

Centers for Disease Control and Prevention (CDC)

Medical Countermeasure (MCM) Operational Readiness Review (ORR) Tool

Budget Period 3

July 1, 2014 – June 30, 2015

Capability 1: Community Preparedness

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Determine risks to the health of the jurisdiction	a. MCM planning elements include the following: 1) definition of risk; 2) mapped locations of at-risk populations according to JRA; 3) evidence of community involvement; 4) assessment of loss or disruption of essential services (i.e. water, sanitation, healthcare services, and public health agency infrastructure).				None			
		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				
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.				a. Jurisdiction can provide evidence of how the roles and responsibilities of these partners have been used within the last five years.			
		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	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
Function 3	Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	a. Plan addresses engagement with community partners, to include medical and mental/behavioral health agencies to promote an understanding of and connection to MCM activities.				None			
		No engagement procedure in plan	Engagement procedure for some but not all partners is outlined in the plan	Engagement procedure for all partners is outlined in the plan	Engagement procedure for all partners is outlined in the plan, which also includes a process for an information exchange between partners				

Capability 1: Community Preparedness

Function 4	Coordinate training or guidance to address community engagement in preparedness efforts	a. Provide MCM-related public health preparedness and response training or guidance to community partners, including groups representing at-risk populations, to assist them in educating their own constituency groups regarding emergency preparedness and response plans.				None			
		No training or guidance has been provided to community partners	Training or guidance has been provided to less than 50% of partners	Training or guidance has been provided to 50% or more but less than 100% of partners	Training or guidance has been provided to 100% of all community partners				

Capability 3: Emergency Operations Coordination									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Conduct preliminary assessment to determine need for public activation	a. Plans describe strategies to coordinate with appropriate epidemiology, laboratory, medical, chemical, biological, and radiological subject matter experts (SMEs) to inform MCM decision-making. Plans should include the following elements: 1) analyze data, 2) assess emergency conditions, and 3) determine the activation levels based on the complexity of the event or incident required to support an MCM response.				a. Participation of appropriate subject matter experts to inform MC decision-making has been exercised within the last five years.			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	Contact lists for all SMEs are on file	Necessary SMEs included in a tabletop exercise	Necessary SMEs included in a functional exercise	Necessary SMEs included in a full-scale exercise or a real incident
		b. Plans document a time line depicting what/when actions would be initiated for 1) pre-event indicators, 2) notifications, 3) activations, 4) logistics, 5) operations, 6) sustained operations, or 7) demobilization.				None			
		Written plans contain none of the above elements	Written plans contain one to three of the above elements	Written plans contain four to six of the above elements	Written plans contain all of the above elements.				
		c. Plans identify the redundant communication platforms that are in place to ensure communications remain available should primary communication systems become unavailable				c. Quarterly testing of redundant communications platforms is conducted and documented.			
		Jurisdiction documents use of one or fewer communication platforms	Jurisdiction documents use of two communication platforms	Jurisdiction documents use of three communication platforms	Jurisdiction documents use of four or more communication platforms	Zero or one communication platform tested quarterly	Two communication platforms tested quarterly	Three communication platforms tested quarterly	Four or more communication platforms tested quarterly

Capability 3: Emergency Operations Coordination

Function 2	Activate public health emergency operations	a. Plans identify staff with the subject matter expertise to fulfill required incident command and emergency management roles in emergency operations centers (EOCs) as required during an MCM response.				a. Incident command and emergency management staff have exercised required EOC roles during an MCM incident during the last five years.			
		0-24% of staff identified	25-49% of staff identified	50-74% of staff identified	75-100% of staff identified	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		b. Plans 1) identify sites or virtual structure to serve as the unified health command (Health EOC), and 2) document procedures for setting up the Health EOC.				b. Site activation (via staff assembly) of Health EOC or virtual structure supporting unified health command during an MCM incident at least every two years.			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain both of the above elements	Written plans contain both of the above elements and evidence that required parties have been trained	EOC not activated	EOC activated in more than 60 minutes	EOC activated in more than 45 and less than or equal to 60 minutes	EOC activated in 45 minutes or less
Function 3	Develop incident response strategy	a. Plans document processes for completing the following elements required to support an MCM response: 1) incident action plan, 2) situation reports, and 3) finance/administration logs.				None			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements				
Function 4	Manage and sustain the public health response	a. Plans address strategies for continuity of operations (COOP) during an MCM response.				a. COOP plans, as they apply to an MCM response, have been exercised within the last five years.			
		No written plans in place or no evidence of COOP planning	Written plans include COOP planning but do not address MCM-specific needs	Written plans include COOP planning and address MCM-specific needs	Written plans include COOP planning, address MCM-specific needs and include evidence that required parties have been trained	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 3: Emergency Operations Coordination

Function 5	Demobilize and evaluate public health emergency operations	a. Plans describe ability to demobilize assets and personnel during an MCM incident. This includes the following elements: 1) development of processes with support agencies for collection and transport of assets and personnel, 2) protocols for product recall or reallocation during an incident, and 3) signed written agreements to support demobilization.				None			
		No written plans in place	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements				
		b. Plans identify a sufficient number of staff (as defined by the jurisdiction) are trained in the Homeland Security Exercise and Evaluation Program (HSEEP) to develop after-action reports (AAR) and improvement plans (IP).				None			
		Written plans do not identify exercise/training staff	Written plans identify exercise/training staff, but staffing gaps exist	Written plans identify exercise/training staff, and no staffing gaps exist	Written plans identify exercise/training staff, no staffing gaps exist, and jurisdiction has at least one certified master exercise practitioner (MEP)				
		c. Plans identify processes for 1) developing a multi-year training and exercise plan (MYTEP), 2) conducting a hot wash and 3) implementing IPs that incorporate MCM activities.				c. Annual training and exercise plan (TEP) workshop is conducted and a MYTEP is produced that incorporates MCM, and completion of required documentation demonstrating that the IP has been implemented and exercise components have been retested and re-evaluated accordingly.			
		No written plans in place	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	TEP workshop not conducted	TEP workshop conducted but MYTEP not complete	TEP workshop conducted and MYTEP complete	TEP workshop conducted and MYTEP complete and demonstrates that IP has been developed and retested/re-evaluated

Capability 4: Emergency Public Information and Warning									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Activate the emergency public information system	a. Plans document public information and communication primary and back-up personnel who are trained in MCM responsibilities and current contact lists exists for these individuals.				None			
		Plans do not identify public information and communication staff	Plans identify primary public information and communication staff	Plans identify primary and back-up public information and communication staff	Plans identify primary and back-up public information and communication staff and demonstrate that required parties have been trained				
Function 2	Determine the need for a joint public information system	a. Plans include a decision matrix or comparable tool for the establishment of scalable joint information operations with MCM components.				a. Joint information operations (scaled to the public information demands) have been exercised within the last five years.			
		No known decision criteria	Decision criteria known, but matrix not in plan	Decision matrix in plan, but relevant parties not trained	Decision matrix in plan and relevant parties trained	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
Function 3	Establish and participate in information system operations	a. Plans include procedures for 1) media notification (including an updated contact list) and credentialing; 2) press advisories and briefings; and 3) media monitoring and validation (including social media).				None			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements				

Capability 4: Emergency Public Information and Warning

		<p>b. Public health public information officer (PIO) responsibilities are documented in the job aid for the PIO or other MCM- designated staff and include the following elements: 1) coordinating information with the lead PIO and/or joint information center (JIC); 2) serving as the point-of-contact for the media, and 3) controlling public information messages and materials.</p>				None			
		Written job aid not in place or job aid contains none of the above elements	Written job aid contains one of the above elements	Written job aid contains two of the above elements	Written job aid contains all of the above elements				
Function 4	Establish avenues for public interaction and information exchange	<p>a. Plans include methods for the public to contact the health department with MCM-related questions and concerns through 1) phone (i.e., call centers and/or help desks); 2) social media; 3) web chat; 4) e-mail; or 5) other communication platforms.</p>				<p>a. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years that demonstrates all applicable methods (referenced in the planning element) to address MCM-related questions/concerns from the public.</p>			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain three or more of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
Function 5	Issue public information alerts, warnings, and notifications	<p>a. Plans include procedures for 1) information verification; 2) message development, approval, and clearance; and 3) message dissemination to the public, as they relate to an MCM mission.</p>				<p>a. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years in which public messages that incorporate MCM elements are created and disseminated.</p>			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		<p>b. Plans include a process for the pre-incident and real-time translation of information specific to an MCM response to address the following populations of the jurisdiction: 1) non-English speaking, 2) hearing impaired, 3) visually impaired, and 4) limited language proficiency populations.</p>				<p>b. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years where MCM materials were translated or adapted for applicable at-risk populations.</p>			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain three or more of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 6: Information Sharing									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify stakeholders to be incorporated into information flow	a. Plans include procedures that 1) identify all stakeholders who would be involved in an MCM incident (including public health, medical, law enforcement and other disciplines), 2) outline communications pathways between and among these stakeholders and show evidence that 3) current contact lists exist that include multiple contact mechanisms/devices for identified stakeholders.				a. Percentage of local partners that reported requested essential elements of information (EEI) to the public health/medical lead within the required timeframe (awardee defined) during an MCM incident within the last two years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	0-24% report within timeframe	25-49% report within timeframe	50-74% report within timeframe	75-100% report within timeframe
Function 2	Identify and develop rules and data elements for sharing	a. Plans document minimum requirements for information sharing during an MCM incident, including 1) when data should be shared, 2) who is authorized to receive and/or share data, 3) what types of data can be shared, 4) data use and re-release parameters, and 5) protection of data (including legal considerations).				None			
		Written plans contain none of the above	Written plans contain one or two of the above	Written plans contain three or four of the above	Written plans contain all of the above				
Function 3	Exchange information to determine a common operating picture	a. Plans include procedures for sharing MCM-related information to enable a common operating picture and follow Public Health Information Network (PHIN) standards for 1) data vocabulary, 2) storage, 3) transport, 4) security and 5) accessibility.				a. Procedures (as referenced in the planning element) for sharing MCM-related information have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one or two of the above	Written plans contain three or four of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 8: Medical Countermeasure Dispensing									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify and initiate medical countermeasure dispensing	a. Plans document dispensing strategies (according to a tiered priority or alternate modality) to include: 1) open (public) PODs, 2) Closed PODs, and 3) Populations with Access and Function Needs.				a. Tiered priority or alternate dispensing modalities (as referenced in the planning element) have been exercised within the last five years.			
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		b. Plans document the capability to 1) initiate a dispensing campaign (i.e., initial 10-day prophylaxis regimen for anthrax) and 2) sustain dispensing campaign follow-on needs (i.e., additional 50-day regimen of prophylaxis for anthrax).				b. The capability to initiate a dispensing campaign and transition to sustained dispensing operations has been tested within the last five years.			
		No written plans in place	Written plans include procedures to initiate operations	Written plans include procedures to initiate and procedures to sustain operations are in development	Written plans include completed procedures to initiate and sustain operations for 100% of the jurisdiction's population	No exercise conducted	Workshop, seminar or equivalent activity has been conducted	Tabletop exercise conducted	Functional, full-scale exercise conducted or real incident
Function 2	Receive medical countermeasures at POD	a. Plans for open (public) PODs include dispensing site surveys that document: 1) required equipment and resources, 2) procedures to acquire these resources, 3) current contact lists for site/facility, and 4) Memorandums of Understanding (MOUs) (or other written agreements).				a. Dispensing site set-up has been exercised within the last five years for all open (public) PODs within the planning jurisdiction.			
		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	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 8: Medical Countermeasure Dispensing

Function 3	Activate dispensing modalities	a. Plans for open (public) PODs identify all personnel required to staff dispensing sites, in accordance with planning estimates, and contact lists for these individuals are current.				a. Quarterly call down drills conducted among pre-assigned core staff needed to staff dispensing sites.			
		0-24% of personnel identified	25-49% of personnel identified	50-100% of personnel identified	75-100% of personnel identified and pre-assigned according to operational position and geographical assignment	Call down conducted less than quarterly or percent acknowledgement between 0-24%	Call down conducted quarterly and percent acknowledgement between 25-49%	Call down conducted quarterly and percent acknowledgement between 50-74%	Call down conducted quarterly and percent acknowledgement between 75-100%
Function 4	Dispense medical countermeasures to identified population	a. Plans address and document operational planning elements necessary to provide MCM to the public at open (public) PODs, including: 1) dispensing flow, 2) screening forms, 3) mechanisms and trigger points to increase throughput, and 4) assisting populations with access and functional needs.				a. Jurisdiction has exercised all operational planning elements necessary to provide MCM to the public within the last five years and has calculated throughput capacity for each dispensing site.			
		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	No exercise conducted	Tabletop or functional exercise conducted	Full-scale exercise conducted or real incident	Full-scale exercise conducted or real incident and evidence that site met necessary throughput
		b. Plans for open (public) PODs include procedures for operating and transitioning between a: 1) full medical POD, 2) modified medical POD, and 3) non-medical POD during an MCM incident.				None			
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above				
Function 5	Report adverse events	a. Plans for open (public) PODs evidence that adverse event reporting procedures are included in: 1) dispensing site protocols, 2) job aides, and 3) information sheets provided to the public as they leave the site.				None			
		Procedures are included in none of the above	Procedures are included in one of the above	Procedures are included in two of the above	Procedures are included in all of the above				

Capability 9: Medical Materiel Management and Distribution

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Direct and activate medical materiel management and distribution	a. Plans identify receiving sites (receipt, stage and store (RSS) sites/regional distribution sites (RDS)/local distribution sites (LDS)) for medical countermeasures.				a. Receiving sites have been exercised according to distribution plans (RSS/RDS/LDS) within the last five years.			
		0-24% of sites have completed and submitted current site survey	25-49% of sites have completed and submitted current site survey	50-74% of sites have completed and submitted current site survey	75-100% of sites have completed and submitted current site survey	0-24% of sites conducted functional exercises	25-49% of sites conducted functional exercise	50-74% of sites conducted functional exercises	75-100% of sites conducted functional exercises
		b. Plans identify primary and back-up transportation assets from public and/or private sources and include a transportation asset list.				b. Transportation assets have been exercised according to distribution plans within the last five years.			
		Necessary transportation assets and/or source of these assets is not identified or documented	Necessary transportation assets and source of these assets are identified and documented	Necessary primary and back-up transportation assets and source of these assets are identified and documented	Necessary primary and back-up transportation assets and source of these assets are identified and documented and an MOU (or similar agreement) is in place	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		c. Plans identify all personnel needed to staff receiving sites (RSS/RDS/LDS).				c. Quarterly call-down drills conducted among all personnel needed to staff receiving sites (RSS/RDS/LDS).			
		No written plans in place or no personnel identified	Written plans identify primary personnel	Written plans identify primary and back-up personnel	Written plans identify primary and back-up personnel who have evidence of training <i>and</i> are pre-assigned according to operational position and geographical assignment	Call-down drill conducted less than quarterly or percent acknowledgement between 0-24%	Call-down drill conducted quarterly and percent acknowledgement between 25-49%	Call-down drill conducted quarterly and percent acknowledgement between 50-74%	Call-down drill conducted quarterly and percent acknowledgement between 75-100%

Capability 9: Medical Materiel Management and Distribution									
Function 2	Acquire medical materiel	a. Plans include procedures to request medical materiel from 1) jurisdictional, 2) private, 3) regional, and/or 4) federal partners in alignment with National Incident Management System standards and incident needs.				a. Processes (as referenced in the planning element) for requesting medical materiel have been exercised within the last five years.			
		No written plans in place or plans do not contain any of the above elements	Written plans contain one or two of the above elements	Written plans contain three of the above elements	Written plans contain all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
		b. Plans include procedures to maintain integrity of medical materiel according to jurisdictional requirements and manufacturer specifications, including 1) cold chain management, 2) tracking by lot number, 3) tracking by expiration date, and 4) chain of custody (controlled and noncontrolled substances).				b. Procedures (as referenced in the planning element) to maintain integrity of medical materiel in accordance have been exercised within the last five years.			
		No written plans in place	Written plans include one or two of the above elements	Written plans include three of the above elements	Written plans include all of the above elements	No exercise conducted	Seminar, workshop, or equivalent activity conducted	Tabletop exercise conducted	Functional, full-scale exercise or real incident
Function 3	Maintain updated inventory management and reporting system	a. An agreement in place to use a vendor-hosted (i.e. 3PL) inventory management system (IMS) with a local backup system or a written plan to operate an existing purchased system to include a locally hosted backup.				a. Demonstrate the ability to receive, store, pick, and ship assets from both primary and backup system.			
		An agreement/plan is in place with no backup	An agreement/plan is in place with backup not locally hosted	An agreement/plan is in place with a locally hosted backup	An agreement/plan is in place with a locally hosted backup and evidence that all pre-identified warehouse staff have been trained on IMS functions	Unable to demonstrate ability	Only the primary IMS has demonstrated the ability to receive, store, pick, and ship assets	Both primary and backup IMS demonstrated the ability to receive, store, pick and ship assets	Both primary and backup IMS demonstrated the ability to receive, store, pick, and ship assets and documentation staff have been trained
		b. Plans outline processes to track and report inventory levels from all entities within a jurisdiction.				b. Procedures to track and report inventory levels have been exercised within the last five years. *Awardees should report inventory levels to CDC/DSNS using IMATS or an existing inventory management system configured with the Inventory Data Exchange specification standards.			

Capability 9: Medical Materiel Management and Distribution

		No plan is in place to collect inventory levels	A plan is in place but unable to collect inventory levels from any entity within the jurisdiction	A plan is in place to collect inventory levels from at least 50% of all entities within a jurisdiction	A plan is in place to collect inventory levels from all entities within a jurisdiction and appropriate staff are trained on collection procedures	Unable to collect and report all inventory levels	All inventory levels can be collected but not reported	All inventory levels can be collected and configuration for reporting is in process	All inventory levels can be collected and inventory records can be reported successfully
Function 4	Establish and maintain security	a. Plans include procedures to identify, acquire, and maintain security measures at all MCM distribution sites (RSS/RDS/LDS).				a. Security plans for receiving site (RSS, RDS, LDS) have been exercised (tabletop, functional, or full-scale exercise or real incidents) within the last five years.			
		0-24% of all sites have security plans	25-49% of all sites have security plans	50-74% of all sites have security plans	75-100% of all sites have security plans	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised
		b. Plans include procedures to identify, acquire, and maintain security measures at all public MCM dispensing sites (general points of dispensing [PODs]).				b. Security plans for public dispensing sites (general PODs) have been exercised (tabletop, functional, or full-scale exercises or real incidents) within the last five years.			
		0-24% of all PODs have security plans	25-49% of all PODs have security plans	50-74% of all PODs have security plans	75-100% of all PODs have security plans	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised
		c. Plans include procedures to identify, acquire, and maintain security measures during the following transit: 1) MCM arriving at RSS, 2) MCM transported from RSS to RDS/LDS/POD, 3) MCM transported from RDS/LDS to POD (where applicable), and 4) escort of personnel between sites.				c. Transportation security plans have been exercised (tabletop, functional, full-scale exercises or real incidents) within the last five years.			
		No written plans in place	Written plans include one of the above elements	Written plans include two of the above elements	Written plans include three or more of the above elements	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised

Capability 9: Medical Materiel Management and Distribution									
Function 5	Distribute medical materiel	a. Plans include procedures to determine allocation and distribution strategy, including 1) delivery locations, 2) routes, and 3) delivery schedule/frequency, based on incident needs.				a. Jurisdiction has demonstrated capacity to transport materiel from receiving sites (RSS/RDS/LDS) to identified dispensing sites according to planning assumptions (modeling, exercise, or real incident) within the last five years. *Awardees should be able to transport materiel from RSS to dispensing sites within 12 hours.			
		No written plans in place	Written plans include one of the above elements	Written plans include two of the above elements	Written plans include all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
Function 6	Recover medical materiel and demobilize distribution operations	a. Plans include procedures to 1) recover materiel, 2) recover equipment, and 3) dispose of biomedical waste materials according to jurisdictional policies and protocols.				a. Recovery and waste disposal procedures have been exercised within the last five years.			
		No written plans in place	Written plans include one of the above elements	Written plans include two of the above elements	Written plans include all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 14: Responder Safety and Health									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify responder safety and health risks	a. Plans include procedures for protecting public health staff and volunteer responders, to include 1) identifying and communicating medical and behavioral health risks; 2) validating health and safety recommendations with subject matter experts; and 3) identifying personal protective equipment (PPE), protective actions, or other mechanisms as they relate to an MCM mission.				a. All procedures (as referenced in the planning element) for protecting public health staff and volunteer responders have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted, or exercise did not address all procedures	Workshop, or equivalent, conducted	Tabletop exercise conducted	Functional or full-scale exercise conducted or real incident
		b. Plans: 1) identify all responders (including first responders and critical infrastructure staff (CIS)) that would be used in an MCM incident; 2) describe procedures for priority prophylaxis of identified responders (including first responders/CIS); and 3) describe resources necessary to conduct priority prophylaxis of responders (including first responders/CIS).				b. Procedures for the prophylaxis of all responders (including first responders/CIS) have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
Function 2	Identify safety and personal protective needs	a. Plans include procedures for 1) training on PPE, 2) PPE fit-testing, 3) medically clearing staff to use PPE; and 4) obtaining additional PPE if needed for an MCM incident.				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two or three of the above	Written plans contain all of the above				

Capability 14: Responder Safety and Health

Function 3	Coordinate with partners to facilitate risk-specific safety and health training	a. Plans document procedures for MCM risk-specific training for 1) first responders, 2) critical infrastructure staff, 3) volunteer responders, and 4) staff responders regarding their own safety and health.				None			
		Written plans include none of the above elements	Written plans include one or two of the above elements	Written plans include three of the above elements	Written plans include all of the above elements				
Function 4	Monitor responder safety and health actions	a. Plan includes procedures for 1) monitoring health and safety of all responders; 2) providing medical and behavioral health services to all responders; and 3) modifying health and safety recommendations based on available surveillance, as they relate to an MCM mission.				a. Procedures for monitoring responder safety and health actions have been exercised within the last five years.			
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident

Capability 15: Volunteer Management									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Coordinate volunteers	a. Plans include procedures for 1) pre-incident volunteer recruitment and identification, including a registration system; 2) pre-incident screening and credential verification; and 3) pre-incident training on public health response capabilities as they relate to an MCM mission.				a. Plans related to volunteer registration systems, pre-incident screening, and credentials verification, and pre-incident training have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
Function 2	Notify volunteers	a. Plans include procedures for 1) volunteer notification, with redundant systems and template messages; 2) partner agency notifications for staff support; and 3) credential confirmation at time of incident, as they relate to an MCM mission.				a. Jurisdiction conducts annual call-down drill of all volunteers required to support an MCM mission.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No call- down drill, or percent acknowledgement between 0-24%	Call-down drill conducted and percent acknowledgement between 25-49%	Call-down drill conducted and percent acknowledgement between 50-74%	Call-down drill conducted and percent acknowledgement between 75-100%
Function 3	Organize, assemble, and dispatch volunteers	a. Plans include procedures for 1) assembling and rotating volunteers; 2) providing volunteer support services (feeding; housing, etc.); and 3) briefing volunteers though job aids, just-in-time training materials, safety instructions, etc.				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above				
		b. Plans include a process for 1) badging volunteers 2) managing spontaneous volunteers, and 3) coordinating with emergency management, or other jurisdictional lead, for support of public health volunteers				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above				

Capability 15: Volunteer Management

Function 4	Demobilize volunteers	a. Plans include procedures (manual or electronic system) for 1) tracking, 2) out-processing, and 3) providing follow-up services to volunteers.				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above				