that have the responsibility or authority for the functions that are relevant to the MCM plan. Contact lists should be updated annually.

Example Documentation or Evidence: Acceptable evidence for stakeholder identification includes staff contact lists (updated annually) with multiple contact devices/mechanisms listed (i.e., cell phone, email, etc.), human resources or volunteer database reports, other tracking systems, etc. Acceptable evidence for communication pathways may include flow charts, matrices, graphs, maps using GIS, lists/paragraphs within the plan, or a completed ICS-205 form.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

*a. Operations Implementation – *Data from performance measure HPP-PHEP 6.1 will be used to populate this element for awardees. This measure only applies at the awardee level.**

Intent: The intent of this measure is to determine the extent to which local response entities communicate requested information to the public health/medical lead to facilitate situational awareness and the effective, timely management of resources during an MCM incident.

Example Documentation or Evidence: See PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014): Capability 6, HPP-PHEP 6.1.

Reference(s): PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014): Capability 6, HPP-PHEP 6.1

Function 2: *Identify and develop rules and data elements for sharing*

a. *Planning Implementation*

Intent: Jurisdictions must pre-determine how certain information is shared, when it can be shared, and who it can be shared with, from both operational and legal standpoints. Defining these parameters helps to ensure appropriate and secure information sharing during an incident.

Example Documentation or Evidence: Acceptable evidence includes standard operating procedures, written agreements, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 6

Function 3: *Exchange information to determine a common operating picture*

a. *Planning Implementation*

Intent: Establishing a common operating picture is a vital tool to improve situational awareness between and among relevant partners. Jurisdictions should define specific user criteria according to CDC's Public Health Information Network (PHIN) standards to ensure both standardization and integrity of the system.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 6; PHIN Standards (<http://www.cdc.gov/phinf/>)

a. *Operations Implementation*

Intent: Jurisdictions should demonstrate operational information sharing capacity by testing the establishment of a common operating picture in accordance with the PHIN standards referenced in Function 3(a) Planning. Exercise types are defined in accordance with HSEEP principles.

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Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx); PHIN Standards (<http://www.cdc.gov/phn/>)

Capability 8: Medical Countermeasure Dispensing

Function 1: *Identify and initiate medical countermeasure dispensing*

a. Planning Implementation

Intent: Dispensing strategies are necessary to account for a jurisdiction's population in need. While open (public) points of dispensing (PODs) may serve the largest population, alternate dispensing modalities, such as closed PODs and strategies to reach those with access and function needs, should be part of the jurisdiction's plans to provide a tiered approach to serve all the population. Jurisdictional plans must clearly identify processes for providing prophylaxis via the following mechanisms, at a minimum:

- Open (public) PODs: Open PODs have been the primary focus of dispensing operations since the early days of planning for large-scale MCM dispensing campaigns. They are referred to as “open” because there are no restrictions on who can go to them; they are open to everyone.
- Closed PODs: A dispensing site that is closed to the general public and open only to a specific group (e.g., staff of a participating business or healthcare personnel in a specific hospital).
- Alternate dispensing for populations with access and functional needs: individuals in need of alternate dispensing mechanisms may include those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are not English speaking; or are transportation disadvantaged.

Example Documentation or Evidence: Evidence that the above is documented in jurisdiction plans. For example, plans should include:

- Descriptions of open (public) POD strategies
- Descriptions of alternate modalities
- Procedures to initiate, execute, maintain and demobilize alternate modalities
- Identification of partners involved in alternate modalities
- Identification of staffing and resource needs for alternate modalities

Reference(s): Presidential Policy Directive (PPD) 8: National Preparedness (<http://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf>); Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014): Capability 1; Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Dispensing strategies for designated special groups will differ from strategies for the general population. Jurisdictions should test plans for all tiers to demonstrate operational capacity. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review. These scoring criteria are meant to account for all dispensing strategies. Therefore the jurisdiction's implementation level will be reviewed based on the least advanced exercise category. For example, if a jurisdiction conducts full-scale exercises for open (public) POD strategies, closed POD strategies and a tabletop for alternate dispensing strategies for populations with access and function needs, that jurisdiction would be considered at an intermediate level.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: Some dispensing scenarios call for proficiency in initiating a dispensing campaign and later transitioning to a sustained response. For example, an aerosolized anthrax scenario will call for an initial 10-day regimen of prophylaxis, followed by a 50-day regimen of prophylaxis. To be successful, jurisdictions must be proficient in both initiating and sustaining a dispensing campaign. An advanced level of planning implementation indicates that the jurisdiction can sustain prolonged dispensing operations for 100% of the jurisdiction's population.

Example Documentation or Evidence: Acceptable evidence includes documentation of these procedures in jurisdictional plans, including process descriptions, algorithms, flow charts, checklists, and field-operating guides.

Reference(s): CDC POD Standards (April 2008); DSNS Anthrax Response Plan, June 2014

b. Operations Implementation

Intent: Actions necessary for conducting the initial dispensing campaign and transitioning to a prolonged response will have many operational components. Jurisdictions should test these plans to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 2: *Receive medical countermeasures at POD*

a. Planning Implementation

Intent: Having a pre-established plan or site survey to initiate operations at a site shortens the time it takes to begin dispensing to the population in need. Set-up procedures at a dispensing site are conducted more efficiently when administrative details, including necessary resources, contact lists, and written agreements, have been considered prior to the opening of the site. This element applies to open (public) PODs.

Example Documentation or Evidence: Documentation of these procedures could include staff contact lists, standard operating procedures, contracts, emergency operations plans (EOP) and annexes, which describe roles and responsibilities of jurisdictional agencies, letters of agreement, memoranda of agreement (MOA), memoranda of understanding (MOU), mutual aid agreements, or any other official document which describes the role of public health and carries with it an expectation that public health will undertake certain MCM-related activities.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014)

b. Operations Implementation

Intent: Jurisdictions should test site set-up plans to demonstrate operational capacity. Jurisdictions should conduct site activations that address specific facility characteristics of any potential dispensing site that would be used in an MCM incident. Exercise types are defined according to HSEEP principles. This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review. These scoring criteria are meant to account for all dispensing site activations within a jurisdiction. Therefore the jurisdiction's implementation level will be reviewed based on the least

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advanced exercise category. For example, if there are 10 dispensing sites within a jurisdiction and nine dispensing sites conduct functional exercises and one conducts a tabletop, that jurisdiction would be considered at an intermediate level.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 3: *Activate dispensing modalities*

a. Planning Implementation

Intent: Successful dispensing campaigns require sufficient personnel resources to staff general dispensing sites. A jurisdiction should determine and document in its plans the necessary number of staff to account for the population that needs to be served. For this element, the denominator will be the number of personnel required to staff all open (public) PODs (planning estimates) and the numerator will be the number of personnel actually identified. An advanced level of implementation indicates a jurisdiction has identified and pre-assigned personnel according to operational position and geographical assignment. For all identified staff, jurisdictions should maintain and make accessible contact information that is updated quarterly. This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable evidence may include staff contact lists, human resources or volunteer database reports, other tracking systems, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Core management staff, which will oversee all critical positions (as defined by the jurisdiction) at the dispensing site, should be readily available to activate for a dispensing mission. To effectively assess and improve operational performance and provide a realistic understanding of response capability, jurisdictions should collect data to measure staff performance for each of the required operations and response activities (notification, acknowledgement and availability to assemble). This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable documentation may consist of tables, spreadsheets, databases, or automated systems (e.g. health alert network) and includes an acknowledgement report for all personnel.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

Function 4: *Dispense medical countermeasures to identified population*

a. Planning Implementation

Intent: For a dispensing campaign to operate smoothly and effectively, there are many operational issues that must be considered during the planning phase. In a large-scale mass prophylaxis/dispensing incident, there may be a need to quickly modify the clinic flow at a site to increase the throughput and improve screening forms to accommodate a changing situation, based on specific trigger points. In addition, jurisdictions will have unique operational issues for populations with access and functional needs, such as those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are not English speaking; or are transportation disadvantaged. This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable documentation may consist of facility flow diagrams, template screening forms, dispensing algorithms, decision matrices, patient information forms, standard operating procedures that identify care of those with access and functional needs, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014): Capability 1

a. Operations Implementation

Intent: Jurisdictions must test planning assumptions and demonstrate operational capacity for dispensing site operations. Therefore, all planning elements associated with Function 4(a) should be tested to validate assumptions. This will involve testing the jurisdiction's required throughput to dispense to the necessary population for a designated dispensing site. The ability to serve the necessary number clients/persons per hour at the dispensing site is crucial to the success of the dispensing campaign, both at the designated dispensing site and for the jurisdiction. Exercise types are defined according to HSEEP principles. This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review. POD throughput data can be collected in either of two ways: 1) by recording time to process clients/persons at each POD step or 2) by collecting entry and exit times ("front door to back

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door”) for each client/person. Modeling programs, such as RealOpt, can also serve as a basis for throughput estimates for planning purposes. However, these estimates must be validated through a functional exercise, a full-scale exercise or a real incident. For throughput verification, documentation must provide evidence that planning estimates (“necessary throughput”) have been achieved (“actual throughput”). Validation of throughput at a designated dispensing site can serve as validation for other dispensing sites as long as the other sites follow a similar operational design and will serve a similar percentage of the population.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. *Planning Implementation*

Intent: Jurisdictions should understand, prior to an MCM incident, when, why, and by whom changes to the dispensing model can be made. Jurisdictions must pre-determine these protocols, including identifying individuals authorized to alter the clinical model and the steps necessary to transition between models. This element applies to open (public) PODs. For this element, the following terms are defined as:

- Full medical (clinical) POD: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Jurisdictions typically would use the medical model in a dispensing operation that afforded ideal circumstances, such as adequate time and medical staff. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.
- Non-medical (rapid dispensing) POD: The non-medical model refers to a modification of the medical model that streamlines dispensing operations in order to achieve rapid dispensing. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In the non-medical model, clients might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.
- Modified medical POD: In a modified medical model, the POD will employ variations of both the full medical and non-medical POD model, as discussed above.

Example Documentation or Evidence: Acceptable documentation may consist of standard operating procedures that identify the above issues, in addition to one or more of the following: decision matrix, authorization letter, checklist, algorithm, flow plan, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Function 5: *Report adverse events*

a. *Planning Implementation*

Intent: Each person who receives medication must also be provided with information about what to do and where to go if they experience an adverse reaction to the medication. Some POD designs involve a group briefing given to clients by dispensing site staff, and so staff must be familiar with reporting protocols as well. This information should also be incorporated into job aids, handouts and signage. Dispensing plans should consider the language and reading skills of the population. Materials should be designed to accommodate those needs (e.g., multiple languages, use of pictures). This element applies to open (public) PODs.

Example Documentation or Evidence: Acceptable evidence includes job aids, information sheets, and standard operating procedures that account for the above.

Reference(s): CDC POD Standards (April 2008), Page 16

Capability 9: Medical Materiel Management and Distribution

Function 1: *Direct and activate medical materiel management and distribution*

a. Planning Implementation

Intent: The receiving sites are the hubs from which the jurisdiction coordinates the distribution of critical resources. The jurisdiction should have adequate receiving sites to meet the supply and demand for its respective resources and population. *At a minimum, awardees should identify a primary and a back-up RSS site.* These sites should be strategically located to move assets quickly to those in need during an emergency. Additionally, to ensure operational effectiveness, each facility should have completed and submitted a current RSS site survey (formerly RSS checklist) to the appropriate organization. Per CDC guidance, any facility an awardee designates for potential receipt of federal assets must upload the RSS site survey to CDC's MCM SharePoint site. Jurisdictions that identify regional distribution sites (RDS)/local distribution sites (LDS) that may only receive assets from the state should submit similar documentation according to state policies and protocols. All site survey documentation should be updated at least every three years.

Example Documentation or Evidence: Acceptable evidence may include CDC RSS site survey form (or similar documentation for RDS/LDS), standard operating procedures, written agreements, GIS overlays and/or maps.

Reference(s): CDC POD Standards (April 2008), 4.3; Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Jurisdictions should test their receiving site plans according to CDC's Distribution Standards and jurisdictional planning assumptions and demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx); Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

b. Planning Implementation

Intent: It is vital that jurisdictions identify and establish contractual agreements with the agencies/organizations responsible for providing distribution assets (e.g. vehicles, drivers, mechanics, etc.). Alternate sources of such assets are essential in the event the primary distribution source is either unable to fulfill its requirements or needs additional assistance due to the severity of the incident. Finally, jurisdictions should plan for the appropriate number and type of resources to best support their distribution strategies.

Example Documentation or Evidence: Acceptable evidence may include written agreements, standard operating procedures, transportation assets lists (including number of vehicles needed, types of vehicles needed, number of drivers needed, and type and number of support personnel needed), etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

b. Operations Implementation

Intent: Jurisdictions should test their distribution strategies according to CDC's Distribution Standards and jurisdictional planning assumptions and demonstrate operational capacity. Exercise types are defined in accordance with HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx); Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

c. Planning Implementation

Intent: To prepare for a successful warehouse operation, jurisdictions must identify personnel for management positions (and their backups) and maintain their contact information. The intent of this element is to determine whether a jurisdiction has identified and trained personnel to ensure coverage for all receiving site (RSS/RDS/LDS) functions. An advanced level of implementation indicates a jurisdiction has identified and pre-assigned trained personnel according to operational position and geographical assignment.

Example Documentation or Evidence: Acceptable evidence may include contact lists, job aids, standard operating procedures, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

c. Operations Implementation

Intent: All necessary personnel that would be required to fully staff a receiving site should be readily available to activate to receive critical resources. To effectively assess and improve operational performance and provide a realistic understanding of response capability, jurisdictions should collect data that allows for measurement of staff performance for each of the required operations and response activities (notification, acknowledgement and staff assembly).

Example Documentation or Evidence: Acceptable documentation may consist of tables, spreadsheets, databases, or automated systems (e.g. health alert network) and includes an acknowledgement report for all personnel.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Function 2: *Acquire medical materiel*

a. Planning Implementation

Intent: To maximize the amount of available time to provide prophylaxis and / or treatment to populations at risk, a jurisdiction should establish processes to inform officials on decisions to request assistance from jurisdictional, private, regional, and/or federal partners during the early stages of a public health emergency.

Example Documentation or Evidence: Acceptable evidence may include algorithms, decision matrices with trigger points, standard operating procedures, written agreements, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

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Intent: Jurisdictions should test their requesting procedures and demonstrate operational capacity. The intent of this element is for the jurisdiction to go through the decision-making process and request critical resources through the appropriate channels, not necessarily requesting resources from each individual sector. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: Lot numbers and expiration dates will be used to identify products that may be recalled. Therefore, jurisdictions should have plans to track the distribution of MCM by lot number. The Drug Enforcement Administration (DEA) regulates the storage and transfer of controlled substances according to Title 21 of the U.S. Code of Federal Regulations. Plans, policies and procedures for the chain of custody and cold chain management must comply with all regulatory guidance. A good plan should identify those authorized to sign for controlled substances by position.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, relevant forms, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; Title 21 of the U.S. Code of Federal Regulations

b. Operations Implementation

Intent: Jurisdictions should test their plans to maintain integrity of medical materiel and demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx); Title 21 of the U.S. Code of Federal Regulations; Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

Function 3: *Maintain updated inventory management and reporting system*

a. *Planning Implementation*

Intent: An inventory management system (IMS) expedites the management, allocation, control and reordering of critical resources for an effective response. For this element, an IMS is defined as a computer-based system for tracking inventory levels and organizing warehouse, orders, sales and deliveries. A strong IMS should have the capability to perform the following warehouse operations: receive, put away (store), pick (including stage), and ship. Jurisdictions should also identify a back-up system. State facilities are required to report inventory counts during a public health incident. These data elements are important for managing Food and Drug Administration (FDA) recalls by targeting facilities and locations that store or dispense medical countermeasures outlined by the recall.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, relevant IMS reports, screenshots, system demonstrations, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. *Operations Implementation*

Intent: Jurisdictions should test their inventory management systems and demonstrate operational capacity to receive, store, pick, and ship assets. Jurisdictions should test the primary and alternate systems and train staff on each system.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review, training logs, etc.

Reference(s): Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013); Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

b. *Planning Implementation*

Intent: To expedite an appropriate response, it is imperative that public health authorities have knowledge of real-time jurisdictional resource needs. Efficiently tracking and reporting actual inventory levels maintains accountability and enables a timely response. For

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this element, entity is defined as relevant sites for dispensing or coordinating dispensing of medical countermeasures in the jurisdiction. Jurisdictions should train staff on collection procedures.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, training logs, IMS report forms, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

b. Operations Implementation

Intent: Jurisdictions should test their ability to effectively track and report on inventory levels to demonstrate operational capacity. Additionally, PHEP awardees are now required to be able to report inventory levels to CDC's Division of Strategic National Stockpile (DSNS) using IMATS or an existing inventory management system configured with CDC's "Inventory Data Exchange Specification Standards."

Example Documentation or Evidence: Acceptable evidence includes AARs, IPs, CAPs, drill documentation, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review, CDC/DSNS validation (for Awardees), etc.

Reference(s): CDC, Inventory Data Exchange Specification Standards; Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

Function 4: *Establish and maintain security*

a. Planning Implementation

Intent: The distribution sites (RSS/RDS/LDS) are essential components of a mass prophylaxis campaign. Any incident that compromises security, maintenance, receipt, and distribution activities may result in materiel not reaching the affected population. Jurisdictions should include the following elements in distribution site security plans.

- Interior physical security of location: security sweep prior to facility use/occupancy by staff or product, establishment of law enforcement officer posts, access control to locations within the facility, and crowd control inside the facility

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- Exterior physical security of location: specialized unit needs (canine, explosive ordnance disposal, tactical, traffic, etc.), additional physical barriers (necessity and/or identification of source), additional lighting (necessity and/or identification of source), staging area for personnel and vehicles, vehicular traffic control (ingress and egress), crowd control outside the facility, and access control to facility
- Command and management: established command center for law enforcement, determined radio channels, ensure communication and coordination between law enforcement organizations, established shifts, and established sufficient number of law enforcement officer assignments
- Evacuation plans
- Security breach plans

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, etc. for each distribution site.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. *Operations Implementation*

Intent: Jurisdictions should test the security plans for each distribution site to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review for each distribution site exercised.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. *Planning Implementation*

Intent: The dispensing sites are also essential components of a mass prophylaxis campaign. Any incident that compromises security, maintenance, receipt and distribution activities may result in materiel not reaching the affected population. The jurisdiction should use the expertise of law enforcement and other security professionals to ensure the safety and security of the facility, ingress and egress of vehicular and pedestrian traffic, and emergency response plans for each dispensing site. This allows local departments to conduct life-saving operations quickly and effectively. Well-developed dispensing site security plans should include the following elements.

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- Interior physical security of location: security sweep prior to facility use/occupancy by staff or product, establishment of law enforcement officer posts, access control to locations within the facility, and crowd control inside the facility
- Exterior physical security of location: specialized unit needs (canine, explosive ordnance disposal, tactical, traffic, etc.), additional physical barriers (necessity and/or identification of source), additional lighting (necessity and/or identification of source), staging area for personnel and vehicles, vehicular traffic control (ingress and egress), crowd control outside the facility, and access control to facility
- Command and management: established command center for law enforcement, determined radio channels, ensure communication and coordination between law enforcement organizations, established shifts, and established sufficient number of law enforcement officer assignments
- Evacuation plans
- Security breach plans.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, etc. for each dispensing site.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

b. Operations Implementation

Intent: Jurisdictions should test the security plans for each dispensing site to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review for each dispensing site that is exercised.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

c. Planning Implementation

Intent: Jurisdictions must develop plans detailing the security of federal MCM in rapid transit and delivery to the affected population. Crossing jurisdictional lines and governmental sovereignty, if not addressed and coordinated early, may result in delays or restrictions in the delivery of medical materiel.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

c. Operations Implementation

Intent: Jurisdictions should test the security plans for each phase of transit (referenced in Function 4 (c), Planning) to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review for each transportation security plan that is exercised.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 5: Distribute medical materiel

a. Planning Implementation

Intent: Effective, timely, and uninterrupted deliveries are essential to the success of a mass prophylaxis campaign. Plans may include maps showing potential routing strategies, traffic flow patterns, results from modeling programs, strategies for how to handle vehicle repairs, maintenance, fueling/refueling, or other emergent issues with vehicles, and delivery locations identified via maps or GIS software.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, route optimization reports, allocation tables, GIS overlays, physical maps, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

a. Operations Implementation

Intent: Jurisdictions should test their ability to transport critical resources from the receiving sites to the dispensing sites. In PHEP jurisdictions, distribution of critical resources from RSS to all dispensing sites should occur within 12 hours of receipt of materiel. At the regional or local level, if an RDS or LDS is used, distribution of critical resources should still reach all dispensing sites within the

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same 12 hours. Therefore, planning assumptions for distribution timelines should account for the time involved to receive materiel from the RSS. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

Function 6: *Recover medical materiel and demobilize distribution operations*

a. Planning Implementation

Intent: To successfully demobilize distribution operations, jurisdictions need to plan for the recovery of critical resources after an incident. This will enable the jurisdiction to efficiently restore systems, supplies, and staffing as required to support follow-on distribution operations. Waste management is of special note in the process of recovering resources, as resources that require special handling and disposition (e.g., biological waste and contaminated supplies, debris, and equipment) are managed according to established regulations and policies. Plans should also consider identifying any sensitive item that is deemed “recoverable” by the federal government.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, etc.

Reference(s): FEMA, National Incident Management System (NIMS Resource Management)

a. Operations Implementation

Intent: Jurisdictions should test their recovery and waste disposal plans and demonstrate operational capacity in these areas. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Capability 14: Responder Safety and Health

Function 1: *Identify responder safety and health risks*

a. Planning Implementation

Intent: An MCM incident and the subsequent dispensing campaign may have various adverse effects on responders, including medical and/or mental health issues related to the stress of the incident. Jurisdictions should maintain plans to mitigate these risks, as well as offer expert guidance on securing their health and safety.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, job aids, SME guidance, responder resource inventory, etc.

Reference(s): PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 14

a. Operations Implementation

Intent: Jurisdictions should test their plans for public health responder protection by incorporating these principles into an exercise or incident that demonstrates operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

b. Planning Implementation

Intent: Certain groups of personnel are critical to the execution of a jurisdiction's distribution and dispensing plans. Therefore, it is essential for jurisdictions to determine how best to provide for these groups and their families while allowing them to continue supporting the operation. For this element, the following terms are defined as:

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- **First responders:** individuals who, in the early stages of an incident, are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) who provide immediate support services during prevention, response, and recovery operations.
- **Critical infrastructure staff:** individuals involved in managing public works, emergency services, transportation, information technology, government, or any other system or asset that would have a debilitating impact on the community if not maintained.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, staff contact lists, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; Presidential Policy Directive (PPD) 8: National Preparedness (<http://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf>)

b. Operations Implementation

Intent: Jurisdictions should test their plans for the priority prophylaxis of staff and volunteer responders, including critical infrastructure personnel and first responders, to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 2: *Identify safety and personal protective needs*

a. Planning Implementation

Intent: An incident requiring the distribution and dispensing of MCM will have the potential to expose staff and volunteer responders to hazardous conditions. Personal protective equipment (PPE) will be required to ensure that responders can safely

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operate in the affected area. Successful strategies to utilize PPE will include training, fit-testing, and medical clearance for responders. This applies to any and all responders who may be exposed to hazardous conditions as part of their response role.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, training logs, medical release forms, written agreements, responder resource inventory, etc. For this element, evidence that the PPE planning criteria are met *for at least one MCM scenario* is sufficient for BP3.

Reference(s): PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 14

Function 3: *Coordinate with partners to facilitate risk-specific safety and health training*

a. Planning Implementation

Intent: Jurisdictions should plan and train their responders on MCM-related health risks, including the use of appropriate PPE, dispensing site security protocols, agent-specific threat information, etc. The needs of the various responder groups may differ, and jurisdictions should consider these differences in their training plans. For this element, the following terms are defined as:

- First responders: individuals who, in the early stages of an incident, are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) who provide immediate support services during prevention, response, and recovery operations.
- Critical infrastructure staff: individuals involved in managing public works, emergency services, transportation, information technology, government, or any other system or asset that would have a debilitating impact on the community if not maintained.

Example Documentation or Evidence: Acceptable evidence may include training logs, training materials, etc.

Reference(s): PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 14

Function 4: *Monitor responder safety and health actions*

a. Planning Implementation

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Intent: Responder injuries, illnesses, exposures, and fatalities are often preventable. To address immediate operational safety and health concerns, jurisdictions must monitor the health of responders and adhere to health and safety recommendations. This includes the provision of medical and behavioral health services and identification of broader programmatic factors for which corrective actions can be developed and implemented.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements for the provision of services, job aids, SME guidance, etc.

Reference(s): PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 14

a. *Operations Implementation*

Intent: Jurisdictions should test their plans for monitoring responder safety and health according to these planning elements to demonstrate operational capacity. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Capability 15: Volunteer Management

Function 1: *Coordinate volunteers*

a. Planning Implementation

Intent: Identifying, screening, and training volunteers helps ensure adequate staffing levels for a dispensing campaign will be available in a timely manner. The identification of volunteers from a single point source, such as a volunteer registry tracking system, is optimal for the management and coordination of the volunteer pool that would be used during an MCM incident. Since volunteers may be used for various response activities, jurisdictions should ensure an adequate number of volunteers are dedicated to dispensing operations, according to jurisdictional staffing needs. For the purpose of this capability, volunteers are defined as all individuals (paid and unpaid) supporting the public health/medical incident, including medical and other professionals (e.g., from the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) system, Medical Reserve Corps, etc.).

Example Documentation or Evidence: Acceptable evidence may include ESAR-VHP documentation, volunteer registry reports, standard operating procedures, training logs, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 15

a. Operations Implementation

Intent: Jurisdictions should test their plans for volunteer coordination to support a dispensing campaign and demonstrate operational capacity in this area. Exercise types are defined according to HSEEP principles.

Example Documentation or Evidence: Acceptable evidence includes AARs, CAPs, IPs, or other HSEEP-defined exercise planning documents that are no older than five years from the date of the review.

Reference(s): Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

Function 2: *Notify volunteers*

a. Planning Implementation

Intent: To ensure the timely initiation of dispensing activities, jurisdictions should establish procedures that will be used during a dispensing campaign to notify volunteers and partner agencies of the incident and to confirm the validity of volunteer credentials.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, written agreements, contact lists, etc.

Reference(s): *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011), Capability 15

a. Operations Implementation

Intent: It is necessary to test volunteer notification systems and credential verification processes to ensure the timely initiation of dispensing activities.

Example Documentation or Evidence: Acceptable documentation may consist of tables, spreadsheets, databases, or automated systems (e.g. health alert network) and includes an acknowledgement report for all personnel.

Reference(s): *Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11*

Function 3: *Organize, assemble, and dispatch volunteers*

a. Planning Implementation

Intent: To ensure an efficient and effective response during an emergency, it is essential to protect the personnel responsible for the various functions of a dispensing campaign. At a minimum, jurisdictions should coordinate necessary support services for volunteer staff. Further, volunteers should understand how they integrate into the response, what their roles are and what support services are available to them.

Example Documentation or Evidence: Acceptable evidence may include job aids, training materials, standard operating procedures, written agreements, briefing materials, guidance materials, etc.

Reference(s): *Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11*

b. Planning Implementation

Intent: Establishing access-control measures lessens the probability that unauthorized individuals will gain access to sensitive and/or confidential response areas. Additionally, emergency management or other security resources may need to coordinate the access and management of volunteers, including volunteers who are not associated with any public health or emergency management response system prior to the incident (“spontaneous volunteers”).

Example Documentation or Evidence: Acceptable evidence may include job aids, standard operating procedures, written agreements, etc.

Reference(s): Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11; FEMA, “Managing Spontaneous Volunteers in Times of Disaster” (<http://www.fema.gov/pdf/donations/ManagingSpontaneousVolunteers.pdf>)

Function 4: Demobilize volunteers

a. Planning Implementation

Intent: To efficiently and effectively coordinate the demobilization of volunteers, jurisdictions should have processes and systems in place to allow for the tracking, out-processing, and follow-up or provision of contingency services following the incident. For this element, tracking volunteers refers to the process, plans, or procedures to capture volunteer activities, roles, locations, etc. Out-processing volunteers refers to the return of equipment, operational debriefing, and any transfer of command or other responsibilities.

Example Documentation or Evidence: Acceptable evidence may include standard operating procedures, system reports, written agreements, etc.

Reference(s): PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013), Capability 15

References

CDC, *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (March 2011)

FEMA, Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_About.aspx)

CDC, PHEP Budget Period 2 Performance Measure Specifications and Implementation Guidance (2013)

CDC, PHEP Budget Period 3 Performance Measure Specifications and Implementation Guidance (2014)

CDC, Budget Period 2 Medical Countermeasure Reference Guide, Version 1.0 (2013)

CDC, POD Standards (April 2008)

CDC, Public Health Information Network Guidance (<http://cdc.gov/phinf>)

CDC, Receiving, Distributing and Dispensing SNS Assets: A Guide to Preparedness, Version 11

CDC, "Inventory Data Exchange Specification Standards,"
(http://www.cdc.gov/phinf/library/resources/Tools/IMATS/Inventory_Data_Exchange_Specification.pdf)

DHHS, "Analysis of Risk Communication Strategies and Approaches with At-Risk Populations to Enhance Emergency Preparedness, Response, and Recovery: Final Report (2008)." (<http://aspe.hhs.gov/daltcp/reports/2008/emergfres.html>)

FEMA, "Managing Spontaneous Volunteers in Times of Disaster"
(<http://www.fema.gov/pdf/donations/ManagingSpontaneousVolunteers.pdf>)

National Biodefense Science Board "Integration of Mental and Behavioral Health in Federal Disaster Preparedness, Response, and Recovery: Assessment and Recommendations" (2010)

Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5 (2013),
(<http://www.phe.gov/Preparedness/legal/pahpra/Pages/pahpra.aspx>)

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References

Presidential Policy Directive (PPD) 8: National Preparedness (<http://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf>) (2011)

Title 21 of the U.S. Code of Federal Regulations