



**NACCHO**

National Association of County & City Health Officials

*The National Connection for Local Public Health*

# Resource Portfolio Project on the CDC Public Health Capabilities

**National Association of County  
& City Health Officials**



**June 30, 2016**

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## Introduction

As local health departments (LHDs) strive to achieve and enhance community preparedness, response, and recovery capacity and capability, they often face a random assortment of tools from wide-ranging sources. As the trusted member organization for LHDs, the National Association of County and City Health Officials (NACCHO) is well positioned to support LHDs by connecting them to the most reliable and relevant resources. With support from the Centers for Disease Control and Prevention (CDC), NACCHO developed a resource portfolio for LHDs to reference and use when addressing the CDC public health preparedness capabilities. This portfolio contains vetted resources that address the following CDC public health preparedness capabilities:

- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 14: Responder Health and Safety
- Capability 15: Volunteer Management

Resources for Capability 1: Community Preparedness, Capability 6: information Sharing, Capability 8: Medical Countermeasure Dispensing, Capability 9: Medical Materiel Management and Distribution, and Capability 13: Public Health Surveillance and Epidemiological Investigation can be found in NACCHO's toolkit [<http://toolbox.naccho.org/pages/index.html>] and via <http://www.naccho.org/uploads/downloadable-resources/Resource-Portfolio-Project-Edited-Final.pdf>

For each capability, there are a range of resources including toolkits, guidance documents, templates, and links to exemplary programs. Local health departments can use these resources to help address gaps in preparedness capability and strengthen preparedness planning and exercises.

## Methodology

To inform the collection and evaluation of resources, NACCHO solicited information from local health departments and subject matter experts through our preparedness workgroups. Workgroup members provided information on their priorities, challenges, and gaps in addressing specific CDC public health preparedness capabilities. NACCHO summarized this information in a series of fact sheets that consists of an overview of the capability, the capability requirements most applicable to LHDs, a list of challenges LHDs face in meeting those requirements, and suggestions for resources that would help them overcome those challenges. NACCHO shared each fact sheet with workgroups of local public health preparedness subject matter experts who confirmed the accuracy and comprehensiveness of the information.

NACCHO provided the fact sheets to an independent contractor who performed research to identify tools, practices, and products that addressed the feedback from local health departments. NACCHO selected the subcontractor based on her extensive experience in vetting and promoting resources through similar projects and preparedness expertise. The subcontractor conducted an environmental

scan of available resources. Research processes gave preference to resources that reflect current priorities in public health preparedness and that were oriented toward local structure and diversity.

NACCHO and the subcontractor worked together to review, vet, and evaluate the resources. The subcontractor utilized the Public Health Practices (PHP) vetting process developed by the Center for Infectious Disease Research and Policy (CIDRAP)<sup>1</sup>. CIDRAP's process for vetting public health preparedness and response practices for this project blends the measurement of each practice's applicability to defined criteria with subject matter expert judgment regarding what is useful and transferable in public health practice. A practice suitable to pass the PHP vetting process meets the following criteria: (1) belongs in one or more public health practice domains, (2) is useful without obvious flaws; and (3) has relevance beyond the jurisdiction that created it. To accommodate local priorities and needs, the vetting process was adjusted and refined to include the following modifications: (1) tools that may be widely used and valuable but do not necessarily meet the PHP definition of innovative; (2) tools developed by federal, private, and other entities not traditionally included on the PHP site; and (3) tools that have been used, evaluated, or data-driven in a documented way. Vetting and evaluation also gave greater consideration to the specialized nature of resources required by certain capabilities and meeting needs identified in the fact sheets (e.g. legal resources for isolation and quarantine, translation guides and social media message libraries for emergency communication, laboratory chain-of-custody protocol).

#### Resource Selection and Classification Methods

As a result of the vetting process, resources were classified into top-tier and second-tier. Top-tier practices were selected based on the following characteristics:

- *Completeness*: The resource represents a package of materials: an interactive, adaptable tool plus some guidance or training on how to use it.
- *Inclusivity or thoroughness*: The resource comprehensively accounts for multiple factors involved in medical surge, especially as it relates to inter-agency relationships, roles, and responsibilities.
- *Applicability to common and/or relevant problems*: To the best of our knowledge, the resource addresses challenges with which agencies are currently struggling or gaps in current planning efforts.
- *Evaluation or use*: The resource was evaluated formally, underwent frequent evidence-based updates, or has been used as part of an emergency response.
- *Transferability*: The resource can easily be transferred between jurisdictions or sectors. It is simple enough to be applicable to a range of agencies while comprehensive enough to ensure that another agency can take the resource and use it immediately.
- *Scalability*: The resource provides multiple options for implementing a project, allowing agencies to adapt materials and information to resource availability, local agency structure, and community needs.
- *Mutual benefit*: The resource clearly lays out how all participating agencies will benefit from the practice and what will be required of each participant. The resource may also attempt to create or build on sustainable community/governmental relationships.

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<sup>1</sup> The Public Health Practice project, developed by the Center for Infectious Disease Research and Policy (CIDRAP), ended December 31, 2014. For more information, please visit <http://www.cidrap.umn.edu/ongoing-programs/public-health-practices>.

Second-tier practices are those that are not widely applicable or transferable, but they may have significant usefulness to some jurisdictions or communities. To help users determine why a particular resource may or may not be applicable to their needs, NACCHO and the subcontractor developed a classification key. Because second-tier resources contain information or tools that may be useful – even invaluable – to some jurisdictions, the icons provide a method of tailoring the resource lists to the particular needs and assets of individual agencies and communities.

Second tier resources were selected and classified according to the following criteria:

- **Difficult to adapt or transfer:** The resource is dependent on a specific context that precludes transfer to another jurisdiction; lacks information or a tool allowing users to take and use it immediately; or otherwise requires significant work to adapt on the part of any given jurisdiction.

■	Resource relies on a specific context or methodology, making it difficult to transfer in whole between jurisdictions
●	Resource is overly general or lacks some applicability to local health agencies' operations or needs
▲	Resource represents a significant amount of project-based effort, time, funding, or collaboration, making it difficult to replicate

- **Overly specialized:** The resource, while potentially useful, does not cover a wide and diverse range of issues.

■	Resource applies to very specific geographic needs (e.g., volcanic eruption in Washington state, extremely rural communities)
●	Resource is solely applicable to the needs of a small or narrowly defined group (e.g., houses of worship)
▲	Resource considers an issue area (e.g., legal response to disaster) with little or no focus on public health involvement

- **Requires supplementation:** The resource may include useful information but would require significant additional tools, guidance, or training before it could be implemented.

■	Resource lacks interactive tools or materials that would allow it to be implemented with minimal time or effort
●	Resource lacks guidance or training that would enable tools or materials to be used effectively and in their proper context
▲	Resource focuses heavily on one issue area (e.g., personnel management) related to a capability without integrating other factors

## Results

As the result of this project, NACCHO, with support from the sub-contractor, identified and evaluated a total of 347 resources for the following PHEP capabilities:

- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 14: Responder Health and Safety
- Capability 15: Volunteer Management

These resources include toolkits, guidance documents, program links, templates, and trainings. 245 of these resources were evaluated as top-tier, indicating they can be adapted and implemented with minimal modification for use by health departments. 102 of the resources were evaluated as second-tier and may prove useful for some health departments with moderate adaptation or supplementation.

NACCHO encourages LHDs to reference and use the resources contained in this portfolio to inform their preparedness planning and exercises. During a time when resources are tight but the workload is large and expanding, these resources can help LHDs generate efficiencies by applying proven practices and tools to address gaps in preparedness capability.

## Resource Portfolio Structure

The remainder of this report includes the results of the research and evaluation process for each of the following PHEP capabilities, in the order they appear below:

- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 14: Responder Health and Safety
- Capability 15: Volunteer Management

The results are organized and presented as follows for each PHEP capability:

- (1) A fact sheet that describes the priority gaps, challenges, and resource needs identified by LHDs;
- (2) A cross-walk of the resources needs identified by LHDs with the resources that were identified to address those needs;
- (3) A series of reference sheets, organized by resource need, that lists and describes both the top-tier and second-tier resources, as well as a table that provides an overview of the evaluation for

each resource.

The resource portfolio is organized such that it can be viewed as a whole, by capability, or by resource need. NACCHO intends for this resource portfolio to be shared broadly to inform preparedness practice and policy at LHDs nation-wide. Links to the resources are available within this report.

For any questions or further information about the resources contained within this portfolio, please contact NACCHO's Preparedness Team at [preparedness@naccho.org](mailto:preparedness@naccho.org).





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# Capability 2: Community Recovery Resource Portfolio

## Capability 2: Community Recovery | Local Perspectives

### Important Aspects for Local Health Departments

Capability 2: Community Recovery helps keep LHDs accountable to their constituents when writing and rewriting emergency and recovery plans. Community Recovery also allows LHDs to address their community at large. Comprehensive recovery plans focus on the whole community and include partners such as mental and behavioral health.

LHDs have used Capability 2 to construct plans and protocols to establish coordinated response and recovery operations and address potential gaps that exist in response efforts. Several LHDs have used after action reports (AARs) to analyze and assess post-incident response procedures. Comprehensive AARs include the LHD and all partners within the area that participated in the response. AARs are extremely valuable because they give LHDs the opportunity to evaluate how response efforts can be improved and identify functionalities that must be in place to effectively address community needs. AARs can assess if partners were activated efficiently (especially if activations are quite rare); if an agency may need to engage in additional outreach to identify necessary partners; and if response statuses were clearly identified and updated during the response. Addressing gaps and implementing corrective actions identified in these reports can help LHDs improve emergency response and engage in effective emergency planning.

Along with the after action report, Capability 2 has also been used to develop continuity of operations plans (COOP) that address the maintenance and recovery of essential local government and public health operations in the event of an emergency.

There are several ways LHDs can document requirements and work towards meeting the goals of Capability 2. One LHD created an Ebola documentation spreadsheet/workbook. The LHD uses the workbook to document all activities (e.g. conference calls, meetings, presentations, etc.) related to Ebola, action items, capabilities that were addressed and any performance measures associated with a given capability. The workbook can be found here:

<http://www.naccho.org/toolbox/tool.cfm?id=4689>

As LHDs actively engage in recovery planning, it is important to understand how different city or county entities/agencies have historically done this work. If different agencies are taking the lead on recovery and response, public health needs should always be represented and successfully incorporated in larger recovery plans/efforts. It is important that agencies within a state are actively

### CDC Capability Definitions, Functions, and Associated Performance Measures

Community recovery is the ability to collaborate with community partners (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Capability 2 supports National Health Security Strategy 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.

communicating as some LHDS have been asked to contribute to the overall city or county recovery plans as well as assist with the COOP and continuity of business plans.

Community Recovery: Challenges for Public Health

Capability 2 can present itself as a challenge to many LHDS because there are no CDC-defined performance measures. Many LHDS are looking to CDC for additional guidance and recommendations for how to successfully execute coordinated responses to emergencies and meet the needs of their communities. LHDS can also benefit from additional tools and resources such as documents that share best practices about response and recovery, and templates for Memorandums of Understanding (MOUs) and recovery plans.

LHDS often assist with prioritizing assets in the community. This can be challenging due to the sensitive nature of the topic. Although some organizations/agencies may be willing to assist with this effort, many don't want a number to quantify their resources or capabilities.

Another challenge is getting community members and stakeholders to the table to talk about community recovery. For long duration events it can be hard to predict and communicate all the recovery needs that may be required over an extended period of time.

Funding can also be challenge. Different states have expressed interest in engaging more agencies and organizations in community recovery plans but are limited in their ability to do so because of decreases in funding.

Lastly, engaging and encouraging local agencies to discuss the topic of recovery can be extremely challenging, especially if they are satisfied with the emergency operations plans they already have in place. This makes it difficult to ensure that public health is successfully incorporated into recovery and response plans.

This capability consists of the ability to perform the following functions:

**Function 1:** Identify and monitor public health, medical, and mental/behavioral health system recovery needs

**Function 2:** Coordinate community public health, medical, and mental/behavioral health system recovery operations

**Function 3:** Implement corrective actions to mitigate damages from future incidents

*\* There are no CDC-defined performance measures listed for any of the functions above*

Capability 2: Community Recovery | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Volunteer Management in Healthcare Settings</p>	<p><b>Top Tier:</b>  <b>Boston Healthcare Preparedness Coalition</b>   Boston Public Health Commission</p> <p><b>Sonoma County Healthcare Coalition Toolkit</b>   Sonoma County Department of Health Services</p> <p><b>Los Angeles County Community Disaster Resilience Coalition</b>   Los Angeles County Department of Public Health</p> <p><b>Coyote Crisis Collaborative</b>   Coyote Crisis Collaborative</p> <p><b>Partnerships for Recovery Across the Sectors (PRACTIS) Toolkit</b>   The RAND Corporation</p> <p><b>Disaster Healthcare Partners Coalition</b>   County of Santa Barbara Public Health Department</p> <p><b>Alameda County Disaster Preparedness Health Coalition</b>   Alameda County Public Health Department</p> <p><b>Long Term Recovery Guide</b>   National Voluntary Organizations Active in Disaster</p> <p><b>Second Tier:</b>  <b>Vulnerable Populations Action Team</b>   Public Health- Seattle &amp; King County</p> <p><b>SHOREline</b>   National Center for Disaster Preparedness at Columbia University</p> <p><b>Buchanan County Disaster Recovery Coalition</b>   Buchanan County, Iowa</p> <p><b>After Wildfire: A Guide for New Mexico Communities</b>   New Mexico State Forestry</p> <p><b>Chumstick Wildfire Stewardship Coalition</b>  </p>

	<p><b>Field Guide: Working with U.S. Faith Communities During Crises, Disasters and Public Health Emergencies</b>   National Disaster Interfaiths Network</p> <p><b>California Disaster Mental Health Coalition</b></p> <p><b>Florida Kidney Disaster Coalition</b></p> <p><b>Shawnee Preparedness and Response Coalition</b></p> <p><b>Healthcare Emergency Response Coalition of Palm Beach County</b></p> <p><b>Disaster Resilient Communities Committee</b>   National Hazards Mitigation Association</p> <p><b>Be Ready Alliance Coordinating for Emergencies</b></p>
<p>Mental/Behavioral Health Responder Training, Tools, and Guidance</p>	<p><b>Top Tier:</b></p> <p><b>Psychological First Aid Training</b>   Minnesota Department of Health</p> <p><b>Mental Health Preparedness Trainings</b>   Johns Hopkins Center for Public Health Preparedness</p> <p><b>NC Preparedness Coordinators Toolkit: Disaster Behavioral Health</b>   University of North Carolina Center for Public Health Preparedness</p> <p><b>Disaster Mental Health Assistance in Public health Emergencies: Evidence-Informed Practices for Public Health Workers</b>   State University of New York and New Paltz and the New York/ New Jersey Preparedness and Emergency Response Learning Center</p> <p><b>SAMHSA Disaster App</b>   Substance Abuse and Mental Health Services Administration</p> <p><b>Mental Health Intervention in the Event of a Disaster Field Guide</b>   Indiana Family and Social Services Administration</p> <p><b>Responder Self-Care App and Psychological First Aid Tutorial</b>   University of Minnesota School of Public Health</p>

	<p><b>Behavioral Health Emergency Plan Template for Healthcare Organizations</b>   Missouri Department of Health and Senior Services</p> <p><b>Light Our Way: A Guide for Spiritual Care in Times of Disaster</b>   National Voluntary Organizations Active in Disaster</p> <p><b>Sexual Violence in Disasters: A Planning Guide for Prevention and Response</b>   National Sexual Violence Resource Center</p> <p><b>Disaster Communications Guidebook</b>   Missouri Department of Mental Health</p> <p><b>Second Tier:</b></p> <p><b>Strengthening the Strengtheners: A toolkit in Public Health Emergency Preparedness and Response for Congregations</b>   Montgomery County Advanced Practice Center</p> <p><b>Action Guide to Protect Mental Health in Schools During Disasters</b>   University of Pittsburgh Center for Public Health Practice</p> <p><b>Algorithm for Triageing Mental Health Needs</b>   California Hospital Association</p> <p><b>Disaster Resilience First Aid: A Community Approach to Providing Support and Resources</b>   County of Los Angeles Public Health</p> <p><b>Readiness for Events with Psychological Emergencies Assessment Tool</b>   National Association of Community Health Centers</p> <p><b>Introduction to Mental Health Preparedness</b>   North Carolina Institute for Public Health</p>
<p>Local Recovery Plans</p>	<p><b>Top Tier</b></p> <p><b>Douglas County Disaster Recovery Plan</b>   Douglas County Office of emergency Management</p> <p><b>Palm Beach County Disaster Recovery Plan</b>   Palm Beach County Department of Public Safety</p>

**Disaster Recovery Plan** | City of Shoreline

**Toward a Resilient Seattle: Post-Disaster Recovery Plan Framework** | City of Seattle

**Franklin County Disaster Recovery Plan** | Franklin County Regional Emergency Planning Committee

**Second Tier:**

**Fairfax County Pre-Disaster Recovery Plan** | Fairfax (VA) County

**Local Disaster Recovery Staffing Guide** | LMI Research Institute

**Chatham County Disaster Recovery Plan** | Chatham Emergency Management Agency

**Pierce County Disaster Recovery Framework** | Pierce County

**State of Maryland Disaster Recovery Operations Plan** | Maryland Emergency Management Agency

**City of Galveston Disaster Recovery Plan** | City of Galveston

**Local Disaster Recovery Plan** | Cherokee Sheriff's Office Division of Emergency Management

**New Hampshire Recovery Plan** | New Hampshire Department of Safety

**ABAG Recovery Toolkit for Local Governments** | Association of Bay Area Governments Resilience Program

**Waterbury Long Term Community Recovery** | City of Waterbury, Vermont

**State Disaster Recovery Planning Guide** | University of North Carolina at Chapel Hill Coastal Hazards Center of Excellence

	<p><b>Disaster Recovery Plan and Program: Manual of Procedures for Records Services</b> Department of Smith County   Smith County</p>
Whole Community Initiatives	<p><b>Top Tier</b> <b>Do1thing</b></p> <p><b>Neighborhood Empowerment Network</b></p> <p><b>Communities Advancing Resilience Toolkit (CART)</b>   Terrorism and Disaster Center at the University of Oklahoma Health Services Center</p> <p><b>Second Tier</b> <b>Galveston Hurricane and Healthy Neighborhood Scenarios Workbook on Community Health, Neighborhood Resiliency, and Disasters</b>   University of Texas Medical Branch Center to Eliminate Health Disparities</p> <p><b>Whole Community Preparedness Programs</b>   Denver Office of Emergency Management and Homeland Security</p> <p><b>Project Wildfire Toolkit</b>   Project Wildfire</p> <p><b>South Clatsop County resilience Guide” Oregon Partnership for Disaster Resilience</b>   South Clatsop County</p> <p><b>Community Economic Recovery Guidebook</b>   Wisconsin Emergency Management</p>
Continuity of Operations (COOP) Plans for Local Public Health and Healthcare	<p><b>Top Tier</b> <b>COOP (Continuity of Operations)</b>   Harford County Health Department</p> <p><b>Continuity of Operations (COOP) Template</b>   Miami-Dade County Department of Emergency Management</p> <p><b>Disaster Day Care Guide</b>   Florida Department of Health in Hernando County</p> <p><b>Continuity of Operations Plan (COOP) for Walla Walla County Government</b>   Walla Walla County Emergency Management Department</p>



	<p><b>Hospital Contingency Planning Toolkit</b>   California Hospital Association</p> <p><b>Behavioral Health Care: Pandemic Influenza Continuity of Operations Plan (COOP) Template</b>   Minnesota Department of Health</p> <p><b>Essential Functions and Considerations for Hospital Recovery</b>   Massachusetts Department of Public Health and Harvard School of Public Health</p> <p><b>Second Tier</b></p> <p><b>Hospital Business Continuity Templates</b>   Los Angeles County Emergency Medical Services Agency</p> <p><b>Continuity of Operations</b>   City of St. Cloud, Minnesota</p> <p><b>Critical Infrastructure Systems Resiliency Initiative</b>   Northern Virginia Hospital Alliance</p> <p><b>Disaster Recovery and Continuity Guide for Colorado Businesses</b>   Colorado Small Business Development Center Network</p> <p><b>Healthcare COOP &amp; Recovery Planning” Concepts, Principles, Templates &amp; Resources</b>   Assistant Secretary for Preparedness and Response</p>
<p>Community and Vulnerable Populations Recovery Outreach and Planning</p>	<p><b>Top Tier</b></p> <p><b>DRAT! ( Disaster Readiness Actions for Teens)</b>   Minnesota Department of Health</p> <p><b>Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide</b>   NORC Walsh Center for Rural Health Analysis</p> <p><b>Superstorm Sandy Mobile Outreach Program</b>   Ocean County Health Department</p> <p><b>Evacuteer</b>   City of New Orleans</p> <p><b>Second Tier</b></p> <p><b>Neighborhood Emergency Teams</b>   Lewiston-Nez Perce County Office of Emergency Management</p>

**Alaska Tsunami Education Program** | Geophysical Institute of the University of Alaska  
Fairbanks

**Emergency Survival Guide** | County of Los Angeles

## Capability 2: Community Recovery | Resource List

### Top-Tier Disaster Healthcare and Community Coalitions

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Boston Healthcare Preparedness Coalition** | Boston Public Health Commission | [Link](#)

**Description and rationale for inclusion:** The Boston Healthcare Preparedness Coalition operates a Medical Intelligence Center focused on information sharing between hospitals and public health, family reunification after a disaster, mental and behavioral healthcare services, and user-friendly electronic outbreak surveillance. Tools include a Boston Marathon Resource and Recovery Guide; an infographic depicting the ESF 8 public health and medical services coordinated response and recovery efforts after the 2013 Boston Marathon bombing; and a healthcare preparedness coalition charter describing the coalition's mission and member roles and responsibilities.

**Evaluated or data-driven:** The coalition responded to the 2013 Boston Marathon bombing and developed training and increased surveillance activities in preparation for the 2014 and 2015 Boston Marathons. Coalition activities have resulted in volunteer training, increased mental and behavioral health services, and ongoing disease surveillance.

**Sonoma County Healthcare Coalition Toolkit** | Sonoma County Department of Health Services | [Link](#)

**Description and rationale for inclusion:** The coalition toolkit offers a comprehensive and user-friendly guide to coalition roles and responsibilities, ways in which public health agencies can prepare healthcare systems to participate in a coalition, and ideas and options for funding. Tools include a resource request quick sheet; a situation report quick sheet that prompts each coalition partner for status of operations, communication, utilities, and need for evacuation;

Second-Tier Disaster Healthcare and  
Community Coalitions

Difficult to adapt or transfer

**Vulnerable Populations Action Team** | Public Health – Seattle & King County | [Link](#) | ▲

**SHOREline** | National Center for Disaster Preparedness at Columbia University | [Link](#) | ■ ▲

**Buchanan County Disaster Recovery Coalition** | Buchanan County, Iowa | [Link](#) | ■

Overly specialized

**After Wildfire: A Guide for New Mexico Communities** | New Mexico State Forestry | [Link](#) | ■

**Chumstick Wildfire Stewardship Coalition** | [Link](#) | ■

**Field Guide: Working with U.S. Faith Communities During Crises, Disasters & Public Health Emergencies** | National Disaster Interfaiths Network | [Link](#) | ●

information on governance and committee structures, and a coalition communications plan available to health partners.

**Evaluated or data-driven:** The coalition is an interdisciplinary workgroup that meets quarterly to evaluate and discuss local needs and holds monthly communications drills. Members include local healthcare facilities, the county public health agency, emergency medical services, and a college health program.

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**Los Angeles County Community Disaster Resilience Coalition** | Los Angeles County Department of Public Health | [Link](#)

**Description and rationale for inclusion:** The disaster resilience coalition consists of eight community resilience coalitions and eight preparedness coalitions. Community resilience coalitions focus on mapping hazards at the neighborhood level, identifying at-risk or vulnerable populations, identifying and responding to psychological trauma, and developing training for recovery-ready field workers. Tools include the “Resilience Builder” toolkit, which contains a five-section training module that addresses building community resilience through asset and hazard mapping, creating community disaster plans, and steps for short-term response and long-term recovery. A related work plan uses guiding questions to prompt coalition members to consider their participation in terms of resources, outreach and partnerships, goal statements, measures for community activities, the sustainability of the coalition, and neighborhood priorities.

**Evaluated or data-driven:** The coalition includes members from the local public health agency, the RAND Corporation, the University of California-Los Angeles Center for Health Services and Society, Loma Linda University, Community Partners, the Emergency Network of Los Angeles, and the US Geological Survey. The toolkit has been evaluated through ongoing community feedback from businesses, community leadership, cultural and faith-based groups, emergency management, healthcare services, social services, housing and sheltering agencies, the media, mental and

**California Disaster Mental Health Coalition** | [Link](#) | ●

**Florida Kidney Disaster Coalition** | [Link](#) | ●

Requires supplementation

**Shawnee Preparedness and Response Coalition** | [Link](#) | ■

**Healthcare Emergency Response Coalition of Palm Beach County** | [Link](#) | ■

**Disaster Resilient Communities Committee** | National Hazard Mitigation Association | [Link](#) | ■

**Be Ready Alliance Coordinating for Emergencies** | [Link](#) | ●

behavioral health services, aging organizations, education groups, and childcare agencies.

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**Coyote Crisis Collaborative** | Coyote Crisis Collaborative | [Link](#)

**Description and rationale for inclusion:** The collaborative represents a multidisciplinary disaster health recovery initiative between public health, healthcare systems, emergency medical services, and businesses, and community-based organizations. Its current focus is family reunification and pediatric healthcare during/following a disaster. The Family Reunification Center Planning Guide contains tools for activation, equipment requests, childcare services, access and functional needs, Psychological First Aid, intake and tracking, child identification, and demobilization. It also provides information on coordinating efforts between law enforcement, Emergency Medical Services, hospitals, call centers, and the Medical Examiner's office. The Hospital Reception Site Planning Guide provides similar information with a greater emphasis on information-sharing between hospitals and public health and job action sheets for hospital partners.

**Evaluated or data-driven:** The Collaborative's tools and trainings are based on the best available evidence and on subject matter expertise from its multidisciplinary board and members.

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**Partnerships for Recovery Across the Sectors (PRACTIS) Toolkit** | The RAND Corporation | [Link](#)

**Description and rationale for inclusion:** The toolkit provides guidance to local health departments that are attempting to strengthen recovery-based partnerships with community-based organizations. Tools include a sample survey and steps for identifying what community-based organizations can contribute to disaster recovery, a quality improvement guide and sample quality improvement report to help generate guidance and goal-setting regarding strengths and weaknesses of the partnership, and a sample tabletop recovery exercise focused

on improving relationships.

**Evaluated or data-driven:** The toolkit was created based on lessons learned from partnerships formed between local public health agencies and community-based organizations during the recovery from Hurricane Sandy.

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**Disaster Healthcare Partners Coalition** | County of Santa Barbara Public Health Department | [Link](#)

**Description and rationale for inclusion:** Coalition partners represent local public health, hospital and clinic systems, and specialty healthcare agencies. A governance document addresses the coalition's leadership and structure, along with continuity plans and partner roles and responsibilities for different phases of response and recovery. Tools include forms for requesting and deploying healthcare disaster cache resources; communications and operational expectations for facilities serving medically fragile patients; county public health and medical operations roles; status report forms for clinics, dialysis centers, home health agencies, and skilled nursing facilities; resource request forms for medical supplies, personnel, and general equipment; and evacuation plans for long-term care facilities.

**Evaluated or data-driven:** The coalition has been operational for eight years and has responded to fires, evacuations of long-term care facilities, vaccine shortages, and the 2009 H1N1 influenza pandemic.

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**Alameda County Disaster Preparedness Health Coalition** | Alameda County Public Health Department | [Link](#)

**Description and rationale for inclusion:** The role of the multidisciplinary health coalition is to provide integrated communications during emergency response and recovery. Coalition workgroups focus on exercises and training, medical surge, and communications. Tools include documents on governance and structure, medical and health supply request forms for the Emergency Operations Center, health situation status report forms, resource request forms, state situation report forms,

and confidential communicable disease reporting forms.

**Evaluated or data-driven:** The coalition has operated for eight years and includes membership from hospitals, clinics, long-term care facilities, mental health facilities, transport agencies, and local behavioral, environmental, and Emergency Medical Services organizations.

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**Long Term Recovery Guide** | National Voluntary Organizations Active in Disaster | [Link](#)

**Description and rationale for inclusion:** The guide addresses aspects of disaster recovery in a comprehensive way and includes specific guidance on organizing and administering a coalition, disaster case management, volunteer management, integrated communications, mental health and spiritual care, financial reporting, and how to end a recovery effort. Tools include sample job and volunteer descriptions (including necessary qualifications), a long-term recovery group survey, a client statement of understanding, liability waivers, a volunteer skill form and release of liability, medical information for volunteers, parental consent forms, a medical release for minors, volunteer evacuation forms, workgroup information records, volunteer intake forms, volunteer time sheets, a Memorandum of Understanding for a fiscal agent, sample by-laws, a sample volunteer recruitment letter, and a volunteer orientation form. Most of the information is applicable to a domestic disaster, though some information related to international recovery efforts is included.

**Evaluated or data-driven:** The guide was assembled with subject matter expertise by an interdisciplinary group of volunteer, health, and community-based agency representatives.

**Table 1: Scoring for top-tier and second-tier disaster healthcare and community coalitions**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top Tier Resources	[Boston] Boston Healthcare Preparedness Coalition	x	x			x	x	x
	[Sonoma] Sonoma County Healthcare Coalition Toolkit	x	x	x		x	x	x
	[Los Angeles] Los Angeles County Community Disaster Resilience Coalition	x	x	x		x	x	x
	[RAND] Partnerships for Recovery Across the Sectors (PRACTIS) Toolkit	x	x			x	x	x
	[Coyote] Coyote Crisis Collaborative	x	x	x		x	x	x
	[Santa Barbara] Disaster Healthcare Partners Coalition	x	x			x		x
	[Alameda] Alameda County Disaster Preparedness Health Coalition	x	x			x	x	x
	[NVOAD] Long Term Recovery Guide	x	x			x	x	x
Second Tier Resources	[Seattle] Vulnerable Populations Action Team		x				x	
	[Columbia] SHOREline				x		x	
	[Buchanan] Buchanan County Disaster Recovery Coalition		x					
	[New Mexico] After Wildfire: A Guide for New Mexico Communities	x	x		x		x	



Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Chumstick] Chumstick Wildfire Stewardship Coalition		x		x			
[NDIN] Field Guide: Working with U.S. Faith Communities During Crises, Disasters & Public Health Emergencies		x		x		x	x
California] California Disaster Mental Health Coalition		x		x			
[Florida] Florida Kidney Disaster Coalition	x	x		x			
[Shawnee] Shawnee Preparedness and Response Coalition		x					
[Palm Beach] Healthcare Emergency Response Coalition of Palm Beach County		x					
[NHMA] Disaster Resilient Communities Committee		x					
[Be Ready] Be Ready Alliance Coordinating for Emergencies	x						

## Capability 2: Community Recovery | Resource List

### Top-Tier Mental/Behavioral Health Responder Trainings, Tools, and Guidance

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Psychological First Aid Training** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** The Minnesota Department of Health condensed the National Center for Posttraumatic Stress Disorder's Psychological First Aid (PFA) course into a self-paced module that can be completed in two to four hours and meets core competency requirements for disaster behavioral health responders. Two courses are tailored to K-12 school staff and local health departments. The training for schools includes information on types of trauma, the physical, cognitive, sensory, behavioral, and spiritual effects of disaster, PFA scenarios, advice on support systems and collaborative services, and ways to restore a healthy learning environment. The training for local health departments augments basic PFA knowledge with information on behavioral health services, surge and triage, referral information, and guidance on caring for people with functional needs.

**Evaluated or data-driven:** The trainings were developed based on guidance from mental health professionals.

**Mental Health Preparedness Trainings** | Johns Hopkins Center for Public Health Preparedness | [Link](#)

**Description and rationale for inclusion:** Seven courses for responders address various disaster mental health interventions including ways that health agencies can plan to provide post-disaster mental health assistance, basic information on disaster mental health and mental health surge capacity, PFA, psychology and crisis response during a terrorist event, ways in which governments and responders can return to

Second-Tier Mental/Behavioral Health Responder Trainings, Tools, and Guidance

Overly specialized

**Strengthening the Strengtheners: A Toolkit in Public Health Emergency Preparedness and Response for Congregations** | Montgomery County Advanced Practice Center | [Link](#) | ●

Requires supplementation

**Action Guide to Protect Mental Health in Schools During Disasters** | University of Pittsburgh Center for Public Health Practice | [Link](#) | ●

**Algorithm for Triage of Mental Health Needs** | California Hospital Association | [Link](#) | ●

**Disaster Resilience First Aid: A Community Approach to Providing Support and Resources** | County of Los Angeles Public Health | [Link](#) | ●

**Readiness for Events with Psychological Emergencies Assessment Tool** | National Association of Community Health Centers | [Link](#) | ●

normal functions after a disaster, and self-care techniques for responders.

**Evaluated or data-driven:** All trainings were developed by faculty members with subject matter expertise and/or experience in disaster mental and behavioral healthcare.

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**NC Preparedness Coordinators Toolkit: Disaster Behavioral Health** | University of North Carolina Center for Public Health Preparedness | [Link](#)

**Description and rationale for inclusion:** The trainings address the roles of mental and behavioral health providers in disaster situations, with special attention to mental health survey, PFA, and self-care for responders. Included are materials for holding in-person responder or local health department staff training.

**Evaluated or data-driven:** All trainings were developed by faculty members with subject matter expertise and/or experience in disaster mental and behavioral healthcare.

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**Disaster Mental Health Assistance in Public Health Emergencies: Evidence-Informed Practices for Public Health Workers** | State University of New York at New Paltz and the New York/New Jersey Preparedness & Emergency Response Learning Center | [Link](#)

**Description and rationale for inclusion:** The toolkit contains training and tip sheets to prepare responders for psychological reactions they may encounter during a disaster recovery period. The training covers psychosocial impacts of disaster, typical and extreme reactions, risk factors and vulnerability to trauma, PFA, early interventions, responder self-care and crisis leadership, and the public health worker's role in orienting mental health response staff. Trainings are unique in that they contain numerous questions to help responders evaluate the psychological effects of a

**Introduction to Mental Health Preparedness** | North Carolina Institute for Public Health | [Link](#) |



disaster and base mental and behavioral health response on different specific disaster scenarios.

**Evaluated or data-driven:** The training was based on current research and evidence-based practices in disaster mental and behavioral health.

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**SAMHSA Disaster App** | Substance Abuse and Mental Health Services Administration | [Link](#)

**Description and rationale for inclusion:** The disaster application allows responders to access behavioral health resources from their phones, navigate pre-deployment information, and receive assistance in the field and following the disaster response. Responders are able to share resources and find local behavioral health services via the app, and self-care assistance is available at all stages of disaster deployment. Tools include tip sheets; guides for responders, teachers, parents, and caregivers; and a directory of behavioral health services providers in the local area. Responders are able to download information in the event of no or limited Internet connectivity in the field.

**Evaluated or data-driven:** The app received a Silver Mobile Web Health Award from the National Health Information Center.

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**Mental Health Intervention in the Event of a Disaster Field Guide** | Indiana Family and Social Services Administration | [Link](#)

**Description and rationale for inclusion:** The field guide provides user-friendly mental health information that is intended to be referenced quickly by responders in the field. Tools include an exposure hierarchy and information about how trauma affects different age groups.

**Evaluated or data-driven:** The field guide was used as part of Mississippi's and Nebraska's regional disaster mental health team training, and Indiana's ten district

mental health response teams used the guide during five presidentially declared disasters.

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**Responder Self-Care App and Psychological First Aid Tutorial** | University of Minnesota School of Public Health | [Link](#)

**Description and rationale for inclusion:** The Responder Self-Care App provides checklists that help responders pack for deployment, take care of daily needs, maintain important relationships while assisting with a disaster recovery, and reflect on experiences. Customizable reminders and tips explain why self-care is vital during disaster recovery. The PFA Tutorial offers a just-in-time review for responders who have already received PFA training. Responders are briefed on common reactions to trauma and are able to practice scenarios that reinforce concepts.

**Evaluated or data-driven:** Apps were developed by faculty members with subject matter expertise and/or experience in disaster mental and behavioral healthcare.

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**Behavioral Health Emergency Plan Template for Healthcare Organizations** | Missouri Department of Health and Senior Services | [Link](#)

**Description and rationale for inclusion:** A workbook helps public health agencies and healthcare organizations develop a framework for including behavioral health considerations in hospital preparedness activities. Guidance addresses surge capacity, psychological triage, isolation and quarantine, personal protective equipment, decontamination, establishment of a family assistance center, temporary morgue operations, PFA, and healthcare workforce support. Tools include a mental health unit leader job action sheet and behavioral health checklists for specific hospital activities that should occur during preparedness, response, and recovery phases.

**Evaluated or data-driven:** The workbook was reviewed by health and behavioral health specialists from Missouri health departments and hospitals.

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**Light Our Way: A Guide for Spiritual Care in Times of Disaster** | National Voluntary Organizations Active in Disaster | [Link](#)

**Description and rationale for inclusion:** Guidance is tailored to response and recovery administrators and responders and addresses spiritual self-care for recovery workers, emotional health factors in disaster response, and cross-cultural communications.

**Evaluated or data-driven:** The guide was developed based on subject matter expertise and experience from an interdisciplinary and ecumenical workgroup.

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**Sexual Violence in Disasters: A Planning Guide for Prevention and Response** | National Sexual Violence Resource Center | [Link](#)

**Description and rationale for inclusion:** The planning guide discusses risk of sexual violence at different disaster phases, steps responders can take to ease environmental and social vulnerabilities, planning activities to prevent and respond to sexual violence in communities and shelters, post-disaster violence prevention, and mental health care for survivors.

**Evaluated or data-driven:** The guide is the result of public meetings held in Louisiana with child advocacy organizations, law enforcement, healthcare agencies, and sexual assault forensics specialists.

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**Disaster Communications Guidebook** | Missouri Department of Mental Health | [Link](#)

**Description and rationale for inclusion:** The guidebook provides information on communicating during a spectrum of events; identifies behavioral health responses to disaster with a focus on coping, communication, connection, and self-reliance; the needs of diverse target audiences; and ways to integrate mental

health concerns into communications messages and timing.

**Evaluated or data-driven:** The guidebook was based on current research and evidence-based practices in disaster mental and behavioral health.

**Table 1: Scoring for top-tier and second-tier mental/behavioral health responder trainings, tools, and guidance**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Psychological First Aid Training	x	x	x		x	x	x
	[Johns Hopkins] Mental Health Preparedness Trainings			x		x	x	x
	[UNC] NC Preparedness Coordinators Toolkit: Disaster Behavioral Health			x		x	x	x
	[SUNY-New Paltz] Disaster Mental Health Assistance in Public Health Emergencies: Evidence-Informed Practices for Public Health Workers			x		x	x	x
	[SAMHSA] SAMHSA Disaster App	x	x				x	x
	[Indiana] Mental Health Intervention in the Event of a Disaster Field Guide	x	x				x	x
	[UMN] Responder Self-Care App and Psychological First Aid Tutorial	x	x				x	x



Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
	[Missouri] Behavioral Health Emergency Plan Template for Healthcare Organizations	x	x			x	x	x
	[NVOAD] Light Our Way: A Guide for Spiritual Care in Times of Disaster	x	x		x	x	x	x
	[NSVRC] Sexual Violence in Disasters: A Planning Guide for Prevention and Response	x	x		x	x	x	x
	[Missouri] Disaster Communications Guidebook	x	x			x	x	x
Second-Tier Resources	[Montgomery] Strengthening the Strengtheners: A Toolkit in Public Health Emergency Preparedness and Response for Congregations	x	x		x			
	[University of Pittsburgh] Action Guide to Protect Mental Health in Schools During Disasters	x						
	[CHA] Algorithm for Triageing Mental Health Needs	x			x			

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Los Angeles] Disaster Resilience First Aid: A Community Approach to Providing Support and Resources	x						
[NACHC] Readiness for Events with Psychological Emergencies Assessment Tool	x					x	
[NCIPH] Introduction to Mental Health Preparedness			x				x

## Capability 2: Community Recovery | Resource List

### Top-Tier Local Recovery Plans

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Douglas County Disaster Recovery Plan** | Douglas County Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** The county-wide plan addresses goal-setting for recovery; risk assessment and evaluation of critical infrastructure; local planning authority and assumptions; recovery period governance and command; and roles and responsibilities for policy groups, recovery managers, a liaison officer, a public information officer, a safety officer, a legal advisor, a health advisor, and an operations section chief. The plan also discusses maintenance of local control and intergovernmental coordination and development of a recovery action planning cycle.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

**Palm Beach County Disaster Recovery Plan** | Palm Beach County Department of Public Safety | [Link](#)

**Description and rationale for inclusion:** The plan promotes partnering during the recovery process with public-sector agencies, nonprofit and faith-based groups, and municipal and independent districts. Information and tools address disaster assistance programs, public assistance programs and emergency loans, local organizational structure and delegation authority, the effect of recovery phases on the Emergency Operations Center, restoration of critical facilities, disaster recovery centers and client management for public health, and disaster recovery coalition structure and membership.

### Second-Tier Local Recovery Plans

#### Difficult to adapt or transfer

**Fairfax County Pre-Disaster Recovery Plan** | Fairfax County | [Link](#) | ■

**Local Disaster Recovery Staffing Guide** | LMI Research Institute | [Link](#) | ■

**Chatham County Disaster Recovery Plan** | Chatham Emergency Management Agency | [Link](#) | ■

**Pierce County Disaster Recovery Framework** | Pierce County | [Link](#) | ■

**State of Maryland Disaster Recovery Operations Plan** | Maryland Emergency Management Agency | [Link](#) | ●

**City of Galveston Disaster Recovery Plan** | City of Galveston | [Link](#) | ■

**Local Disaster Recovery Plan** | Cherokee Sheriff's Office Division of Emergency Management | [Link](#) | ■

**New Hampshire Recovery Plan** | New Hampshire Department of Safety | [Link](#) | ●

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

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**Disaster Recovery Plan** | City of Shoreline | [Link](#)

**Description and rationale for inclusion:** The plan addresses recovery and restoration policies at the city level, focusing on psychological recovery, transition steps from response to recovery, responsibilities of different agencies, establishing post-disaster recovery goals and decision-making processes, creating a recovery task force, setting up a disaster assistance center, working with public safety, public health's role in mitigating hazards, maintaining essential services, managing scarce resources, managing staff and volunteers, and partnering with agencies via mutual aid agreements.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

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**Toward a Resilient Seattle: Post-Disaster Recovery Plan Framework** | City of Seattle | [Link](#)

**Description and rationale for inclusion:** The framework provides information on how to create a robust and specific disaster recovery plan and covers local decision-making, recovery plan structure, public engagement, and case studies. The framework is built on local processes and community evaluation.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

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**Franklin County Disaster Recovery Plan** | Franklin County Regional Emergency Planning Committee | [Link](#)

**ABAG Recovery Toolkit for Local Governments** | Association of Bay Area Governments Resilience Program | [Link](#) | ■

**Waterbury Long Term Community Recovery** | City of Waterbury, Vermont | [Link](#) | ■

Overly specialized

**State Disaster Recovery Planning Guide** | University of North Carolina at Chapel Hill Coastal Hazards Center of Excellence | [Link](#) | ■

**Disaster Recovery Plan and Program: Manual of Procedures for Records Services Department of Smith County** | Smith County | [Link](#) | ● ▲

**Description and rationale for inclusion:** The plan addresses situation and infrastructure awareness, recovery agency staff responsibilities, activation and implementation of recovery activities, local control and intergovernmental coordination, planning cycles and timelines for recovery, information collection and dissemination, and supply chain issues. Tools include pre-scripted public information messages, job action sheets, and sample Memoranda of Understanding.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

**Table 1: Scoring for top-tier and second-tier recovery plans**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Douglas] Douglas County Disaster Recovery Plan	x	x			x	x	x
	[Palm Beach] Palm Beach County Disaster Recovery Plan	x	x			x	x	x
	[Shoreline] Disaster Recovery Plan	x	x			x	x	x
	[Seattle] Toward a Resilient Seattle: Post-Disaster Recovery Plan Framework	x	x			x	x	x
	[Franklin] Franklin County Disaster Recovery Plan	x	x			x	x	x
Second-Tier Resources	[Fairfax] Fairfax County Pre-Disaster Recovery Plan		x					
	[LMI] Local Disaster Recovery Staffing Guide		x					
	[Chatham] Chatham County Disaster Recovery Plan		x					

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Pierce] Pierce County Disaster Recovery Framework	x	x					
[Maryland] State of Maryland Disaster Recovery Operations Plan		x					
[Galveston] City of Galveston Disaster Recovery Plan		x					
[Cherokee] Local Disaster Recovery Plan		x					
[New Hampshire] New Hampshire Recovery Plan		x					
[ABAG] ABAG Recovery Toolkit for Local Governments	x	x					
[Waterbury] Waterbury Long Term Community Recovery		x					
[UNC] State Disaster Recovery Planning Guide		x					

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Smith] Disaster Recovery Plan and Program: Manual of Procedures for Records Services Department of Smith County		x		x			



## Capability 2: Community Recovery | Resource List

### Top-Tier Whole Community Initiatives

*Disclaimer:* All links in this document were current as of April 15, 2016.

**do1thing** | [Link](#)

**Description and rationale for inclusion:** The do1thing initiative builds disaster-resilient communities by encouraging individuals to do one recovery-related activity at a time. Tools include a train-the-trainer guide; educational materials about basic recovery and preparedness tools; and fact sheets available in Arabic, Burmese, English, Simplified Chinese, Somali, Spanish, and Swahili.

**Evaluated or data-driven:** The CDC Foundation named the initiative a promising example of the Federal Emergency Management Authority's (FEMA's) Whole Community Approach to Emergency Management.

**Neighborhood Empowerment Network** | [Link](#)

**Description and rationale for inclusion:** The network is an alliance of public health, residents, neighborhood and merchant associations, nonprofit and faith-based organizations, foundations, and academic institutions whose goal is to advance disaster resilience at the community level. Projects include the "Resilient Youth Leadership Academy," which trains youth to develop sustainable mitigation plans for local effects of climate change, and "Resilientville," a role-playing exercise that raises awareness about the benefits of problem-solving at the neighborhood level during an emergency.

**Evaluated or data-driven:** The CDC Foundation named the initiative a promising example of the Federal Emergency Management Authority's (FEMA's) Whole Community Approach to Emergency Management.

### Second-Tier Whole Community Initiatives

#### Difficult to adapt or transfer

**Galveston Hurricane and Healthy Neighborhood Scenarios Workbook on Community Health, Neighborhood Resiliency, and Disasters** | University of Texas Medical Branch Center to Eliminate Health Disparities | [Link](#) | ■ ▲

**Whole Community Preparedness Programs** | Denver Office of Emergency Management and Homeland Security | [Link](#) | ■

#### Overly specialized

**Project Wildfire Toolkit** | Project Wildfire | [Link](#) | ■

**South Clatsop County Resilience Guide: Oregon Partnership for Disaster Resilience** | South Clatsop County | [Link](#) | ■

**Community Economic Recovery Guidebook** | Wisconsin Emergency Management | [Link](#) | ● ▲

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**Communities Advancing Resilience Toolkit (CART)** | Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center | [Link](#)

**Description and rationale for inclusion:** The toolkit provides tools for local health agencies to engage community-based organizations in collecting assessment data to implement recovery strategies. Tools include assessment forms, key informant interview forms, data collection forms, mapping tools for neighborhood infrastructure, a stakeholder analysis, and a capacity and vulnerability assessment.

**Evaluated or data-driven:** The toolkit was reviewed by an interdisciplinary community advisory council.

**Table 1: Scoring for top-tier and second-tier Whole Community initiatives**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[do1thing] do1thing	x	x			x	x	x
	[NEN] Neighborhood Empowerment Network	x	x			x	x	x
	[UOK] Communities Advancing Resilience Toolkit (CART)	x	x			x	x	x
Second-Tier Resources	[UTX] Galveston Hurricane and Healthy Neighborhood Scenarios Workbook on Community Health, Neighborhood Resiliency, and Disasters	x	x	x			x	
	[Denver] Whole Community Preparedness Programs		x					
	[Wildfire] Project Wildfire Toolkit	x	x		x			
	[South Clatsop] South Clatsop Resilience Guide: Oregon Partnership for Disaster Resilience		x					
	[Wisconsin] Community Economic Recovery Guidebook		x		x			

## Capability 2: Community Recovery | Resource List

### Top-Tier Continuity of Operations (COOP) Plans for Local Public Health and Healthcare

*Disclaimer:* All links in this document were current as of April 15, 2016.

**COOP (Continuity of Operations)** | Harford County Health Department | [Link](#)

**Description and rationale for inclusion:** The Harford County COOP provides COOP training for local agency staff and a COOP plan template for protecting essential services and employee safety with emphasis on recovering from a disaster in a timely way. The template includes information on delegation of authority, alternate facilities, vital records, interoperable communications, contingency and essential staffing and responsibilities, and recovery efforts. Tools include checklists for COOP analysis and implementation, sample MOUs, and after-action report guidance.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

**Continuity of Operations (COOP) Template** | Miami-Dade County Department of Emergency Management | [Link](#)

**Description and rationale for inclusion:** The template provides information and guidance on essential functions, authority delegation and succession, disaster recovery, alternate facilities, interoperable communications, vital records and logistics, personnel coordination, and testing and exercises. Tools include forms for risk and vulnerability assessments and notification procedures.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster

Second-Tier COOP Plans for Local Public Health and Healthcare

Difficult to adapt or transfer

**Hospital Business Continuity Templates** | Los Angeles County Emergency Medical Services Agency | [Link](#) | ●

**Continuity of Operations** | City of St. Cloud, Minnesota | [Link](#) | ■

Overly specialized


**Critical Infrastructure Systems Resiliency Initiative** | Northern Virginia Hospital Alliance | [Link](#) | ●

**Disaster Recovery and Continuity Guide for Colorado Businesses** | Colorado Small Business Development Center Network | [Link](#) | ●▲

Requires supplementation

**Healthcare COOP & Recovery Planning: Concepts, Principles, Templates & Resources** |

effects.

Assistant Secretary for Preparedness and Response | [Link](#) | 

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**Disaster Day Care Guide** | Florida Department of Health in Hernando County | [Link](#)

**Description and rationale for inclusion:** A comprehensive set of tools allow local public health providers to develop COOP plans with childcare providers. The "Emergency Response Plan" assists childcare agencies in developing a customized emergency response plan, evaluating the plan, recovering from infectious disease outbreaks, and communicating with parents and caregivers. The "Complete Child Care Emergency Guide" addresses the role of planning committees, hazard analysis, evacuation and supplies. Tools include relocation shelter agreements, a transportation agreement, a notice of relocation, forms for children with special needs, a child pick-up authorization, a drill log, a letter explaining exposure to a communicable disease, a bomb threat checklist, and a go-kit checklist.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

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**Continuity of Operations Plan (COOP) for Walla Walla County Government** | Walla Walla County Emergency Management Department | [Link](#)

**Description and rationale for inclusion:** The plan addresses the scope and assumptions for continuity of services at the local level. It describes essential services for various departments (e.g., coroner, emergency medical services, public health, and human services), concepts of operations for alerts and notifications, the role of the Public Information Officer, how to establish alternate facilities, delegation of authority, and Emergency Operations Center activation levels. Tools include operational checklists and grab-and-go kit checklists.

**Evaluated or data-driven:** The plan was based on the best available information about local needs, hazard analysis, and communities or services at risk of disaster effects.

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**Hospital Continuity Planning Toolkit** | California Hospital Association | [Link](#)

**Description and rationale for inclusion:** The toolkit contains guidelines and tools useful for local health agencies integrating continuity of operations plans with local healthcare systems. Guidelines provide information on conducting an analysis of continuity assets and weaknesses, staffing needs, critical equipment, vital records, and ongoing training and education for community and healthcare partners.

**Evaluated or data-driven:** The toolkit was based on healthcare systems and disaster planning subject matter expertise.

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**Behavioral Health Care: Pandemic Influenza Continuity of Operations Plan (COOP) Template** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** The template for behavioral health care agencies and public health partners walks planners through continuity planning for essential and support services, alternate care sites, staffing disruptions and deployment, program supplies, personnel issues, consumer and client care, and necessary action plans.

**Evaluated or data-driven:** The toolkit was based on healthcare system and disaster planning subject matter expertise.

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**Essential Functions and Considerations for Hospital Recovery** | Massachusetts Department of Public Health and Harvard School of Public Health | [Link](#)

**Description and rationale for inclusion:** The toolkit addresses principles and activation triggers for activation of recovery functions, setting recovery objectives, assessment and documentation of needs, integrating communications systems, personnel issues, behavioral health needs, volunteer management, after-action reports, and risk assessment in the context of hospital continuity of operations.

**Evaluated or data-driven:** The toolkit was based on healthcare systems and disaster planning subject matter expertise.

**Table 1: Scoring for top-tier and second-tier continuity of operations plans for public health and healthcare**

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Harford] COOP (Continuity of Operations)		x			x	x	x
[Miami-Dade] Continuity of Operations (COOP) Template		x			x	x	x
[Hernando] Disaster Day Care Guide	x	x			x	x	x
[Walla Walla] Continuity of Operations (COOP) for Walla Walla County Government		x			x	x	x
[CHA] Hospital Continuity Planning Toolkit	x	x			x	x	x
[Minnesota] Behavioral Health Care: Pandemic Influenza Continuity of Operations Plan	x	x			x	x	x
[Massachusetts] Essential Functions and Considerations for Hospital Recovery	x	x			x	x	x
[Los Angeles] Hospital Business Continuity Templates	x						x



Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Second-Tier Resources	[St. Cloud] Continuity of Operations		x					
	[NVHA] Critical Infrastructure Systems Resilience Initiative		x		x			
	[Colorado] Disaster Recovery and Continuity Guide for Colorado Businesses		x		x			x
	[ASPR] Healthcare COOP & Recovery Planning: Concepts, Principles, Templates & Resources		x			x	x	

## Capability 2: Community Recovery | Resource List

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### Top-Tier Community and Vulnerable Populations Recovery Outreach and Planning

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**DRAT! (Disaster Readiness Actions for Teens)** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** The DRAT! program uses peer trainers to help teens recover emotionally from a disaster. The program focuses on making a plan, making a kit, and staying calm. Tools include a training presentation, a supply list, and a game. The DRAT! program was developed in response to psychological issues in teens following the 2011 north Minneapolis tornado.

**Evaluated or data-driven:** The program was evaluated by focus groups of teachers, first responders, clinicians, public health and human services staff, mental health professionals, and youth leaders.

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**Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide** | NORC Walsh Center for Rural Health Analysis | [Link](#)

**Description and rationale for inclusion:** The guide addresses the linguistic, cultural, transportation, and financial barriers many farm workers may experience when attempting to recover from a disaster. Preparedness and recovery steps integrate action across many different agricultural and employment sectors, and activities are divided into disaster event phases to enhance resilience and continuity of services.

**Evaluated or data-driven:** The guide was evaluated by focus groups of regional public health agencies, emergency preparedness planners, migrant worker

Second-Tier Community and Vulnerable Populations Outreach and Planning

Difficult to adapt or transfer

**Neighborhood Emergency Teams** | Lewiston-Nez Perce County Office of Emergency Management | [Link](#) | ■

**Alaska Tsunami Education Program** | Geophysical Institute of the University of Alaska Fairbanks | [Link](#) | ■▲

**Emergency Survival Guide** | County of Los Angeles | [Link](#) | ■

social service agencies, advocacy groups, legal service providers, and local farmers.

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**Superstorm Sandy Mobile Outreach Program** | Ocean County Health Department | [Link](#)

**Description and rationale for inclusion:** The program, which now focuses on long-term recovery, provided mobile recovery services to Atlantic Coast residents following Superstorm Sandy. Services included vaccinations and N95s for responders and mold mitigation tips and vaccinations for residents. The mobile outreach staff also worked with local organization Hope and Healing to provide mental and behavioral health care to residents.

**Evaluated or data-driven:** The program is working toward continuing long-term mental and behavioral health care to affected residents. Mold remediation legislation in New Jersey was also introduced due to the program's efforts.

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**Evacuteer** | City of New Orleans | [Link](#)

**Description and rationale for inclusion:** Evacuteer is a Whole Community initiative established through agreements with the City of New Orleans. The initiative is authorized to manage all volunteers who work within the city to assist in evacuation. Evacuteer trains 500 citizens to help with evacuation during each hurricane season, has created "evacuspots" to mark areas where people need to go to evacuate, and developed a children's program called "EvacuKids" to provide education on environmental science and hurricane recovery.

**Evaluated or data-driven:** The CDC Foundation named the initiative a promising example of the Federal Emergency Management Authority's (FEMA's) Whole Community Approach to Emergency Management.

**Table 1: Scoring for top-tier and second-tier community and vulnerable populations outreach and planning tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] DRAT! (Disaster Readiness for Teens)	x	x	x		x	x	x
	[NORC] Migrant and Seasonal Farm Worker Emergency Preparedness Planning Guide	x	x	x	x		x	x
	[Ocean] Superstorm Sandy Mobile Outreach Program		x			x	x	x
	[New Orleans] Evacuteer		x		x	x	x	
Second-Tier Resources	[Lewiston-Nez Perce] Neighborhood Emergency Teams	x	x					
	[UAK] Alaska Tsunami Education Program	x	x		x		x	
	[Los Angeles] Emergency Survival Guide	x	x			x		

# Capability 3: Emergency Operations Coordination Resource Portfolio

## Capability 3: Emergency Operations Coordination | Local Perspectives

### Important Aspects for Local Health Departments

Capability 3: Emergency Operations Coordination provides guidelines for an efficient response to an event that affects the public's health while meeting the needs of the community. By having this capability, local health departments (LHDs) are able to effectively implement the Incident Command Structure (ICS) or other management structures they have in place.

Due to different political and organizational structures, the role of the LHD in the emergency operations center (EOC) will vary from county to county and from LHD to LHD. For example, a LHD in Florida is able to staff an EOC three deep; as such, in the event of a hurricane this particular LHD is expected to run the EOC independently. For this health department, county officials have done a crosswalk of Essential Service Functions (ESFs) to identify who will lead the EOC and who is secondary. However, for many other LHDs, their capacity would not allow them to operate an independent EOC and their role in the EOC may be determined by the Commissioner at the state level.

In states like Georgia, each county has its own EOC. The county EOCs coordinate with regional EOCs, and all are supported at the state level. Although local emergency operations are different than state operations, local agencies can request support from the state.

The structure of an EOC itself will depend on the size of the jurisdiction. A smaller LHD with limited staff capacity will generally be a part of a larger EOC. In larger communities, health departments may have the resources to stand up and activate a local EOC.

LHDs should build relationships with different agencies and departments prior to emergency planning to help identify and understand their role in the EOC and other emergency services. Some LHDs play an integral role in state-wide emergency operations coordination efforts. For example, in Washington, one LHD has been asked by the State Health Department (SHD) to provide a process and tool to gather information during an event in regards to maintaining situational awareness. The LHD is meeting with other public health and healthcare partners to determine the best process and tool to gather this information. This LHD has also been tasked by the SHD to develop response protocol and Incident Action Plan (IAP) templates, as well as evaluate a response by developing the after-action report (AAR) after every event or exercise. The LHD has also been asked to have a continuity of operations plan (COOP) and is required to complete the National Incident Management System (NIMS) survey yearly and conduct exercises.

### CDC Capability Definitions, Functions, and Associated Performance Measures

Emergency Operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. The capability consists of the ability to perform the following functions:

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

**Function 2:** Activate public health emergency operations

**Performance Measure 1:** Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less

- **Start Time:** Date and time that a designed official began notifying staff to report for immediate duty to cover activated incident management lead roles
- **Stop Time:** Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty

**Function 3:** Develop incident response strategy

### Involvement in the EOC: Challenges for Public Health

Emergency operations coordination is challenging because it requires effective cooperation and communication amongst multiple agencies. Helping partner agencies understand that there is “health” in all events and that public health should be at the table from initial planning stages through implementation and recovery is not an easy task.

In the last 10 years, emergency management has evolved. Often times, individuals who fill these positions are from a police or fire fighter background. LHDs understand that community level response requires the integration of emergency management and public health preparedness and response services; however, coordinating across the two disciplines can be challenging due to differing authorities, cultures, and perception of roles and responsibilities. Coordination is especially key after some emergencies where fire and police first responders “stand down” after the initial response efforts and public health must address the longer-term health impacts of the event.

Understanding that law enforcement, fire fighters, emergency managers, and other response organizations offer specialized skillsets, better integration and training needs to occur at all levels to improve emergency response. Lack of integration trickles down and has implications at the local level. Training agencies like the Emergency Management Institute and the National Fire Academy may be suited to integrate training offerings for response organizations.

Many communities lack a comprehensive emergency management program, leaving many emergency management offices unable to effectively manage and run an EOC. Emergency management programs can benefit from a better understanding of the public health preparedness (PHEP) capabilities and how to coordinate activities with public health. Some states report a lack of guidance from their respective emergency management divisions on the expectations and roles of public health serving as a liaison and ESF-8 (Public Health and Medical Services Annex) lead role at the EOC. Understanding how the PHEP capabilities operate and cultivating partnerships with public health will help emergency management understand the role for public health during emergencies, including within the EOC.

Another challenge with Capability 3 is meeting the performance measure of 60 minutes to *physically* respond to an emergency. Public health staff whose main duties do not include response have difficulty carving out time to complete all ICS course requirements, and attend exercises and trainings to effectively physically respond to an emergency. Some public health staff feel that *verbally or electronically* responding within 60 minutes is a more reasonable performance measure.

Function 4 of Capability 3, manage and sustain the public health response, calls for ongoing public health emergency operations to sustain the public health and medical response for the duration of the response, including multiple operation periods and multiple concurrent responses. Not all LHDs have the man power to sustain a response over a long period of time. Decreases in funding further strain resources to respond and sustain a public health response.

### **Performance Measure 1:**

Production of the approved Incident Action Plan before the start of the second operational period

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

**Function 5:** Demobilize and evaluate public health emergency operations

**Performance Measure 1:** Time to complete a draft of an After Action Report and Improvement Plan

- **Start Time:** Date exercise or public health emergency operation completed
- **Stop Time:** Date the draft After Action Report and Improvement Plan were submitted for clearance within the public health agency

### Capability 3: Emergency Operations Coordination | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Emergency Operations Center (EOC) Plans and Tools</p>	<p><b>Top Tier:</b>  <b>Emergency Operations Center (EOC) Guide</b>   Lewis and Clark County, Montana   <b>Emergency Operations Center Handbook and Checklists</b>   Sutter County, California   <b>Pierce County Emergency Operations Center Plan</b>   Pierce County, Washington   <b>Fort Bend County Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network</b>   Fort Bend County Office of Emergency Management   <b>EOC Guidance Document</b>   Solano County, California</p> <p><b>Second Tier:</b>  <b>Standard Operating Procedures: Emergency Operations Center (EOC)</b>   Franklin County Emergency Management Department   <b>Emergency Operations Center</b>   Duplin County, North Carolina   <b>Memorandum of Understanding (MOU) Between Big Bear Valley Local Government Agencies for the Establishment of and Staffing of a Single Big Bear Valley Emergency Operations Center</b>   Big Bear Area Regional Wastewater Agency   <b>Regional Hospital Coordinating Center</b>   North Virginia Hospital Alliance   <b>Emergency Operations Center Support Guidelines for Donations and Volunteer Management</b>   Colorado Voluntary Organizations Active in Disasters</p>
<p>Inter-Agency Emergency Operations Coordination and Mutual Aid</p>	<p><b>Top Tier:</b>  <b>Boston Healthcare Preparedness Coalition</b>   Boston Public Health Commission</p>



	<p><b>Integrated Emergency Operations Model for Public Health</b>   Oklahoma City-County Health Department</p> <p><b>Mutual Aid Assistance</b>   Cambridge Advanced Practice Center for Emergency Preparedness</p> <p><b>Sonoma County Healthcare Coalition Toolkit</b>   Sonoma County Department of Health Services</p> <p><b>Second Tier:</b>  <b>Medical Health Operational Area Coordination (MHOAC) Program Plan</b>   County of Riverside Department of Public Health</p> <p><b>Local Emergency Management Plan Toolkit Functional Checklists</b>   Pennsylvania Emergency Management Association</p> <p><b>Unified Command for Ebola and Incident Management Team for Ebola</b>   Virginia Department of Health</p> <p><b>Telemedicine Support Network</b>   Northern Virginia Hospital Alliance</p>
EOC Decision Making Tools and Protocol	<p><b>Top Tier</b>  <b>Hazardous Chemical Matrices and Response Guidelines</b>   Michigan Department of Community Health</p> <p><b>Algorithm to Guide Public Health Incident Command System Activation</b>   Grant County Health District and Washington State Department of Health</p> <p><b>Infectious Disease Emergency Response (IDER) Toolkit</b>   San Francisco Bay Area Advanced Practice Center</p> <p><b>Second Tier:</b>  <b>Radiological Emergency Preparedness Program for Special Facilities</b>   Miami-Dade County Department of Emergency Management</p> <p><b>All Hazards Emergency Operations Plan</b>   Carbon County Public Health Department</p>

	<p><b>Emergency Operations Plan</b>   Rockbridge County, Virginia</p> <p><b>GIS-Based Emergency Operations Coordination</b>   Lawrence County Emergency Management Agency</p> <p><b>Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Terrorism Response Annex</b>   Mahoning County District Board of Health and Youngstown City Health District</p> <p><b>Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Incident Annex</b>   City of Portland, Oregon</p>
<p>EOC/Incident Command System Training and Exercises</p>	<p><b>Top Tier</b></p> <p><b>Disaster in Franklin County: A Public Health Simulation</b>   University of Minnesota Centers for Public Health Education and Outreach</p> <p><b>Incident Command Decision Making for Public Health Leaders</b>   Northwest Center for Public Health Practice</p> <p><b>Emergency Operations Coordination: Exercise Evaluation Guide</b>   Kansas Department of Health and Environment</p> <p><b>Second Tier</b></p> <p><b>Emergency Operations Center Course: Local Government Operations Section: Function Specific Handbook</b>   California Governor’s Office of Emergency Services</p>
<p>EOC Guidelines for Agency/Individual Roles and Responsibilities</p>	<p><b>Top Tier</b></p> <p><b>EOC Key Responsibilities</b>   Charlotte-Mecklenburg Emergency Management</p> <p><b>San Francisco Job Action Sheets</b>   San Francisco Department of Public Health</p> <p><b>Second Tier</b></p> <p><b>Functional Annex-Public Health</b>   Washington County, Oregon, Emergency Management Cooperative</p>

	<p><b>Emergency Support Function (ESF) #8: Public Health</b>   Butte-Silver Bow Health Department</p> <p><b>ESF-8 Public Health and Medical Services</b>   Snohomish Health District</p> <p><b>ESF-8 Public Health and Medical Services</b>   Johnson County Department of Health and Environment</p> <p><b>Eagle County Health and Human Services and Medical Services Annex</b>   Eagle County Public Health</p> <p><b>ESF 8: Public Health and Medical Services</b>   Polk County Public Health Department</p>
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## Capability 3: Emergency Operations Coordination | Resource List

### Top-Tier EOC Plans and Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Emergency Operations Center (EOC) Guide** | Lewis & Clark County, Montana | [Link](#)

**Description and rationale for inclusion:** Lewis & Clark County's EOC Guide uses a clear concept of operations for EOC activation and control; responsibilities for policy, operations, planning, logistics, and finance staff; and clear role integration for the American Red Cross, elected officials, the coroner's office, the county attorney, public health agencies, public works, the Public Information Officer, emergency services, and GIS professionals. Tools include an EOC activation checklist with a sample layout plan; identification cards; position checklists; and incident-specific checklists that include forms for site safety and assessment, a radio communications plan, organization charts, sample resource requests, and demobilization plans.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Emergency Operations Center Handbook and Checklists** | Sutter County, California | [Link](#)

**Description and rationale for inclusion:** Sutter County's EOC tools provide very specific information on staffing per Emergency Operations Center activation level; position checklists for roles in management, operations, planning and intelligence, logistics, and finance and administration; and a sample action plan for establishing and managing an EOC.

### Second-Tier EOC Plans and Tools

#### Difficult to adapt or transfer

**Standard Operating Procedures: Emergency Operations Center (EOC)** | Franklin County Emergency Management Department | [Link](#) | ■

**Emergency Operations Center** | Duplin County, North Carolina | [Link](#) | ■

**Emergency Operations Center Standard Operating Guidelines** | North Carolina Division of Emergency Management | [Link](#) | ■

**Memorandum of Understanding (MOU) Between the Big Bear Valley Local Government Agencies for the Establishment of and Staffing of a Single Big Bear Valley Emergency Operations Center** | Big Bear Area Regional Wastewater Agency | [Link](#) | ■

#### Requires supplementation

**Regional Hospital Coordinating Center** | Northern Virginia Hospital Alliance | [Link](#) | ●

**Emergency Operations Center Support Guidelines for Donations and Volunteer**

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Pierce County Emergency Operations Center Plan** | Pierce County, Washington | [Link](#)

**Description and rationale for inclusion:** Pierce County's EOC plan provides numerous tools for EOC establishment and management, including Standard Operating Guidelines for staffing at different activation levels, a sample action planning process, and examples of clear daily planning cycles. Tools include forms for communication planning, position roles and responsibilities, resource requests, an incident briefing form, an action plan template, an assignment list, a contingency plan template, an incident status form, and operational planning worksheets.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Fort Bend County Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network** | Fort Bend County Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** Fort Bend County's plan addresses integration of the Public Information Officer into a Joint Information Center and provides tools for establishing a local PIO network, NIMS training for PIOs, JIC organizational charts and policies, a sample media monitoring report, media interview requests, news releases, Web EOC job aids, and sample messages.

**Management** | Colorado Voluntary Organizations Active in Disasters | [Link](#) | ●

**Evaluated or data-driven:** Tools were based on best practices and are exercised frequently.

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**EOC Guidance Document** | Solano County, California | [Link](#)

**Description and rationale for inclusion:** Solano County's guidance document walks users through establishing an Emergency Operations Center (EOC) in an interactive format. The document focuses on coordination between the EOC, field responders, and other agencies, and provides specific information on activation levels, notification procedures, operations protocols, and resource management. Included are position checklists for EOC roles and responsibilities.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier Emergency Operations Center plans and tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Lewis & Clark] Emergency Operations Center (EOC) Operations Guide	x	x			x		x
	[Sutter] Emergency Operations Center Handbook and Checklists	x	x			x		x
	[Pierce] Pierce County Emergency Operations Center Plan	x	x			x		x
	[Fort Bend] Fort Bend Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network	x	x			x	x	x
	[Solano] EOC Guidance Document	x	x			x		x
Second-Tier Resources	[Franklin] Standard Operating Procedures: Emergency Operations Center (EOC)		x					
	[Duplin] Emergency Operations Center		x					
	[North Carolina] Emergency Operations Center Standard Operating Guidelines		x					

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Big Bear] Memorandum of Understanding (MOU) Between the Big Bear Valley Local Government Agencies for the Establishment of and Staffing of a Single Big Bear Valley Emergency Operations Center	x				x		
[Virginia] Regional Hospital Coordinating Center		x					
[Colorado] Emergency Operations Center Support Guidelines for Donations and Volunteer Management	x	x		x			



## Capability 3: Emergency Operations Coordination | Resource List

### Top-Tier Inter-Agency EOC and Mutual Aid Resources

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Boston Healthcare Preparedness Coalition** | Boston Public Health Commission | [Link](#)

**Description and rationale for inclusion:** The Boston Healthcare Preparedness Coalition operates a Medical Intelligence Center and serves as a mutual aid resource to the EOC. The Medical Intelligence Center is focused on information sharing between hospitals and public health, family reunification after a disaster, mental and behavioral healthcare services, and user-friendly electronic outbreak surveillance. Tools include a Boston Marathon Resource and Recovery Guide, an infographic depicting the ESF 8 public health and medical services coordinated response and recovery efforts after the 2013 Boston Marathon bombing, and a healthcare preparedness coalition charter describing the coalition's mission and member roles and responsibilities.

**Evaluated or data-driven:** The coalition responded to the 2013 Boston Marathon bombing and developed training and increased surveillance activities in preparation for the 2014 and 2015 Boston Marathons. Coalition activities have resulted in volunteer training, increased mental and behavioral health services, and ongoing disease surveillance.

**Integrated Emergency Operations Model for Public Health** | Oklahoma City-County Health Department | [Link](#)

**Description and rationale for inclusion:** OCCHD's EOC integrates public health, public safety, and emergency management under the leadership of the local public health agency. The model addresses responders' needs for a physical,

Second-Tier Inter-Agency EOC and Mutual Aid Resources

Difficult to adapt or transfer

**Medical Health Operational Area Coordination (MHOAC) Program Plan** | County of Riverside Department of Public Health | [Link](#) | ■

**Local Emergency Management Plan Toolkit Functional Checklists** | Pennsylvania Emergency Management Association | [Link](#) | ●

Requires supplementation

**Unified Command for Ebola and Incident Management Team for Ebola** | Virginia Department of Health | [Link](#) | ●

**Telemedicine Support Network** | Northern Virginia Hospital Alliance | [Link](#) | ■

central EOC site where public health command staff can review data, a call center for public inquiry, a dedicated space for public safety responders, a command center and team rooms, and an incident-tracking station. Resources were allocated to establish a sustainable, permanent EOC that serves the needs of public health agency staff, emergency medical services, Medical Reserve Corps volunteers, 211 call center staff, and emergency management officials. Tools include floor plans and photos, details about the EOC integration process, and lessons learned.

**Evaluated or data-driven:** OCCHD has experienced a positive response to the integrated EOC from collaborators and stakeholders at all levels.

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**Mutual Aid Assistance** | Cambridge Advanced Practice Center (APC) for Emergency Preparedness | [Link](#)

**Description and rationale for inclusion:** The Cambridge APC materials walk local health agency staff through the process of creating EOC/ICS-compliant mutual aid agreements in a way that is appropriate to an individual jurisdiction. Tools include guidance and mutual aid templates.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Sonoma County Healthcare Coalition Toolkit** | Sonoma County Department of Health Services | [Link](#)

**Description and rationale for inclusion:** The coalition toolkit offers a comprehensive and user-friendly guide to coalition roles and responsibilities, ways that public health agencies can prepare healthcare systems to participate in a coalition, and ideas and options for funding. Tools include a resource request

quick sheet; a situation report quick sheet that prompts each coalition partner for status of operations, communication, utilities, and need for evacuation; information on governance and committee structures; and a coalition communications plan available to health partners.

**Evaluated or data-driven:** The coalition meets quarterly to evaluate and discuss local needs and holds monthly communications drills. Members include local healthcare facilities, the county public health agency, emergency medical services, and a college health program.

**Table 1: Scoring for top-tier and second-tier inter-agency EOC and mutual aid resources**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Boston] Boston Healthcare Preparedness Coalition	x	x	x		x	x	x
	[Oklahoma] Integrated Emergency Operations Model for Public Health		x			x	x	x
	[Cambridge] Mutual Aid Assistance	x	x			x		x
	[Sonoma] Sonoma County Healthcare Coalition Toolkit	x	x			x	x	x
Second-Tier Resources	[Riverside] Medical Health Operational Area Coordination (MHOAC) Program Plan		x					
	[Pennsylvania] Local Emergency Management Plan Toolkit Functional Checklists	x				x		
	[Virginia] Unified Command for Ebola and Incident Management Team for Ebola	x			x			
	[Virginia] Telemedicine Support Network		x			x		

## Capability 3: Emergency Operations Coordination | Resource List

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### Top-Tier EOC Decision-Making Tools and Protocol

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Hazardous Chemical Matrices and Response Guidelines** | Michigan Department of Community Health (MDCH) | [Link](#)

**Description and rationale for inclusion:** The MDCH matrices and guidelines integrate situational and medical treatment communications into EOC and Joint Information Center response. The medical management guidelines provide information on 130 hazardous chemicals and response and investigation protocols for clusters. A matrix of resources allows EOC staff and responders to quickly evaluate need for decontamination, exposure levels, field detection practices, hospital response, need for personal protective equipment (PPE), chemistry/toxicology information, laboratory response and epidemiological information, associated community resources, and veterinary issues. Tools include the hazardous chemical and toxin fact sheet matrix, guidelines for responding to chemical illness clusters, a chemical information source matrix, and resources for public communication.

**Evaluated or data-driven:** Materials were reviewed by Michigan's Interstate Chemical Terrorism Workgroup, which adopted the source matrix for workgroup use.

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**Algorithm to Guide Public Health Incident Command System Activation** | Grant County Health District and Washington State Department of Health | [Link](#)

**Description and rationale for inclusion:** Grant County provides public health professionals with an algorithm they can use to make decisions regarding Incident Command System (ICS) Activation during routine and non-routine emergencies, while a webinar on the algorithm trains users on ICS decision-making.

Second-Tier EOC Decision-Making Tools and Protocol

Difficult to adapt or transfer

**Radiological Emergency Preparedness Program Guide for Special Facilities** | Miami-Dade County Department of Emergency Management | [Link](#) |



**All Hazards Emergency Operations Plan** | Carbon County Public Health Department | [Link](#) |



**Emergency Operations Plan** | Bertie County, North Carolina, Emergency Management | [Link](#) |



**Emergency Operations Plan** | Rockbridge County, Virginia | [Link](#) |



**GIS-Based Emergency Operations Coordination** | Lawrence County Emergency Management Agency | [Link](#) |

Requires supplementation

**Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) Terrorism Response Annex** |

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Infectious Disease Emergency Response (IDER) Toolkit** | San Francisco Bay Area Advanced Practice Center | [Link](#)

**Description and rationale for inclusion:** The IDER toolkit uses an EOC/ICS framework to walk users through developing a needs assessment for local health agencies' infectious disease response plans. Tools for enhancing or creating plans include emergency response plan templates for ICS-compliant roles and communication systems; customizable forms that include ICS forms, job action sheets, agendas, fact sheets, sample health alerts, clinician reference documents, isolation and quarantine protocols, a staging area manual, and finance tracking forms; situation- and hazard-specific guidance; and staff training materials for a conducting a tabletop exercise.

**Evaluated or data-driven:** Testimonials from public health communications and emergency planners who have implemented IDER tools can be found [here](#).

Mahoning County District Board of Health and Youngstown City Health District | [Link](#) | ■

**Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Incident Annex** | City of Portland, Oregon | [Link](#) | ■

**Table 1: Scoring for top-tier and second-tier EOC decision-making tools and protocol**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Michigan] Hazardous Chemical Matrices and Response Guidelines	x	x		x	x	x	x
	[Grant] Algorithm to Guide Public Health Incident Command System Activation	x		x		x		x
	[San Francisco] Infectious Disease Emergency Response (IDER) Toolkit	x	x	x	x	x	x	x
Second-Tier Resources	[Miami-Dade] Radiological Emergency Preparedness Program Planning Guide for Special Facilities		x		x	x		
	[Carbon] All Hazards Emergency Operation Plan		x					
	[Bertie] Emergency Operations Plan		x					
	[Rockbridge] Emergency Operations Plan		x					
	[Lawrence] GIS-Based Emergency Operations Coordination	x	x		x			
	[Mahoning] Chemical, Biological, Radiological, Nuclear, and Explosives		x		x	x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
(CBRNE) Terrorism Response Annex							
[Portland] Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Incident Annex		x		x	x		



## Capability 3: Emergency Operations Coordination | Resource List

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### Top-Tier EOC/ICS Training and Exercises

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Disaster in Franklin County: A Public Health Simulation** | University of Minnesota Centers for Public Health Education & Outreach | [Link](#)

**Description and rationale for inclusion:** “Disaster in Franklin County” is an online natural disaster response simulation where users learn about ICS and primary EOC roles, with a focus on risk mitigation and communication activities.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Incident Command Decision Making for Public Health Leaders** | Northwest Center for Public Health Practice | [Link](#)

**Description and rationale for inclusion:** A Grant County algorithm provides public health professionals with an algorithm they can use to make decisions regarding ICS activation during routine and non-routine emergencies, and a webinar on the algorithm trains users on ICS decision-making.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

Second-Tier EOC/ICS Training and Exercises

Difficult to adapt or transfer

**Emergency Operations Center Course: Local Government Operations Section: Function Specific Handbook** | California Governor’s Office of Emergency Services | [Link](#) | ●

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**Emergency Operations Coordination: Exercise Evaluation Guide** | Kansas Department of Health and Environment | [Link](#)

**Description and rationale for inclusion:** Kansas' guide focuses on exercise tasks that address capability functions and provides a method for evaluating EOC/ICS-compliant exercises in an easy-to-use format that sets the stage for developing an organized after-action report.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier EOC/ICS training and exercises**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Disaster in Franklin County: A Public Health Simulation	x		x				x
	[NWCPHP] Incident Command Decision Making for Public Health Leaders	x		x		x		x
	[Kansas] Emergency Operations Coordination: Exercise Evaluation Guide	x	x	x		x		x
Second-Tier Resources	[California] Emergency Operations Center Course: Local Government Operations Section: Function Specific Handbook		x					

## Capability 3: Emergency Operations Coordination | Resource List

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### Top-Tier EOC Guidelines for Roles and Responsibilities

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**EOC Key Responsibilities** | Charlotte-Mecklenburg Emergency Management | [Link](#)

**Description and rationale for inclusion:** Charlotte-Mecklenburg Emergency Management provides a very specific list of responsibilities for staff involved in emergency operations coordination at various phases of an emergency, including the incident commander, elected officials, law enforcement, county health agency staff, emergency management, attorneys' offices, emergency medical services, and public information staff. Tools include an emergency checklist for different roles and response guidelines for civil disturbances.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**San Francisco Job Action Sheets** | San Francisco Department of Public Health | [Link](#)

**Description and rationale for inclusion:** San Francisco has provided over 120 specific job action sheets for public health professionals who are responding to various aspects of an infectious disease emergency. The job action sheets are based on San Francisco's functional Infectious Disease Emergency Response plan, which uses a NIMS-compliant ICS structure. The sheets divide infectious disease response into command, finance, logistics, operations, and planning structures, and they are organized to guide non-epidemiologists who must assume new roles

Second-Tier EOC Guidelines for Roles and Responsibilities

Difficult to adapt or transfer

**Functional Annex-Public Health** | Washington County, Oregon, Emergency Management Cooperative | [Link](#) | ●

**Emergency Support Function (ESF) #8: Public Health** | Butte-Silver Bow Health Department | [Link](#) | ●

**ESF-8 Public Health and Medical Services** | Snohomish Health District | [Link](#) | ●

**ESF-8 Public Health and Medical Services** | Johnson County Department of Health and Environment | [Link](#) | ●

**Eagle County Health and Human Services and Medical Services Annex** | Eagle County Public Health | [Link](#) | ●

**ESF 8: Public Health and Medical Services** | Polk County Public Health Department | [Link](#) | ●

during a surge event.

**Evaluated or data-driven:** The job action sheets have been listed as a promising practice by the Center for Infectious Disease Research and Policy (CIDRAP) and as an EOC-related resource on the Association of State and Territorial Health Officials' EOC training Web site

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**Table 1: Scoring for top-tier and second-tier EOC guidelines for agency/individual roles and responsibilities**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Charlotte-Mecklenburg] EOC Key Responsibilities	x	x			x		x
	[San Francisco] San Francisco Job Action Sheets	x	x			x	x	x
Second-Tier Resources	[Washington] Functional Annex-Public Health		x			x		
	[Butte-Silver Bow] Emergency Support Function (ESF) #8: Public Health		x			x		
	[Snohomish] ESF-8 Public Health and Medical Services		x			x		
	[Johnson] ESF-8 Public Health and Medical Services		x			x		
	[Eagle] Eagle County Health and Human Services and Medical Services Annex		x			x		
	[Polk] ESF 8: Public Health and Medical Services		x			x		

# Capability 4: Emergency Public Information & Warning Resource Portfolio

## Capability 4: Emergency Public Information and Warning | Local Perspectives

### Important Aspects for Local Health Departments

Capability 4: Emergency Public Information and Warning requires continuous preparation before an incident occurs so LHDs are prepared to communicate throughout various phases of an incident or response. Preparation allows the LHD to provide the community with information needed to respond appropriately and with maximum benefit. Many LHDs incorporate the functions of capability 4 into their Public Information Officer's (PIO's) day-to-day work. In order to meet the requirements for capability 4, the PIO within the LHD must have the correct staff trained in emergency public information and warning, and have the appropriate incident management technology in place prior to an event.

Planning is essential for capability 4. Some LHDs have created communication plans specific to different types of incidents. These plans are then distributed to communication partners. Also, all individuals are trained on these plans and each plan is exercised

### Involvement in Emergency Public Information and Warning: Challenges for Public Health

One challenge LHDs are facing is limited staffing capacity to accomplish all of the pre-planning related activities for emergency public information and warning. Not all LHDs have a PIO and often times for smaller LHDs, all communication during a response is being handled by one or two individuals. Having limited staff hold all of the knowledge relating to capability 4 is challenging when it comes to efficiently communicating with the public and with partner agencies. Depending on the incident, those one or two individuals may not be available so it is crucial that all staff receive some level of training related to capability 4. It's also important that at least one person in each division know where to go to access communication resources.

There are a number of functions and tasks listed for capability 4, creating many competing priorities for LHDs. Many of the functions listed do not take into account possible limitations with language proficiency. For example, Function 5: Issue public information alerts, warnings and notifications, is an important function but not manageable for LHDs that are understaffed or do not have access to language translation materials. If LHDs have to rush translations for emergency issues this can lead to inaccuracies while dispensing important information. LHDs may also find it challenging to secure the budget to finance translations. Some LHDs have a contract in place for translation services, but it can still take 4 days or more to translate a document. When translations need to be rushed, this can increase costs by hundreds of dollars. Sometimes LHDs can borrow translators from their school districts, however, there is a

### CDC Capability Definitions, Functions, and Associated Performance Measures

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

This capability consists of the ability to perform the following functions:

**Function 1:** Activate the emergency public information system

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

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

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

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

**Performance Measure 1:** Time to issue a risk communication message for dissemination to the public

- **Start time:** Date and time that a designated official requested that the first risk communication message be developed
- **Stop Time:** Date and time that a designated official approved the first risk communication message for dissemination



chain of command that the LHDs need to go through to secure this type of translator. During a disaster, the LHD cannot always rely on the school district.

In terms of communicating emergency public health information, many LHDs have run into a variety of challenges. Not all LHDs have adapted to the use frequent or efficient use of social media during public health emergencies. Often times reviewing and analyzing the volume of incoming and outgoing information via social media is beyond LHDs capacity. Also, some LHDs worry about call centers working properly during an emergency. Several LHDs have established Memorandum of Understandings (MOUs) with United Way 2-1-1 to ensure well-functioning call centers during large emergency responses. It is important to note that the challenge is not just setting up a call center, it also includes finding the time and staff capacity to manage call centers, develop scripts, and collect/dispense up-to-date information.

## Capability 4: Emergency Public Information and Warning | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Joint Information Center (JIC) Plans and Tools</p>	<p><b>Top Tier:</b>  <b>Virtual JIC Standard Operating Guidelines</b>   Florida Department of Health</p> <p><b>Fort Bend County Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network</b>   Fort Bend County Office of Emergency Management</p> <p><b>Public Information Officer Field Guide</b>   New Jersey Office of Emergency Management</p> <p><b>Media Monitoring and Rumor Investigation Standard Operating Procedures</b>   Florida Department of Health</p> <p><b>Second Tier:</b>  <b>Ada County Joint Information System Plan</b>   Ada City-County Emergency Management</p> <p><b>PIO/JIC Toolkit</b>   University of Iowa College of Public Health</p>
<p>Translation and Interpretation Tools for Multilingual Communities</p>	<p><b>Top Tier:</b>  <b>ECHO Communication Tools and Guide to Communicating without English in and Emergency</b>   ECHO Minnesota Collaborative and Minnesota Department of Health</p> <p><b>Take Winter by Storm Campaign</b>   Public Health- Seattle &amp; King County</p> <p><b>Language Translation Grid</b>   Minnesota Department of Health</p> <p><b>Second Tier:</b>  <b>Carbon Monoxide Poisoning Prevention</b>   Connecticut Department of Public Health</p>
<p>Community Engagement for Risk Communication</p>	<p><b>Top Tier</b>  <b>County Health Risk Assessment Toolkit</b>   West Virginia Bureau of Public Health Center for Threat Preparedness</p>

	<p><b>Emergency Managers Toolkit- Meeting the Needs of Latino Communities</b>   National Council of La Raza</p> <p><b>Second Tier:</b>  <b>My Hazards</b>   California Emergency Management Agency</p> <p><b>Cultural Competence Curriculum for Disaster Preparedness and Crisis Response</b>   U.S. Department of Health and Human Services Office of Minority Health</p>
<p>Social Media/ Communications Training and Message Libraries for Multiple Platforms</p>	<p><b>Top Tier</b>  <b>Social Media Message Library</b>   Drexel University Center for Public Health Readiness and Communication</p> <p><b>Los Angeles County Multi-Agency Radiological Response Plan Pre-Scripted Public Messages</b>   Los Angeles County Department of Public Health</p> <p><b>Emergency Communications Toolkit</b>   Washington State Department of Health</p> <p><b>Second Tier</b>  <b>Community Emergency Response Team (CERT) Influenza Train-the-Trainer Toolkit</b>   San Francisco Bay Area Advanced Practice Center</p> <p><b>Risk &amp; Crisis Communication</b>   The North Carolina Institute for Public Health</p> <p><b>Responding to a Radiological or Nuclear Terrorism Incident: A Guide for Decision Makers</b>   National Council on Radiation Protection</p>
<p>Emergency Public Information Tools for Reaching At-Risk Populations</p>	<p><b>Top Tier</b>  <b>Individuals with Autism Spectrum Disorder and Emergency Planning Resources</b>   Minnesota Governor’s Council on Developmental Disabilities</p> <p><b>Reaching Vulnerable Populations with Critical Health and Medical Information</b>   Florida Department of Health</p>

	<p><b>A Communications Toolkit for Public Health Emergencies that Impact Children</b>   Pennsylvania Department of Health and Drexel University Center for Public Health Readiness and Communication</p> <p><b>Second Tier</b>  <b>Effective Communications Toolkit</b>   Texas Disability Task Force on Emergency Management</p> <p><b>Kentucky Outreach and Information Network (KDIN)</b>   Kentucky Cabinet for Health and Family Services</p> <p><b>Guide for Emergency Responders Provides Tools for Communicating with Specific Vulnerable Groups</b>   Florida Department of Health</p> <p><b>Emergency Communication 4 All Picture Communication Aid</b>   Oregon Health and Science University Institute on Development and Disability</p>
<p>Emergency Public Information and Warning Planning Process</p>	<p><b>Top Tier</b>  <b>Emergency Dark Site Toolkit</b>   Santa Clara County Public Health Department</p> <p><b>Risk Communication Resources for Rural Areas: A Toolkit</b>   Southeast Health District, Georgia</p> <p><b>Public Information and Communication Standard Operating Procedures</b>   Ouray County Public Health Agency</p> <p><b>Risk Communication Toolkit for Local Health Agencies</b>   New Jersey Department of Health</p> <p><b>Douglas County Public Information Center and Hotline</b>   Lawrence-Douglas County Health Department</p> <p><b>Second Tier</b>  <b>Risk Communication</b>   Multnomah County, Oregon</p>

	<p><b>Communicating with Patients during Public Health Emergencies: Toolkit for Primary Care Medical Practices</b>   Pennsylvania Department of Health and Drexel University Center for Public Health Readiness and Communication</p> <p><b>Communication Plan</b>   Mahoning County District Board of Health</p> <p><b>Creating a County Crisis and Emergency Risk Communications (CERC) Annex: Guidance for Health Department Planners and PIOs</b>   Florida Department of Health</p> <p><b>Emergency Response Public Information Toolkit</b>   Missouri Department of Health and Senior Services</p> <p><b>Bay Area Emergency Public Information and Warning Strategic Plan</b>   Bay Area Urban Areas Security Initiative</p> <p><b>Fort Bend County PIO Network</b>   Fort Bend County Office of Emergency Management</p> <p><b>Community Agency Disaster Communications Tabletop Exercise After Action Review</b>   Seattle Office of Emergency Management</p> <p><b>Dark Site Standard Operating Guidelines</b>   Florida Department of Health</p> <p><b>Public Information Network</b>   Volusia County, Florida</p>
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## Capability 4: Emergency Public Information and Warning | Resource List

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### Top-Tier Joint Information Center (JIC) Plans and Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Virtual JIC Standard Operating Guidelines** | Florida Department of Health | [Link](#)

**Description and rationale for inclusion:** Florida's virtual Joint Information Center Standard Operating Guidelines (SOG) describes how the agency created a safe working environment for communications staff and allowed them access to media kits and a threaded discussion forum for two-way communication and project collaboration.

**Evaluated or data-driven:** The virtual JIC SOG won a state productivity award for saving staff time and tax dollars during response activities.

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**Fort Bend County Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network** | Fort Bend County Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** Fort Bend County's plan addresses integration of the Public Information Officer into a JIC and provides tools for establishing a local PIO network, NIMS training for PIOs, JIC organizational charts and policies, a sample media monitoring report, media interview requests, news releases, Web EOC job aids, and sample messages.

**Evaluated or data-driven:** Tools were based on best practices and are exercised frequently.

Second-Tier Joint Information Center (JIC)  
Plans and Tools

Difficult to adapt or transfer

**Ada County Joint Information System Plan** | Ada City-County Emergency Management | [Link](#) | ●

**PIO/JIC Toolkit** | University of Iowa College of Public Health | [Link](#) | ●

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**Public Information Officer Field Guide** | New Jersey Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** The field guide provides numerous user-friendly resources for the PIO to use in the middle of an emergency information campaign, including key emergency management concepts, ideas for relationship building, clarification of the PIO's role in response and in emergency preparedness exercises, a Whole Community approach to risk communication, rumor control procedures, guidance on working with translators and interpreters, and tools for working with traditional and social media. Customizable tools include pre-scripted messages, media releases, ideas for using social media during the recovery phase of an emergency, message map templates, and social media standard operating procedures.

**Evaluated or data-driven:** PIOs from three New Jersey counties assisted in developing the field guide.

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**Media Monitoring and Rumor Investigation Standard Operating Guidelines** | Florida Department of Health | [Link to Media Monitoring SOG](#) | [Link to Rumor Investigation SOG](#)

**Description and rationale for inclusion:** Florida's media monitoring process provides guidelines and tools to monitor news sources for information about an emergency situation and make relevant recommendations for future communications efforts. The Standard Operating Guidelines (SOG) explain how planners developed media reports for Incident Command Center staff twice a day and formalized procedures for identifying news sources relevant to response activities. The guidelines also provide an example of a local media and social media report on a specific topic.

Florida's SOG for rumor investigation provide tools for public information officers

to determine the reliability and accuracy of information reported from traditional and social media sources during an emergency. Staff roles include an information triage analyst and rumor report analyst who used a rating and prioritization system to report findings to JIC staff and recommend appropriate responses.

**Evaluated or data-driven:** Both SOGs won a state productivity award for saving time and tax dollars.



**Table 1: Scoring for top-tier and second-tier JIC plans and tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Florida] Virtual JIC Standard Operating Guidelines	x	x			x	x	x
	[Fort Bend] Fort Bend County Joint Information Center Plan: A Guide to Collaborative Communications for the Fort Bend County PIO Network	x	x			x	x	x
	[New Jersey] Public Information Officer Field Guide	x	x			x	x	x
	[Florida] Media Monitoring and Rumor Investigation Standard Operating Guidelines	x	x			x	x	x
Second-Tier Resources	[Ada] Ada County Joint Information System Plan		x			x		
	[University of Iowa] PIO/JIC Toolkit	x	x					

## Capability 4: Emergency Public Information and Warning | Resource List

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### Top-Tier Translation and Interpretation Tools for Multilingual Communities

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**ECHO Communication Tools and Guide to Communicating without English in an Emergency** | ECHO Minnesota Collaborative and Minnesota Department of Health | [Link to ECHO Tools](#) | [Link to Guide](#)

**Description and rationale for inclusion:** ECHO is a multi-modal communication tool that provides in-language emergency information on a variety of topics. Tools include fact sheets, PSAs, and archived videos in more than 30 languages. The planning guide provides online templates that local health agencies can use to begin working with limited-English-proficient communities and other health/community organizations, along with technical advice for providing emergency information in multiple languages.

**Evaluated or data-driven:** ECHO incorporates subject matter expertise from emergency preparedness and health consultants and feedback from immigrant and limited-English-proficient communities throughout the state.

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**Take Winter by Storm Campaign** | Public Health – Seattle & King County | [Link](#)

**Description and rationale for inclusion:** A winter weather and carbon monoxide poisoning prevention information campaign focuses on providing translated materials to new immigrants. Communications tools include multilingual posters and warning sheets, radio messages, recommendations for heating during power outages, interactive preparedness materials, and situational updates.

Second-Tier Translation and Interpretation  
Tools for Multilingual Communities

Difficult to adapt or transfer

**Carbon Monoxide Poisoning Prevention Campaign** | Connecticut Department of Public Health | [Link](#) | ■

**Evaluated or data-driven:** The campaign involved community-based organizations, businesses, and houses of worship to review and quickly disseminate materials, leading to the incorporation of multiple perspectives on emergency management and a greater variety of information.

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**Language Translation Grid** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** Minnesota developed an innovative process during the H1N1 pandemic to help state and local planners determine which languages to translate and how many resources were needed in multiple languages. Tools include a prioritized list of 18 languages, along with a grid that considers community population estimates, English literacy, recent arrival status, and literacy in first languages.

**Evaluated or data-driven:** The translation grid was the result of a partnership between state health department divisions, community-based organizations, health providers, regional libraries, and community-based organizations. Planners also consulted community-based organizations that serve immigrant and refugee populations to confirm population and demographic estimates.

**Table 1: Scoring for top-tier and second-tier translation and interpretation tools for multilingual communities**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[ECHO] ECHO Communication Tools and Guide to Communicating without English in an Emergency	x	x	x		x	x	x
	[Seattle] Take Winter by Storm Campaign	x	x			x	x	x
	[Minnesota] Language Translation Grid	x	x			x	x	x
Second-Tier Resources	[Connecticut] Carbon Monoxide Poisoning Prevention Campaign	x	x			x	x	

## Capability 4: Emergency Public Information and Warning | Resource List

### Top-Tier Community Engagement for Risk Communication Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

**County Health Risk Assessment Toolkit** | West Virginia Bureau of Public Health Center for Threat Preparedness | [Link](#)

**Description and rationale for inclusion:** West Virginia's toolkit engages communities in risk assessment and communication that is specific to their jurisdiction and experiences, while giving local health agencies the resources they need to involve communities in developing an emergency public information system. The toolkit includes a workshop participant tool and public health narrative that identifies and ranks local hazards, tools to discuss potential impact of hazards, mitigation assessments, template press releases, and workshop checklists and facilitator guides.

**Evaluated or data-driven:** Approximately 450 people participated in a local assessment with favorable results.

**Emergency Managers Toolkit – Meeting the Needs of Latino Communities** | National Council of La Raza | [Link](#)

**Description and rationale for inclusion:** The La Raza toolkit helps public health professionals and emergency responders improve communications efforts to Latinos, especially immigrants, during a disaster. Tools include examples of successful practices, engagement materials for Latino communities, and communications and outreach templates.

**Evaluated or data-driven:** The toolkit was created with subject matter expertise from representatives from the National Immigration Law Center, the American Red Cross, and other public and private agencies. Its resources were

Second-Tier Community Engagement for Risk Communication Tools

Difficult to adapt or transfer

**My Hazards** | California Emergency Management Agency | [Link](#) | ■ ▲

**Cultural Competency Curriculum for Disaster Preparedness and Crisis Response** | U.S. Department of Health and Human Services Office of Minority Health | [Link](#) | ●

tested for accuracy and relevance with community-based research in New Orleans and Orlando.

**Table 1: Scoring for top-tier and second-tier community engagement for risk communication tools**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[West Virginia] County Health Risk Assessment Toolkit	x	x			x	x	x
	[La Raza] Emergency Managers Toolkit - Meeting the Needs of Latino Communities	x	x			x	x	x
Second-Tier Resources	[California] My Hazards	x	x		x		x	
	[DHHS] Cultural Competency Curriculum for Disaster Preparedness and Crisis Response		x				x	

## Capability 4: Emergency Public Information and Warning | Resource List

### Top-Tier Social Media/Communications Training and Message Libraries

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Social Media Message Library** | Drexel University Center for Public Health Readiness and Communication | [Link](#)

**Description and rationale for inclusion:** The social media message library is a comprehensive resource for staff in public health and healthcare agencies that use social media platforms to communicate information during public health emergencies. The library features message templates for Twitter, Facebook, and Instagram, with content relevant to the preparedness, response, and recovery phases of 23 different public health disaster scenarios. Message categories focus on general disaster facts, the trajectory of an emergency, checklists, activities, and other situational or call-to-action updates.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Los Angeles County Multi-Agency Radiological Response Plan Pre-Scripted Public Messages** | Los Angeles County Department of Public Health | [Link](#)

**Description and rationale for inclusion:** A multi-agency radiological response plan provides pre-scripted public messages for a variety of situation-specific responses and activities, numerous public statements, and answers to a variety of public questions

Second-Tier Social Media/Communications  
Training and Message Libraries

Difficult to adapt or transfer

**Community Emergency Response Team (CERT) Influenza Train-the-Trainer Toolkit** | San Francisco Bay Area Advanced Practice Center | [Link](#) | ■ ▲

Requires supplementation

**Risk & Crisis Communication** | The North Carolina Institute for Public Health | [Link](#) | ■

**Responding to a Radiological or Nuclear Terrorism Incident: A Guide for Decision Makers** | National Council on Radiation Protection | [Link](#) | ■



regarding the situation.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Emergency Communications Toolkit** | Washington State Department of Health | [Link](#)

**Description and rationale for inclusion:** Washington's communications toolkit provides news release templates for a variety of situations (e.g., unusual illness, disaster-related deaths), fact sheets, emergency information for use in mass dispensing sites or healthcare centers, and just-in-time communications training and materials for people working at mass care and dispensing sites.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier social media/communications training and message libraries for multiple platforms**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Drexel] Social Media Message Library	x	x			x		x
	[Los Angeles] Los Angeles County Multi-Agency Radiological Response Plan Pre-Scripted Public Messages	x	x			x		x
	[Washington] Emergency Communications Toolkit	x	x			x		x
Second-Tier Resources	[San Francisco] Community Emergency Response Team (CERT) Influenza Train-the Trainer Toolkit	x	x			x		
	[North Carolina] Risk & Crisis Communication			x				x
	[NCRP] Responding to a Radiological or Nuclear Terrorism Incident: A Guide for Decision Makers		x		x	x		

## Capability 4: Emergency Public Information and Warning | Resource List

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### Top-Tier Emergency Public Information Tools for Reaching At-Risk Populations

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Individuals with Autism Spectrum Disorder and Emergency Planning Resources** | Minnesota Governor’s Council on Developmental Disabilities | [Link](#)

**Description and rationale for inclusion:** A clearinghouse provides numerous communication resources for families and responders assisting children with Autism Spectrum Disorder during an emergency. Tools include an overview of emergency preparedness essentials, information about services and assistive technology, videos that expose children to simulated emergencies in an empowering format, and an app for communicating reactions to an emergency.

**Evaluated or data-driven:** Resources were created with and vetted by representatives from governmental, human services, and advocacy organizations.

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**Reaching Vulnerable Populations with Critical Health and Medical Information** | Florida Department of Health | [Link](#)

**Description and rationale for inclusion:** Florida's guidelines focus on specific ways to reach at-risk populations with health information during an emergency. The guidelines focus on needs of the elderly, people with disabilities, non-English-speaking people, shelter populations, people who require dialysis and other specialty care, people with developmental disabilities, migrants, the economically disadvantaged, and people dependent on community-based technology. Tools include guidelines about medical needs during an emergency, ways to shape emergency information, and mediums to ensure that information is received.

Second-Tier Emergency Public Information  
Tools for Reaching At-Risk Populations

Difficult to adapt or transfer

**Effective Communications Toolkit** | Texas Disability Task Force on Emergency Management | [Link](#) | ■

**Kentucky Outreach and Information Network (KOIN)** | Kentucky Cabinet for Health and Family Services | [Link](#) | ■▲

**Guide for Emergency Responders Provides Tools for Communicating with Specific Vulnerable Groups** | Florida Department of Health | [Link](#) | ■

**Emergency Communication 4 All Picture Communication Aid** | Oregon Health and Science University Institute on Development and Disability | [Link](#) | ■

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**A Communications Toolkit for Public Health Emergencies that Impact Children |**  
Pennsylvania Department of Health and Drexel University Center for Public Health  
Readiness and Communication | [Link](#)

**Description and rationale for inclusion:** The communications toolkit provides numerous resources for health agencies working with pediatricians, schools, and child care programs, including communications checklists, templates for fact sheets, phone scripts, templates for text and social media messages, and a communications flow chart.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier emergency public information tools for reaching at-risk populations**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Individuals with Autism Spectrum Disorder and Emergency Planning Resources	x	x	x		x	x	x
	[Florida] Reaching Vulnerable Populations with Critical Health and Medical Information	x	x			x		x
	[Pennsylvania/Drexel] A Communications Toolkit for Public Health Emergencies that Impact Children	x	x			x		x
Second-Tier Resources	[Texas] Effective Communications Toolkit	x	x			x		
	[Kentucky] Kentucky Outreach and Information Network (KOIN)	x	x				x	
	[Florida] Guide for Emergency Responders Provides Tools for Communicating with Specific Vulnerable Groups		x			x	x	
	[Oregon] Emergency Communication 4 All Picture Communication Aid	x	x			x		

## Capability 4: Emergency Public Information and Warning | Resource List

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### Top-Tier Emergency Public Information and Warning Planning Process Tools

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Emergency Dark Site Toolkit** | Santa Clara County Public Health Department | [Link](#)

**Description and rationale for inclusion:** Santa Clara County's emergency dark site toolkit walks local health agencies through the process of creating a static Web site for public health emergency messages that can be made public quickly when a disaster occurs. Tools ensure that the site is minimally designed, provides two-way communication capabilities between staff, and can be coordinated from the Joint Information Center in a way that is NIMS-compliant.

**Evaluated or data-driven:** Santa Clara County's dark site was activated and met the public demand for information during the H1N1 pandemic, when the county public health department's server went down from excess activity.

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**Risk Communication Resources for Rural Areas: A Toolkit** | Southeast Health District, Georgia | [Link](#)

**Description and rationale for inclusion:** Southeast Health District's toolkit offers resources for local health agencies providing emergency communications during a natural disaster; a biological, chemical, or radiological emergency; or a mass vaccination or dispensing event. Tools include guidelines for establishing a Joint Information Center, non-traditional methods of emergency communication, press releases, and Public Service Announcements. The toolkit is targeted toward rural local health agency nurse managers and public health emergency preparedness professionals.

Second-Tier Emergency Public Information and Warning Planning Process Tools

Difficult to adapt or transfer

**Risk Communication** | Multnomah County, Oregon | [Link](#) | ●

**Communicating with Patients during Public Health Emergencies: Toolkit for Primary Care Medical Practices** | Pennsylvania Department of Health and Drexel University Center for Public Health Readiness & Communication | [Link](#) | ■

**Communication Plan** | Mahoning County District Board of Health | [Link](#) | ●

**Creating a County Crisis and Emergency Risk Communications (CERC) Annex: Guidance for Health Department Planners and PIOs** | Florida Department of Health | [Link](#) | ●

**Emergency Response Public Information Toolkit** | Missouri Department of Health and Senior Services | [Link](#) | ●

**Bay Area Emergency Public Information and Warning Strategic Plan** | Bay Area Urban Areas Security Initiative | [Link](#) | ●

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Public Information & Communication Standard Operating Procedures** | Ouray County Public Health Agency | [Link](#)

**Description and rationale for inclusion:** Ouray County's Standard Operating Procedures address various aspects of emergency information, including risk communication related to the sensitive issues of mass care and isolation and quarantine, processes for issuing a press release, inter-agency and community communication coordination, Health Alert Network broadcasting, and use of emergency notification systems.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Risk Communication Toolkit for Local Health Agencies** | New Jersey Department of Health | [Link](#)

**Description and rationale for inclusion:** New Jersey's toolkit walks local health agencies through creating a customized communications plan, tailoring plans to emergency phases, writing press releases and interacting with the media, selecting a PIO or other spokesperson, customizing communications resources and messages, and developing inter-agency coordination procedures and relationships for assistance with emergency communication.

### Requires supplementation

**Fort Bend County PIO Network** | Fort Bend County Office of Emergency Management | [Link](#) | ■

**Community Agency Disaster Communications Tabletop Exercise After Action Review** | Seattle Office of Emergency Management | [Link](#) | ■

**Dark Site Standard Operating Guidelines** | Florida Department of Health | [Link](#) | ■

**Public Information Network** | Volusia County, Florida | [Link](#) | ■

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Douglas County Public Information Center and Hotline** | Lawrence-Douglas County Health Department | [Link](#)

**Description and rationale for inclusion:** Douglas County's public information hotline is run through a partnership with the local library and provides year-round preparedness and emergency response information to the public with an emphasis on serving at-risk populations. Hotline staff also provide mobile library preparedness agency training to county agencies and facilities that serve vulnerable people. Tools provide information on levels of public information center activation, staffing solutions, chain-of-command job aids, volunteer management materials, equipment lists, and an MOU for maintaining the hotline through 2019.

**Evaluated or data-driven:** The partnership won an award from the National Network of Libraries of Medicine, Mid-Continental Region



**Table 1: Scoring for top-tier and second-tier emergency public information and warning planning process tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Santa Clara] Emergency Dark Site Toolkit	x	x			x	x	x
	[Southeast] Risk Communication Resources for Rural Areas: A Toolkit	x	x					x
	[Ouray] Public Information & Communication Standard Operating Procedures	x	x			x		x
	[New Jersey] Risk Communication Toolkit for Local Health Agencies	x	x			x		x
	[Lawrence-Douglas] Douglas County Public Information Center and Hotline	x	x			x	x	x
Second-Tier Resources	[Multnomah] Risk Communication		x					
	[Pennsylvania/Drexel] Communicating with Patients during Public Health Emergencies: Toolkit for Primary Care Medical Practices	x	x		x	x		
	[Mahoning] Communication Plan		x			x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Florida] Creating a County Crisis and Emergency Risk Communications (CERC) Annex: Guidance for Health Department Planners and PIOs		x			x		
[Missouri] Emergency Response Public Information Toolkit	x	x			x		
[Bay Area] Bay Area Emergency Public Information and Warning Strategic Plan		x					
[Fort Bend] Fort Bend County PIO Network		x			x		
[Seattle] Community Agency Disaster Communications Tabletop Exercise After Action Review	x	x					
[Florida] Dark Site Standard Operating Guidelines	x	x			x	x	
[Volusia] Public Information Network		x			x		

# Capability 5: Fatality Management Resource Portfolio

## Capability 5: Fatality Management | Local Perspectives

### Important Aspects for Local Health Departments

Developing an efficient plan for Capability 5: fatality management is an extremely important and sensitive area that requires a coordinated response. Agencies engage in and coordinate facility management in different ways. In states like Connecticut, the state health department develops statewide emergency management plans with the Medical Examiner taking the lead on fatality management. During a response, the LHD will reach out to the Chief Medical Office and other state and local partners. In other states, like Illinois, each county elects a county coroner and each coroner has their own fatality management plan. In Ohio, each county coroner is in charge of developing their fatality plan to address capability 5. However, if the incident it is a chronic disease or pandemic with mass fatalities, public health is in charge of fatality management. In the event of a pandemic, the coroner will reach out to the LHD instead of the LHD reaching out to the coroner.

The role of the LHD in fatality management differs from state to state and is not always well-defined. Some LHDs participate in large mass fatality drills but don't typically serve as the lead when it comes to executing fatality management plans. When Sandy Hook occurred, the LHD who responded to the event struggled to find their role in the response, as well as the overall role for public health during a mass fatality event. Public health and LHDs have a role in mass fatalities and with their partners, should work to define roles and responsibilities.

In many cases, LHDs have resources that can support fatality management planning and execution. In one county, the LHD created a resource list/guide for fatality management. Resources included guidance such as which organizations/agencies can store deceased individuals during a mass fatality event, as well as locations for off-site morgues. The LHD also has a number of pick-up trucks and vans without windows that can be utilized during a mass fatality event. All of this information has been compiled and can be easily accessed during a response.

Some LHDs may be responsible for processing, providing, and maintaining death records and other required paperwork during a mass fatality event. In Ohio, one LHD identified other agencies that have the capability to access and process both birth and death certificates in an effort to identify other organizations that can help in a response. The LHD reached out to hospitals that can access birth and death certificates and inquired to see if they could do trainings to help with processing death certificates.

### CDC Capability Definitions, Functions, and Associated Performance Measures

Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

This capability consists of the ability to perform the following functions:

**Function 1:** Determine role for public health in fatality management

**Function 2:** Activate public health fatality management operations

**Function 3:** Assist in the collection and dissemination of antemortem data

**Function 4:** Participate in survivor mental/behavioral health services

**Function 5:** Participate in fatality processing and storage operations

*\* There are no CDC-defined performance measures listed for any of the functions above*

### *Involvement in Fatality Management: Challenges for Public Health*

One challenge that LHDs may face is getting the lead organization in fatality management to regularly update the fatality management plan. Since public health does not regularly serve as the lead in fatality management, it can be challenging communicating with all necessary partners, defining roles, and detailing the duties and responsibilities of LHDs. In some incidences, such as an event relating to mass migration, the federal government can take over as the lead response agency. When the federal government assumes the role as the lead agency during a local response, they are responsible for staging and assigning response roles to partner agencies. LHDs are then tasked with the challenge to ensure there is no delay in response time.

Some LHDs also encounter challenges in effectively communicating with coroners and their response partners about the role of coroners in a public health response. Such communication issues are compounded when new coroners are elected into office. For example, in Kentucky there are over 120 elected county coroners; every time there is a new coroner elected, the LHD has to re-educate the coroner about their role in a mass fatality incident and the LHD's fatality management plan.

In addition to coroners, morgues and funeral homes have a role in fatality management. Many LHDs have found it difficult to engage with and coordinate efforts with morgues and funeral homes to ensure proper storage and disposal and human remains. During some unique events, such as Ebola, LHDs and morgues alike may need to know how to handle infected corpses. There are certain protocols that need to be followed in these cases, however, because of the rare or infrequent nature of some diseases and events, some LHDs do not have these specific guidelines written into their fatality management plans.

LHDs are working with limited financial resources and may find it difficult to obtain buy in from stakeholders that are needed to conduct robust fatality management planning. For example, in California there is no statewide plan for fatality management so LHDs must establish MOUs with organizations that can handle corpses in the event of a mass fatality.

Capability 5 tasks LHDs with reaching out to family members of deceased individuals. Most LHDs are not trained in this area, so completing this task may be extremely difficult.

## Capability 5: Fatality Management | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Inter-Agency (Public Health, Healthcare, ME/Coroner) Fatality Management Guidance, Training, and Tools</p>	<p><b>Top Tier:</b>  <b>Community Resources for Mass Fatality Management</b>   Public Health - Seattle &amp; King County</p> <p><b>Managing Mass Fatalities: A Toolkit for Planning</b>   Santa Clara County Advanced Practice Center</p> <p><b>Dirty Bob/ Radiological Contamination Training</b>   University of Minnesota Preparedness and Emergency Response Learning Center</p> <p><b>Mass Fatality Management Guide for Healthcare Entities, Plan Template, and Checklist</b>   California Hospital Association</p> <p><b>Second Tier:</b>  <b>Managing Remains in a Disaster: Instructions for Marin County Health Care Facilities</b>   California Association of Health Facilities</p> <p><b>Healthcare Mass Fatality Management Guidelines</b>   Public Health- Seattle &amp; King County</p> <p><b>Operational Area Emergency Operations Plan</b>   San Diego County Office of Emergency Services Department of the Chief Medical Examiner</p> <p><b>Michigan Mortuary Response Team</b>  </p> <p><b>Acute Care Hospital (ACH) Mass Fatality Incident (MFI) Planning Checklist</b>   Connecticut Department of Public Health</p>
	<p><b>Top Tier:</b>  <b>Mass Fatality and Family Assistance Operations Response Plan</b>   Public Health- Seattle &amp; King County</p>

<p>Family Assistance Center Tools</p>	<p><b>Field Operations Guide for Reunification and Family Assistance</b>   Twin Cities Metro Health &amp; Medical Preparedness Coalition</p> <p><b>Second Tier:</b>  <b>Family Assistance Center Plan</b>   Maine Center for Disease Control and Prevention</p> <p><b>Family Reunification Center Planning Guide</b>   Coyote Crisis Collaboration and Arizona Department of Health Services</p> <p><b>Family Assistance Center &amp; Community Assistance Center Operations Manual</b>   Boston University</p> <p><b>Puget Sound Region Victim Information and Family Assistance Annex: Regional Catastrophic Disaster Coordination Plan</b>   Washington Military Department</p> <p><b>Hospital Family Reception Center Self-Assessment Tool</b>   Houston Regional Healthcare Preparedness Coalition</p> <p><b>Family Assistance Center Plan</b>   Virginia Department of Emergency Management</p>
<p>Public Health Fatality Management Concepts of Operations and Toolkits</p>	<p><b>Top Tier</b>  <b>Handling of Disaster Victim Human Remains</b>   Florida Emergency Mortuary Operations Response System</p> <p><b>Fatality Management Response in a Chemical, Radiological, or Nuclear Environment</b>   Florida Department of Health</p> <p><b>Mass Fatality Management Planning Toolkit</b>   Texas Department of State Health Services</p> <p><b>Mass Fatality Management Planning Toolkit for County and Tribal Public Health</b>   Arizona Department of Health Services</p> <p><b>Second Tier:</b>  <b>Mass Fatality Planning</b>   Virginia Department of Health</p>

	<p><b>Emergency Support Function (ESF) #18: Fatality Management</b>   Milwaukee Emergency Management</p> <p><b>Lewis County Mass Facilities Plan</b>   Lewis County, New York</p> <p><b>Mass Fatalities Plan</b>   Peoria City/County Health Department</p> <p><b>Mass Fatalities Appendix</b>   Johnson County Public Health</p> <p><b>Vital Records</b>   Chatham County Coroner</p>
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## Capability 5: Fatality Management | Resource List

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### Top-Tier Inter-Agency Fatality Management Guidance, Training, and Tools

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Community Resources for Mass Fatality Management** | Public Health – Seattle & King County | [Link](#)

**Description and rationale for inclusion:** A toolkit provides resources and training materials for local health agencies and healthcare organizations addressing the issue of mass fatalities. The toolkit empowers community agencies to take control over fatality planning and response when the Medical Examiner is unavailable or unable to manage the scope of the event. Tools include templates and forms for communities that do not have access to a Medical Examiner, a mass fatality response plan template, a tabletop exercise template, an algorithm for death processing in a healthcare facility, decedent information forms and identification tags, specific guidelines for cities, and information for managing deaths at home.

**Evaluated or data-driven:** Materials were created to respond to gaps in local emergency plans and their usefulness has been evaluated in trainings.

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**Managing Mass Fatalities: A Toolkit for Planning** | Santa Clara County Advanced Practice Center | [Link](#)

**Description and rationale for inclusion:** Santa Clara County's toolkit provides resources for local health agencies and their partners beginning to establish a mass fatality plan. Tools walk local planners through relationship-building with the Medical Examiner/Coroner and other local agencies; define the public health leadership role in a mass fatalities incident; provide guidelines for public health and Medical Examiner/Coroner responsibilities at the morgue, operational site,

Second-Tier Inter-Agency Guidance, Training, and Tools

Difficult to adapt or transfer

**Managing Remains in a Disaster: Instructions for Marin County Health Care Facilities** | California Association of Health Facilities | [Link](#) | ■

**Healthcare Mass Fatality Management Guidelines** | Public Health – Seattle & King County | [Link](#) | ■

Requires supplementation

**Operational Area Emergency Operations Plan** | San Diego County Office of Emergency Services Department of the Chief Medical Examiner | [Link](#) | ■

**Michigan Mortuary Response Team** | [Link](#) | ■

**Acute Care Hospital (ACH) Mass Fatality Incident (MFI) Planning Checklist** | Connecticut Department of Public Health | [Link](#) | ●

and family assistance center; and offer guidance on personal safety and infection control. Included in the toolkit are job responsibility checklists, job action sheets, remains recovery forms, chain-of-custody forms, case reports, intake and registration forms for a family assistance center, and a site assessment.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Dirty Bomb/Radiological Contamination Training** | University of Minnesota Preparedness and Emergency Response Learning Center | [Link](#)

**Description and rationale for inclusion:** The interactive, video-game-like simulation from the University of Minnesota sends users on specific missions in response to the detonation of a dirty bomb (Radiological Dispersal Device, or RDD). The mass fatalities module walks users through establishing a family assistance center and mass fatalities operation sites, choosing sites for morgue operations, categorizing and processing remains, and selecting appropriate personal protective equipment.

**Evaluated or data-driven:** The training evaluates user experience and knowledge throughout the modules.

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**Mass Fatality Management Guide for Healthcare Entities, Plan Template, and Checklist** | California Hospital Association | [Link](#)

**Description and rationale for inclusion:** The California Hospital Association's mass fatality planning tools address various components of inter-agency public health-healthcare fatality planning, including activation of a mass fatalities plan, incident management, communication, morgue surge, staff training, and fatalities tracking.

The Mass Fatality Management Guide for Healthcare Entities provides resources for hospitals working as a partner with local public health agencies to manage mass fatalities and includes steps for developing and operating a mass fatalities plan. The Mass Fatality Management Template offers a framework for a healthcare facility's mass fatalities plan. Tools include job action sheets, resource request templates, tracking logs, and information on addressing vital records and death certificate surge.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier inter-agency fatality management guidance, training, and tools**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Seattle] Community Resources for Mass Fatality Management	x	x	x		x	x	x
	[Santa Clara] Managing Mass Fatalities: A Toolkit for Planning	x	x			x		x
	[Minnesota] Dirty Bomb/Radiological Contamination Training	x	x	x	x	x	x	x
	[California] Mass Fatality Management Guide for Healthcare Entities, Plan Template, and Checklist	x	x			x		x
Second-Tier Resources	[California] Managing Remains in a Disaster: Instructions for Marin County Health Care Facilities		x		x			
	[Seattle] Healthcare Mass Fatality Management Guidelines	x	x		x	x		
	[San Diego] Operational Area Emergency Operations Plan		x					
	[Michigan] Michigan Mortuary Response Team		x					

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Connecticut] Acute Care Hospital (ACH) Mass Fatality Incident (MFI) Planning Checklist	x						x

## Capability 5: Fatality Management | Resource List

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### Top-Tier Family Assistance Center Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Mass Fatality and Family Assistance Operations Response Plan** | Public Health – Seattle & King County | [Link](#)

**Description and rationale for inclusion:** The response plan provides essential information on decision making during a mass fatality event, notification procedures, activation of mass fatalities plans, and incident command and control. A concept of operations outlines roles and responsibilities for a reception center, a family assistance center (both physical and virtual), and a victim information and identification center, while providing usable guidance on death investigation, morgue operations, the disposition of remains, religious and cultural considerations, mutual aid, and communications.

**Evaluated or data-driven:** Materials were created to respond to gaps in local emergency plans and their usefulness has been evaluated in trainings.

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**Field Operations Guide for Reunification and Family Assistance** | Twin Cities Metro Health & Medical Preparedness Coalition | [Link](#)

**Description and rationale for inclusion:** The coalition's field operations guide provides resources for establishing and staffing a family assistance center, interacting with the media, providing psychological first aid, and managing the need for interpreters and translation services. Tools include forms for site assessment, necessary equipment, staffing assignments, safety checklists, public information officer responsibilities, childcare, reunification, and demobilization. Also included is a family resource packet that includes a sample floor plan and

### Second-Tier Family Assistance Center Tools

#### Difficult to adapt or transfer

**Family Assistance Center Plan** | Maine Center for Disease Control and Prevention | [Link](#) | ■

**Family Reunification Center Planning Guide** | Coyote Crisis Collaborative and Arizona Department of Health Services | [Link](#) | ■

#### Overly specialized

**Family Assistance Center & Community Assistance Center Operations Manual** | Boston University | [Link](#) | ●

**Puget Sound Region Victim Information and Family Assistance Annex: Regional Catastrophic Disaster Coordination Plan** | Washington Military Department | [Link](#) | ■

#### Requires supplementation

**Hospital Family Reception Center Self-Assessment Tool** | Houston Regional Healthcare Preparedness Coalition | [Link](#) | ●

information about the center and victim identification process.

**Evaluated or data-driven:** Materials were developed after experience with family assistance center set-up following the 35W bridge collapse in Minneapolis and subsequently tested during Operation Curtain Call.

**Family Assistance Center Plan** | Virginia  
Department of Emergency Management | [Link](#) |



**Table 1: Scoring for top-tier and second-tier family assistance center tools**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Seattle] Mass Fatality and Family Assistance Operations Response Plan	x	x	x		x	x	x
	[Twin Cities] Field Operations Guide for Reunification and Family Assistance	x	x	x		x	x	x
Second-Tier Resources	[Maine] Family Assistance Center Plan		x					
	[Coyote] Family Reunification Center Planning Guide	x	x			x	x	
	[Boston] Family Assistance Center & Community Assistance Center Operations Manual	x	x		x			
	[Washington] Puget Sound Region Victim Information and Family Assistance Annex: Regional Catastrophic Disaster Coordination Plan		x		x			
	[Houston] Hospital Family Reception Center Self-Assessment Tool	x			x	x		
	[Virginia] Family Assistance Center Plan		x					



## Capability 5: Fatality Management | Resource List

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### Top-Tier Public Health Fatality Management Concepts of Operations and Toolkits

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Handling of Disaster Victim Human Remains** | Florida Emergency Mortuary Operations Response System | [Link](#)

**Description and rationale for inclusion:** Florida's field guide discusses mass fatalities considerations for different events and settings, issues related to contamination of remains, statutory responsibilities for handling and processing victim remains, personal protective equipment, and activation of mass fatalities plans.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Fatality Management Response in a Chemical, Radiological, or Nuclear Environment** | Florida Department of Health | [Link](#)

**Description and rationale for inclusion:** Florida's plan provides a concept of operations and action steps for handling mass fatalities in events where contamination of remains is likely. It provides clear guidance on the differences between various chemical, radiological, or nuclear events, outlines stakeholder responsibilities, and offers resources for scenario-based decontamination procedures.

Second-Tier Fatality Management Concepts of Operations and Toolkits

Difficult to adapt or transfer

**Mass Fatality Planning** | Virginia Department of Health | [Link](#) | ●

**Emergency Support Function (ESF) #18: Fatality Management** | Milwaukee County Emergency Management | [Link](#) | ●

**Lewis County Mass Fatalities Plan** | Lewis County, New York | [Link](#) | ●

**Mass Fatalities Plan** | Peoria City/County Health Department | [Link](#) | ●

Requires supplementation

**Mass Fatalities Appendix** | Johnson County Public Health | [Link](#) | ●

**Vital Records** | Chatham County Coroner | [Link](#) | ■▲

**Evaluated or data-driven:** The guide was developed under the guidance of subject matter experts working in public health and emergency management.

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**Mass Fatality Management Planning Toolkit** | Texas Department of State Health Services | [Link](#)

**Description and rationale for inclusion:** Texas' toolkit provides an array of tools and checklists for defining mass fatalities planning responsibilities for local health agencies and coalitions. It addresses recovery, decedent tracking, morgue operations, transportation and storage, and establishment of a family assistance center and victim information center.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Mass Fatality Management Planning Toolkit for County and Tribal Public Health** | Arizona Department of Health Services | [Link](#)

**Description and rationale for inclusion:** Arizona's toolkit outlines mass fatality planning and authority/responsibility for county and tribal public health agencies. Tools address family assistance center operations, remains tracking and recovery, transportation, morgue operations, storage options, and release of remains.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier public health fatality management concepts of operations and tools**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Florida] Handling of Disaster Victim Human Remains	x	x			x		x
	[Florida] Fatality Management Response in a Chemical, Radiological, or Nuclear Environment	x	x		x	x	x	x
	[Texas] Mass Fatality Management Planning Toolkit	x	x	x		x		x
	[Arizona] Mass Fatality Management Planning Toolkit for County and Tribal Public Health	x	x	x		x		x
Second-Tier Resources	[Virginia] Mass Fatality Planning		x					
	[Milwaukee] Emergency Support Function (ESF) #18: Fatality Management		x					
	[Lewis] Lewis County Mass Fatalities Plan		x					
	[Peoria] Mass Fatalities Plan		x					
	[Johnson] Mass Fatalities Appendix	x	x					

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
	[Chatham] Vital Records		x		x		

## Capability 7: Mass Care Resource Portfolio

## Capability 7: Mass Care | Local Perspectives

### Important Aspects for Local Health Departments

Capability 7: Local health departments (LHDs) generally have a supportive role in mass care. Essential Service Function (ESF) #6 primary agencies, the Department of Homeland Security/Federal Emergency Management Agency and non-profit organizations such as the American Red Cross lead mass care response while ESF #8 agencies provide both health and medical support. Many LHDs rely on non-profit organizations (e.g., American Red Cross) to coordinate several aspects of mass care such as sheltering and feeding the public during emergencies. The LHD serves in a supportive role by providing necessary equipment, such as cots. Although the non-profit organizations usually provide the majority of staffing for shelters, some LHDs engage public health nurses to ensure shelters have enough personnel to meet community needs.

Although LHDs do not generally lead mass care activities, many LHDs play an important role in ensuring the mass care needs of their communities are met. For example, some LHDs utilize a checklist to inspect shelters to make sure they meet the appropriate standards. In another example, an LHD entered into an agreement with the American Red Cross to co-locate the medical needs shelter next to the general population shelter. Although this LHD does not play a lead role in running the shelters, it does support the American Red Cross with their MRC. In another county, during an event, the LHD works with the state health department as well as the American Red Cross to set up shelters. They are also responsible for making sure the facilities are accessible for individuals with special needs. The LHD assess the facilities and educates workers/volunteers on proper sanitation, food preparation, and much more.

### Involvement in Mass Care: Challenges for Public Health

Many LHDs find it challenging to ensure all shelters and care facilities are adequately staffed during a public health emergency, especially when specialist care is needed. Depending on the disaster, a LHD may need certain specialists, like mental/behavioral health specialists, but do not have someone on hand that they can use. In addition to accounting for specialist care, LHDs must also consider the hours and working conditions of their employees working in the shelter.

Ensuring facilities have adequate resources to meet the needs of varying populations is another challenge that LHDs often confront. Balancing general mass care with the needs of functional needs populations can be extremely challenging to ensure everyone is receiving appropriate care, especially when LHDs play more of a supportive role in mass care. LHDs have to ensure agencies like the American Red Cross are equipped and capable to take these tasks on while also determining the appropriate role of public health in mass care.

### CDC Capability Definitions, Functions, and Associated Performance Measures

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

This capability consists of the ability to perform the following functions:

**Function 1:** Determine public health role in mass care operations

**Function 2:** Determine mass care needs of the impacted populations

**Function 3:** Coordinate public health, medical, and mental/behavioral health services

**Function 4:** Monitor mass care population health

*\* There are no CDC-defined performance measures listed for any of the functions above*

For other LHDS, cooperating with and gaining partner and stakeholder buy-in when establishing mass care plans can be challenging. LHDs often run into issues when getting partners and the community to participate in exercises and drills. This deters staff and community members from getting properly trained and limits the scope of their plans.

## Capability 7: Mass Care | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Tools for Establishing and Managing Alternate Care Sites</p>	<p><b>Top Tier:</b>  <b>Mass Medical Care During an Influenza Pandemic: Guide and Toolkit for Establishing Influenza Care Centers</b>   County of Santa Clara Public Health Department</p> <p><b>Minnesota Long Term Care Preparedness Toolkit</b>   Minnesota Department of Health</p> <p><b>Second Tier:</b>  <b>Mass Care Functional Annex Development Toolkit for Long-Term Health Care Facilities in Colorado</b>   Colorado Department of Public Health and Environment</p> <p><b>Emergency Preparedness and Planning Toolkit for Long-Term Care Providers</b>   Santa Clara County Emergency Medical Services Agency</p> <p><b>Ketchikan Alternate Care Site Templates</b>   City of Ketchikan, Alaska</p>
<p>Mass Care in General Population Shelters</p>	<p><b>Top Tier:</b>  <b>Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities</b>   National Commission on Children and Disasters</p> <p><b>Local Shelter Toolkit</b>   Massachusetts Emergency Management Agency</p> <p><b>Western Massachusetts Regional Shelter Plan Documents</b>   Western Region Homeland Security Advisory Council</p> <p><b>Emergency Shelter Accessibility Checklist: An Assessment Tool for Emergency Management Staff and Volunteers</b>   Connecticut State Office of Protection and Advocacy for Persons with Disabilities</p> <p><b>City of Santa Monica Mass Care and Shelter Handbook</b>   City of Santa Monica Office of Emergency Management</p>



	<p><b>Second Tier:</b></p> <p><b>Shelter Guidance Aid and Shelter Staffing Matrix</b>   American Red Cross and the Federal Emergency Management Authority</p> <p><b>Mass Care Planning Guide</b>   Kansas Division of Emergency Management</p> <p><b>Shelter &amp; Mass Care</b>   City of Houston Office of Emergency Management</p> <p><b>Regional Sheltering Plan</b>   Barnstable County Regional Emergency Planning Committee</p> <p><b>Franklin County Regional Shelter Plan Concept of Operations</b>   Western Region Homeland Security Advisory Council and Franklin Regional Council of Government</p> <p><b>Shelter Management Toolkit</b>   University of Iowa College of Public Health</p> <p><b>Stow, Massachusetts, Shelter Plan</b>   Stow Medical Reserve Corps</p> <p><b>Mass Care Guidance</b>   Los Angeles Operational Area Critical Incident Planning and Training Alliance</p> <p><b>Santa Clara County Catastrophic Earthquake Mass Care and Sheltering Plan</b>   Bay Area Urban Security Initiative</p> <p><b>Non-Traditional Shelter Concept of Operations Template</b>   City of Los Angeles Emergency Management Department</p> <p><b>Understanding Evacuation and Transportation for People with Access and Functional Needs</b>   California Governor’s Office of Emergency Services</p> <p><b>Shelter 2020: Facility Selection Tool</b>   Montana Department of Health and Human Services</p>
	<p><b>Top Tier</b></p> <p><b>Special Needs Shelter Program and Discharge Planning Resources Toolkit</b>   Florida Department of Health</p>

<p>Resources for Mass Care in Medical/Special Needs Shelters</p>	<p><b>Draft Guidance for Sheltering Persons with Medical Needs</b>   California Department of Public Health</p> <p><b>Medical Needs Shelter Plan</b>   Snohomish Regional Health District</p> <p><b>Second Tier:</b> <b>Medical Shelter Toolkit</b>   Texas Department of State Health Services</p> <p><b>Mass Care Homelessness Plan</b>   Emergency Network of Los Angeles</p> <p><b>High Risk/ Medical Needs Shelter Planning Template</b>   Urban Area Security Initiative Project</p> <p><b>Specialized Shelter Planning Template</b>   New Jersey Office of Emergency Management</p> <p><b>Medical Special Needs Sheltering at the University of Texas at Tyler’s Patriot Center</b>   Northeast Texas Public Health District</p>
<p>Mass Care and Shelter Communication Tools</p>	<p><b>Top Tier</b> <b>Show Me: A Communication Tool for Emergency Shelters</b>   Massachusetts Department of Public Health</p> <p><b>Emergency Shelter Communications Toolkit</b>   City of Seattle Department of Parks and Recreation</p> <p><b>Second Tier:</b> N/A</p>
<p>Mutual Aid for Disaster Mass Care</p>	<p><b>Top Tier</b> <b>Memorandum of Understanding (MOU): Kittitas County Office of Emergency Management and the Kittitas County Chapter of the American Red Cross (KCC-ARC)</b>   Kittitas County Office of Emergency Management</p> <p><b>Memorandum of Understanding between the American Red Cross and Marin County, Department of Health and Human Services</b>   Marin County Department of Health and Human Services</p>

	<p><b>Agreement to Provide Physical Facilities for Temporary Shelter</b>   Michigan Department of Community Health and Human Services and Trinity Health System</p> <p><b>Second Tier</b> <b>Mutual Aid Agreement for Temporary Shelter</b>   Michigan Department of Community Health</p>
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## Capability 7: Mass Care | Resource List

### Top-Tier Tools for Establishing and Managing Alternate Care Sites

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Mass Medical Care During an Influenza Pandemic: Guide and Toolkit for Establishing Influenza Care Centers** | County of Santa Clara Public Health Department | [Link](#)

**Description and rationale for inclusion:** Santa Clara County's toolkit provides guidance and tools for local health agencies that are establishing alternate care sites to provide hospital-level care during an influenza pandemic. Guidance focuses on a concept of operations for alternate care sites, command and control, communications protocol, staffing, standards of care and infection control, fatalities management, supply lists and transportation. Tools integrate elements that allow them to be scaled to various levels of a jurisdiction's response.

**Evaluated or data-driven:** The toolkit was developed by a Medical Mass Care task force comprising representatives from healthcare organizations, emergency medical services, law enforcement, academic institutions, and city agencies.

**Minnesota Long Term Care Preparedness Toolkit** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** Minnesota's toolkit allows long-term care centers to act as alternate care sites for residents who must shelter in place. Tools include a hazard vulnerability analysis, Incident Command System training forms, job action sheets, information on evacuation and relocation, Memoranda of Understanding templates between long-term care facilities for temporary care and transfer, behavioral health resources, and a sample preparedness exercise plan.

Second-Tier Tools for Establishing and Managing Alternate Care Sites

Difficult to adapt or transfer

**Mass Care Functional Annex Development Toolkit for Long-Term Health Care Facilities in Colorado** | Colorado Department of Public Health and Environment | [Link](#) | ■

**Emergency Preparedness and Planning Toolkit for Long-Term Care Providers** | Santa Clara County Emergency Medical Services Agency | [Link](#) | ■ ▲

Requires supplementation

**Ketchikan Alternate Care Site Templates** | City of Ketchikan, Alaska | [Link](#) | ●

**Evaluated or data-driven:** The toolkit was developed by an interdisciplinary group comprised of representatives from the state health department, regional hospitals, aging services, and long-term care providers.

**Table 1: Scoring for top-tier and second-tier tools for establishing and managing alternate care sites**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Santa Clara] Mass Medical Care During an Influenza Pandemic: Guide and Toolkit for Establishing Influenza Care Centers	x	x			x	x	x
	[Minnesota] Minnesota Long Term Care Preparedness Toolkit	x	x		x	x	x	x
Second-Tier Resources	[Colorado] Mass Care Functional Annex Development Toolkit for Long-Term Health Care Facilities in Colorado	x	x		x			
	[Santa Clara] Emergency Preparedness and Planning Toolkit for Long-Term Care Providers	x	x		x	x		
	[Ketchikan] Ketchikan Alternate Care Site Templates	x					x	

## Capability 7: Mass Care | Resource List

### Top-Tier Resources for Mass Care in General Population Shelters

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities** | National Commission on Children and Disasters | [Link](#)

**Description and rationale for inclusion:** Very specific guidance and lists identify basic supplies needed to care for ten infants and children under the age of three for a 24-hour period. The guidance can be scaled to be relevant to children in larger groups of ten.

**Evaluated or data-driven:** The guidance was informed by subject matter experts in emergency management and pediatric care.

**Local Shelter Toolkit** | Massachusetts Emergency Management Agency | [Link](#)

**Description and rationale for inclusion:** The toolkit covers a comprehensive range of mass care topics intended for a local health agency and emergency management audience, including clinical and non-clinical services, shelter triage, and communications. Tools include a sample operations plan, a site assessment, a Memorandum of Understanding, forms for set-up and intake, situation report templates, sample rules, and an after-action report template.

**Evaluated or data-driven:** The toolkit was developed by a task force of experts in emergency management, mass care, and shelter operations.

### Second-Tier Resources for Mass Care in General Population Shelters

Difficult to adapt or transfer

**Shelter Guidance Aid and Shelter Staffing Matrix** | American Red Cross and the Federal Emergency Management Authority | [Link](#) | ●

**Mass Care Planning Guide** | Kansas Division of Emergency Management | [Link](#) | ●

**Mass Care Sheltering Planning Guidance** | Minnesota Department of Public Safety | [Link](#) | ●

**Shelter & Mass Care** | City of Houston Office of Emergency Management | [Link](#) | ■

**Regional Sheltering Plan** | Barnstable County Regional Emergency Planning Committee | [Link](#) | ●

**Franklin County Regional Shelter Plan Concept of Operations** | Western Region Homeland Security Advisory Council and Franklin Regional Council of Government | [Link](#) | ■

**Shelter Management Toolkit** | University of Iowa College of Public Health | [Link](#) | ●

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**Western Massachusetts Regional Shelter Plan Documents** | Western Region Homeland Security Advisory Council | [Link](#)

**Description and rationale for inclusion:** The shelter plan includes a concept of operations, standard operating guidelines, job action sheets, and medical/medication plan forms. Notably, tools integrate communications guidelines into each step of mass care planning.

**Evaluated or data-driven:** Documents were the result of a mass care collaboration between three regional planning commissions in western Massachusetts.

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**Emergency Shelter Accessibility Checklist: An Assessment Tool for Emergency Management Staff and Volunteers** | Connecticut State Office of Protection and Advocacy for Persons with Disabilities | [Link](#)

**Description and rationale for inclusion:** The checklist provides an assessment tool for mass care suitable for people with disabilities and includes lists and guidance around specific requirements for mass care and shelter accessibility.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**City of Santa Monica Mass Care and Shelter Handbook** | City of Santa Monica Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** Santa Monica's mass care and shelter handbook offers guidance in establishing a city mass shelter. The handbook focuses on sheltering requirements, mass feeding, bulk distribution of necessities, pet care, medical support, and transportation considerations. Tools include

**Stow, Massachusetts, Shelter Plan** | Stow Medical Reserve Corps | [Link](#) | ●

**Mass Care Guidance** | Los Angeles Operational Area Critical Incident Planning and Training Alliance | [Link](#) | ●

Overly specialized

**Santa Clara County Catastrophic Earthquake Mass Care and Sheltering Plan** | Bay Area Urban Security Initiative | [Link](#) | ■

Requires supplementation

**Non-Traditional Shelter Concept of Operations Template** | City of Los Angeles Emergency Management Department | [Link](#) | ●

**Understanding Evacuation and Transportation for People with Access and Functional Needs** | California Governor's Office of Emergency Services | [Link](#) | ■

**Shelter 2020: Facility Selection Tool** | Montana Department of Health and Human Services | [Link](#) | ●



position checklists and forms for intake, triage, and shelter recordkeeping.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier resources for mass care in general population shelters**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[NCCD] Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities	x	x		x	x	x	x
	[Massachusetts] Local Shelter Toolkit	x	x			x	x	x
	[WRHSAC] Western Massachusetts Regional Shelter Plan Documents	x	x			x	x	x
	[Connecticut] Emergency Shelter Accessibility Checklist: An Assessment Tool for Emergency Management Staff and Volunteers	x	x			x		x
	[Santa Monica] City of Santa Monica Mass Care and Shelter Handbook	x	x			x		x
Second-Tier Resources	[ARC/FEMA] Shelter Guidance Aid and Shelter Staffing Matrix	x				x	x	
	[Kansas] Mass Care Planning Guide		x					
	[Minnesota] Mass Care Sheltering Planning Guidance		x			x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
[Houston] Shelter & Mass Care		x					
[Barnstable] Regional Sheltering Plan		x					
[WRHSAC] Franklin County Regional Shelter Plan Concept of Operations	x	x			x		
[Iowa] Shelter Management Toolkit	x	x			x		
[Stow] Stow, Massachusetts, Shelter Plan		x					
[Los Angeles] Mass Care Guidance		x					
[Bay Area] Santa Clara County Catastrophic Earthquake Mass Care and Sheltering Plan	x	x		x			
[Los Angeles] Non-Traditional Shelter Concept of Operations Template	x	x			x		
[California] Understanding Evacuation and Transportation for People with Access and Functional Needs		x			x		
[Montana] Shelter 2020: Facility Selection Tool	x				x		

## Capability 7: Mass Care | Resource List

### Top-Tier Resources for Mass Care in Medical/Special Needs Shelters

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Special Needs Shelter Program and Discharge Planning Resources Toolkit** | Florida Department of Health | [Link](#)

**Description and rationale for inclusion:** Florida's toolkit addresses discharge planning from mass care sites and is oriented toward local officials, shelter unit leaders, and public health nurses. Resources are intended to ensure people can return to their residence or other safe setting following a stay in a mass care site. The toolkit also addresses the needs of people in residential homes and people receiving ongoing medical services. Tools include discharge assessments and prioritization forms.

**Evaluated or data-driven:** Tools were developed in collaboration with numerous emergency management, public health, and shelter planning organizations.

**Draft Guidance for Sheltering Persons with Medical Needs** | California Department of Public Health | [Link](#)

**Description and rationale for inclusion:** California's guidance provides numerous tools for managing a medical needs shelter, including a site assessment; planning resources for dialysis, mass feeding, and oxygen services; checklists for command center duties, medical supplies, pharmaceutical supplies, and nursing station equipment; staffing and job action sheets; an incident action plan sample and activation tools; templates for message development; signage, talk boards, and pictogram communication tools; a sample client packet; triage tools; and a level of care matrix.

**Evaluated or data-driven:** Evaluation data for this resource was not available at

### Second-Tier Resources for Mass Care in Medical/Special Needs Shelters

Difficult to adapt or transfer

**Medical Shelter Toolkit** | Texas Department of State Health Services | [Link](#) | ■

**Mass Care Homelessness Plan** | Emergency Network of Los Angeles | [Link](#) | ■

**High Risk/Medical Needs Shelter Planning Template** | Urban Area Security Initiative Project | [Link](#) | ■

Requires supplementation

**Specialized Shelter Planning Template** | New Jersey Office of Emergency Management | [Link](#) | ●

**Medical Special Needs Sheltering at the University of Texas at Tyler's Patriot Center** | Northeast Texas Public Health District | [Link](#) | ■

the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Medical Needs Shelter Plan** | Snohomish Regional Health District | [Link](#)

**Description and rationale for inclusion:** The local medical needs shelter plan walks users through choosing a type of shelter to establish in their community and development of a concept of operations. Tools include a shelter layout diagram, communication and signage, forms for staffing ratios, Incident Command Structure diagrams, a triage matrix, numerous medical care guidelines and HIPAA protocol for shelter situations, guidance for disposal of medical waste, and job action sheets.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier resources for mass care in medical/special needs shelters**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Florida] Special Needs Shelter Program and Discharge Planning Resources Toolkit	x	x	x		x	x	x
	[California] Draft Guidance for Sheltering Persons with Medical Needs	x	x			x		x
	[Snohomish] Medical Needs Shelter Plan	x	x			x		x
Second-Tier Resources	[Texas] Medical Shelter Toolkit	x	x					
	[ENLA] Mass Care Homelessness Plan		x		x			
	[UASIP] High Risk/Medical Needs Shelter Planning Template	x				x		
	[New Jersey] Specialized Shelter Planning Template	x				x		
	[Northeast Texas] Medical Special Needs Sheltering at the University of Texas at Tyler's Patriot Center		x					

## Capability 7: Mass Care | Resource List

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### Top-Tier Mass Care and Shelter Communication Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Show Me: A Communication Tool for Emergency Shelters** | Massachusetts Department of Public Health | [Link](#)

**Description and rationale for inclusion:** The "Show Me" tool is enables two-way conversations between shelter staff and people with communication needs. Pages show visual methods of representing language, arrival/transportation, medical needs, other needs, food allergies, people and places, feelings and support, and time.

**Evaluated or data-driven:** The tool and app were developed after consultation and collaboration with public health professionals experienced in staffing mass care shelters, along with populations that experience communication challenges during emergencies.

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**Emergency Shelter Communications Toolkit** | City of Seattle Department of Parks and Recreation | [Link](#)

**Description and rationale for inclusion:** Seattle's toolkit provides accessible communication methods and guidance for emergency shelters. Some information is intended for advance shelter communication planning, while other information is more suited to just-in-time implementation. The toolkit focuses on providing interactive communications tools and signage during shelter activation and intake, with a particular focus on the needs of people with mobility concerns, the deaf and hard of hearing, people with blindness and low vision, people with developmental disabilities, people with mental health disorders, and people with limited English proficiency. Also included in the toolkit is guidance around creating

Second-Tier Mass Care and Shelter  
Communication Tools

N/A

safe, accessible shelters.

**Evaluated or data-driven:** Toolkit materials were created by subject matter experts working in various disability services fields and reviewed by staff and volunteers involved in rural and urban mass care shelter operations.



**Table 1: Scoring for top-tier mass care and shelter communication tools**

	Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Massachusetts] Show Me: A Communication Tool for Emergency Shelters	x	x	x		x	x	x
	[Seattle] Emergency Shelter Communications Toolkit	x	x			x	x	x

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## Top-Tier Tools for Mutual Aid for Disaster Mass Care

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Memorandum of Understanding (MOU): Kittitas County Office of Emergency Management and the Kittitas County Chapter of the American Red Cross (KCC-ARC)** | Kittitas County Office of Emergency Management | [Link](#)

**Description and rationale for inclusion:** The MOU provides arrangements for mass sheltering between the American Red Cross and the local emergency management agency.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Memorandum of Understanding between the American Red Cross and Marin County, Department of Health and Human Services** | Marin County Department of Health and Human Services | [Link](#)

**Description and rationale for inclusion:** The MOU provides arrangements for shared services related to general population and special needs shelters between the American Red Cross and the local public health agency.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

Second-Tier Tools for Mutual Aid for Disaster  
Mass Care

Difficult to adapt or transfer

**Mutual Aid Agreement for Temporary Shelter** | Michigan Department of Community Health | [Link](#) | ■

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**Agreement to Provide Physical Facilities for Temporary Shelter** | Michigan Department of Community Health and Human Services and Trinity Health System | [Link](#)

**Description and rationale for inclusion:** The MOU arranges for shared shelter locations between the state health department and a local healthcare system.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier mutual aid for disaster mass care tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Kittitas] Memorandum of Understanding (MOU): Kittitas County Office of Emergency Management and the Kittitas County Chapter of the American Red Cross (KCC-ARC)	x	x			x		x
	[Marin] Memorandum of Understanding between the American Red Cross and Marin County, Department of Health and Human Services	x	x			x		x
	[Michigan] Agreement to Provide Physical Facilities for Temporary Shelter	x	x			x		x
Second-Tier Resource	[Michigan] Mutual Aid Agreement for Temporary Shelter	x	x			x		

# Capability 10: Medical Surge Resource Portfolio

## Capability 10: Medical Surge | Local Perspectives

### Important Aspects for Local Health Departments

Medical surge varies greatly at the local level and is dependent on several variables. In addition to LHDs supporting capability 10: Medical Surge, several local health departments have now been designated as the lead agency in supporting Emergency Function #6 (ESF 6) - Mass Care, Emergency Assistance, Housing, and Human Services Annex. ESF #6 coordinates the delivery of Federal mass care, emergency assistance, housing, and human services when local, tribal, and State response and recovery needs exceed their capabilities. Local health departments have expanded their scope of authority in this capacity and evolved their role to support medical surge in several of the following ways:

- Some health departments are moving towards integrating the medical shelter with general shelters so family members can help care for relatives that require medical assistance.
- LHDs are partnering more with their healthcare coalitions, volunteer groups like the Medical Reserve Corps (MRC), American Red Cross, and United Way for a more coordinated effort in true medical surge events.
- LHDs are offering medical care when the medical needs of the general population shelter are too great and they are unable to transport individuals to hospitals for minor conditions. Usually, LHDs who support medical surge in this capacity also stockpile their own cache of medical supplies that they can utilize to support their efforts, reducing the burden on and depletion of shelter resources and capabilities.
- LHDs may lead health surveillance activities within shelters including screening individuals for illness and other social service and medical needs, as well as reporting outcomes to response leads within the emergency operations center.
- LHDs may lead the training and education effort of shelter staff to ensure proper sanitation of the shelter, food preparation and handling, and general guidance of co-mingling shelters where pets are permitted.
- LHDs work on building capacity to provide telehealth to deliver health-related services and information via telecommunications technologies.

### Involvement in Medical Surge: Challenges for Public Health

For several health departments, staffing is the biggest challenge. In regards to medical surge, staffing includes specialist care. Depending on the disaster, an LHD may need a specialist in a specific area, but does not have someone that they can use. This is especially true for small, tribal, or rural health departments. Several LHDs stated that medical surge staff are required to register in both the Emergency System for Advance Registration of Volunteer Professionals (ESAR-VHP) and with emergency management. This

### CDC Capability Definitions, Functions, and Associated Performance Measures

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

This capability consists of the ability to perform the following functions:

**Function 1:** Assess the nature and scope of the incident

**Function 2:** Support activation of medical surge

**Function 3:** Support jurisdictional medical surge operations

**Function 4:** Support demobilization of medical surge operations

*\* There are no CDC-defined performance measures listed for any of the functions above*

requirement makes it very difficult for LHDs to assess the size and availability of their volunteers and presents unnecessary challenges when contacting and activating volunteers since contact information is not consistent across platforms.

Bed tracking is another challenge for LHDs in medical surge responses. For states that do not mandate healthcare partners to participate in a bed tracking system, LHDs are not able to accurately assess the availability of beds in surge responses. This negatively impacts the delivery of care LHDs can provide. There is also a great deal of variability in how agencies are reporting bed availability. LHDs report that there isn't defined guidance across hospitals and LHDs that can help LHDs determine how many beds a hospital has available versus how many beds a hospital is licensed for. Having set guidance between area hospitals and LHDs can allow for improved patient transport and service delivery in a surge response.

Capability 10: Medical Surge | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Patient Tracking, Triage, and Discharge Planning Tools</p>	<p><b>Top Tier:</b>  <b>Rapid Patient Discharge Tools</b>   New York City Department of Health and Mental Hygiene   <b>Hospital Surge Capacity Toolkit</b>   Santa Clara County Advanced Practice Center   <b>Standards and Guidelines for Healthcare Surge During Emergencies</b>   California Department of Public Health   <b>Bed Surge Capacity Expansion Tool (BSCET)</b>   New York City Department of Health and Mental Hygiene   <b>Second Tier:</b>  <b>Emergency Operations Plan (EOP) Quick Guide for Outpatient Centers</b>   New York City Department of Health and Mental Hygiene Primary Care Emergency Preparedness Network   <b>Mass Triage Interactive Training-A Short Course</b>   Tarrant County Advanced Practice Center   <b>Primary Care Center Emergency Management Plan Template</b>   New York City Department of Health and Mental Hygiene Primary Care Emergency Preparedness Network   <b>Tracking of Bed Availability (HAVBED)</b>   South Dakota Department of Health   <b>Patient Reception Operations Plan</b>   National Disaster Medical System, Nashville Federal Coordinating Center</p>
<p>Guidelines on Altered Standards of Care and Resource Scarcity</p>	<p><b>Top Tier:</b>  <b>Patient Care Strategies for Scarce Resource Situations</b>   Minnesota Department of Health   <b>Standards of Care: Providing Health Care during a Prolonged Public Health Emergency</b>   Connecticut Department of Public Health</p>



	<p><b>Surge, Sort, Support: Disaster Behavioral Health for Health Care Professionals</b>   University of Miami Disaster Epidemiology Emergency Preparedness</p> <p><b>Second Tier:</b></p> <p><b>Shelter from the Storm: Disaster Planning Toolkit for Office-Based Practices</b>   State University of New York at Albany Center for Public Health Preparedness</p> <p><b>Health Care Decisions in Disasters: Public Engagement on Medical Service Prioritization During an Influenza Pandemic</b>   Public Health- Seattle &amp; King County</p>
<p>Surge Tools for Providing Specialized Care</p>	<p><b>Top Tier</b></p> <p><b>Pediatric Surge Pocket Guide</b>   Los Angeles County Department of Public Health</p> <p><b>Radiation Injury Treatment Network</b>   U.S. National Marrow Donor Program</p> <p><b>Pediatric Surge Planning</b>   Rady Children’s Hospital- San Diego</p> <p><b>Preplanning Disaster Triage for Pediatric Hospitals: TRAIN Toolkit</b>   Lucile Packard Children’s Hospital</p> <p><b>Second Tier:</b></p> <p><b>Group Care Program Preparedness Toolkit</b>   Florida Department of Health</p> <p><b>Pediatric/Neonatal Disaster and Medical Surge Plan and Preparedness Toolkit</b>   Contra Costa Health Services</p> <p><b>Integrating Community Pediatricians into Public Health Preparedness and Response Activities in Pennsylvania</b>   Drexel University Center for Public Health Readiness and Communication</p> <p><b>Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies</b>   Emergency Medical Services for Children</p> <p><b>ESF-8 Plan: Burn Surge Annex</b>   Illinois Department of Health</p>

	<p><b>Hospital Pediatric Preparedness Tools</b>   Illinois Emergency Medical Services for Children</p> <p><b>Neonatal Disaster Preparedness Toolkit</b>   California Association of Neonatologists</p> <p><b>King County Hospital Guidelines for Managing Pediatric Patients in a Disaster</b>   Northwest Healthcare Response Network</p>
<p>Public Health and Healthcare Surge Coalitions and Mutual Aid</p>	<p><b>Top Tier</b></p> <p><b>Southeastern Regional Pediatric Disaster Response Network</b>   South Central Public Health Partnership</p> <p><b>A Prescription for Preparedness Toolkit</b>   Montgomery County Advanced Practice Center and Palm Beach County Health Department</p> <p><b>Health/Mental Multi-Agency Coordination Group</b>   Multnomah County Health Department</p> <p><b>Boston Healthcare Preparedness Coalition</b>   Boston Public Health Commission</p> <p><b>San Diego County Area Hospital Emergency Mutual Aid Memorandum of Understanding</b>   Veterans Affairs San Diego Healthcare System</p> <p><b>Second Tier:</b></p> <p><b>Workbook for Healthcare Providers in Rural Communities</b>   USA Center for Rural Public Health Preparedness</p> <p><b>Collaborative Drug Therapy Agreement Toolkit for Pharmacies and Public Health</b>   Public Health- Seattle &amp; King County</p> <p><b>Healthcare Emergency Response Coalition of Palm Beach County</b>   Palm Beach County Medical Society Services</p> <p><b>Region 9 Healthcare Coalition</b>   Spokane Regional Health District</p>

## Capability 10: Medical Surge | Resource List

### Top-Tier Patient Tracking, Triage, and Discharge Planning Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Rapid Patient Discharge Tool** | New York City Department of Health and Mental Hygiene | [Link](#)

**Description and rationale for inclusion:** New York City's adaptable plans for rapid patient discharge based on bed surge capacity provide an organizational structure that hospitals can use to ensure quality care during a surge event. The tool provides examples and resources for obtaining an up-to-date accurate bed census, as well as organizing unit-based patient discharge teams, physician involvement coordination teams, and patient care unit walk-through teams.

**Evaluated or data-driven:** Tools were the result of a hospital capacity assessment and patient discharge exercise.

**Hospital Surge Capacity Toolkit** | Santa Clara County Advanced Practice Center | [Link](#)

**Description and rationale for inclusion:** Santa Clara County's toolkit aids healthcare systems in developing plans to address needs they may encounter during surge events, such as patient tracking and transportation, resource requests, and the need for alternate care sites. Tools include communications forms, patient tracking models and forms, fatality documentation, discharge models and forms, templates for facility transfer, standard of care protocols, templates for alternate care site assessment and staffing, job action sheets, and MOUs between hospitals. Several tools are specific to earthquake, influenza pandemic, and nuclear explosion events.

**Evaluated or data-driven:** The toolkit was developed by an interdisciplinary Hospital Safety Officers Task Force.

Second-Tier Patient Tracking, Triage, and Discharge Planning Tools

Difficult to adapt or transfer

**Emergency Operations Plan (EOP) Quick Guide for Outpatient Centers** | New York City Department of Health and Mental Hygiene Primary Care Emergency Preparedness Network | [Link](#) | ■

**Mass Triage Interactive Training – A Short Course** | Tarrant County Advanced Practice Center | [Link](#) | ●

Requires supplementation

**Primary Care Center Emergency Management Plan Template** | New York City Department of Health and Mental Hygiene Primary Care Emergency Preparedness Network | [Link](#) | ●

**Tracking of Bed Availability (HAVBED)** | South Dakota Department of Health | [Link](#) | ■

**Patient Reception Operations Plan** | National Disaster Medical System, Nashville Federal Coordinating Center | [Link](#) | ■

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**Standards and Guidelines for Healthcare Surge During Emergencies** | California Department of Public Health | [Link](#)

**Description and rationale for inclusion:** California's toolkit and manual provides information on integrating emergency response activities into hospital planning systems. Tools include guidance for increasing patient capacity, expanding staff availability, addressing patient privacy concerns, and utilizing healthcare assets that may be drawn upon to augment a surge response.

**Evaluated or data-driven:** The toolkit was informed by a healthcare capacity survey and an interdisciplinary task force.

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**Bed Surge Capacity Expansion Tool (BSCET)** | New York City Department of Health and Mental Hygiene | [Link](#)

**Description and rationale for inclusion:** The BSCET resource aids planners in evaluating bed surge capacity and availability for acute care needs. Tools include an emergency census, a bed availability and staffing response tool, a facility needs assessment guide and checklist, an equipment needs assessment guide and checklist, and an isolation room tool.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier patient tracking, triage, and discharge planning tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[New York City] Rapid Patient Discharge Tool	x	x			x	x	x
	[Santa Clara] Hospital Surge Capacity Toolkit	x	x			x	x	x
	[California] Standards and Guidelines for Healthcare Surge During Emergencies	x	x			x	x	x
	[New York City] Bed Surge Capacity Expansion Tool (BSCET)	x	x			x	x	x
Second-Tier Resources	[New York City] Emergency Operations Plan (EOP) Quick Guide for Outpatient Centers		x			x		
	[Tarrant] Mass Triage Interactive Training - A Short Course			x		x		
	[New York City] Primary Care Center Emergency Management Plan Template	x				x		
	[South Dakota] Tracking of Bed Availability (HAVBED)		x			x		
	[NDMS] Patient Reception Operations Plan		x					

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## Top-Tier Guidelines on Altered Standards of Care and Resource Scarcity

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Patient Care Strategies for Scarce Resource Situations** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** Minnesota's framework manages and extends medical resources for patient care during an emergency. An emergency decision support tool defines criteria for situation in which medical resources may become scarce and offers options for managing and extending those resources. The tools also attempt to standardize responses to healthcare resource shortages when operating under the Incident Command System. Recommendations for seven core clinical strategies address oxygen, staffing, nutritional support, medication administration, hemodynamic support and IV fluids, mechanical ventilation/external oxygenation, and blood products. Resource reference cards provide recommendations for renal replacement therapy, burn therapy, pediatrics, and palliative care.

**Evaluated or data-driven:** The framework was developed in coordination with a variety of emergency medical care subject matter experts.

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**Standards of Care: Providing Health Care during a Prolonged Public Health Emergency** | Connecticut Department of Public Health | [Link](#)

**Description and rationale for inclusion:** Connecticut's framework for decision-making allows public health and healthcare providers to manage resource scarcity and standards of care through an ethical lens. The framework addresses modifying

Second-Tier Guidelines on Altered Standards of Care and Resource Scarcity

Difficult to adapt or transfer

**Shelter from the Storm: Disaster Planning Toolkit for Office-Based Practices** | State University of New York at Albany Center for Public Health Preparedness | [Link](#) | ■

Requires supplementation

**Health Care Decisions in Disasters: Public Engagement on Medical Service Prioritization During an Influenza Pandemic** | Public Health – Seattle & King County | [Link](#) | ■

standard practices, modifying and suspending statutes and regulations, and allocating scarce resources.

**Evaluated or data-driven:** The framework was compiled by a workgroup of representatives from state agencies, hospitals, academic institutions, long-term care facilities, regional planning committees, and professional and trade institutions. It incorporates feedback and revisions based on comments from health professionals and members of the public, as well as information gathered during five regional forums.

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**Surge, Sort, Support: Disaster Behavioral Health for Health Care Professionals** | University of Miami Disaster Epidemiology Emergency Preparedness | [Link](#)

**Description and rationale for inclusion:** “Surge, Sort, Support” trains public health and healthcare professionals to respond to behavioral health needs during a surge event. The training comprises six modules that describe how healthcare surge affects mental and behavioral health; mental health effects of triage, isolation and quarantine, and decontamination; and psychosocial support during a surge event.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier guidelines on altered standards of care and resource scarcity**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Patient Care Strategies for Scarce Resource Situations	x	x			x	x	x
	[Connecticut] Standards of Care: Providing Health Care during a Prolonged Public Health Emergency	x	x			x	x	x
	[University of Miami] Surge, Sort, Support: Disaster Behavioral Health for Health Care Professionals	x	x			x		x
Second-Tier Resources	[SUNY Albany] Shelter from the Storm: Disaster Planning Toolkit for Office-Based Practices	x	x			x		
	[Seattle] Health Care Decisions in Disasters: Public Engagement on Medical Service Prioritization During an Influenza Pandemic		x				x	



## Capability 10: Medical Surge | Resource List

### Top-Tier Surge Tools for Providing Specialized Care

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Pediatric Surge Pocket Guide** | Los Angeles County Department of Public Health | [Link](#)

**Description and rationale for inclusion:** Los Angeles' pocket guide provides quick and easy-to-use information and recommendations on pediatric vital signs, fluid/electrolyte needs, triage and assessment, dosing information for medications, equipment use, decontamination, mental health, and safety considerations.

**Evaluated or data-driven:** The tool was tested during a pediatric surge planning conference between hospitals, healthcare organizations, and student health administrators, during which participants rated it as something they would use.

**Radiation Injury Treatment Network** | U.S. National Marrow Donor Program | [Link](#)

**Description and rationale for inclusion:** The network toolkit provides comprehensive guidance on evaluation and treatment for people exposed to radiation emergencies, its goal being to provide adequate treatment during an emergency and coordinate an inter-agency medical response. Tools include treatment guidelines, options for altered standards of care, referral guidance, medical order sets, training for basic radiation response skills, tabletop exercise materials, Standard Operating Procedures templates, public messages, and information on rationing scarce resources.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource

Second-Tier Surge Tools for Providing Specialized Care

Difficult to adapt or transfer

**Group Care Program Preparedness Toolkit** | Florida Department of Health | [Link](#) | ■

**Pediatric/Neonatal Disaster and Medical Surge Plan and Preparedness Toolkit** | Contra Costa Health Services | [Link](#) | ■▲

**Integrating Community Pediatricians into Public Health Preparedness and Response Activities in Pennsylvania** | Drexel University Center for Public Health Readiness and Communication | [Link](#) | ■▲

**Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies** | Emergency Medical Services for Children National Resource Center | [Link](#) | ■

**ESF-8 Plan: Burn Surge Annex** | Illinois Department of Health | [Link](#) | ■

**Hospital Pediatric Preparedness Tools** | Illinois Emergency Medical Services for Children | [Link](#) | ■▲

(completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Pediatric Surge Planning** | Rady Children’s Hospital – San Diego | [Link](#)

**Description and rationale for inclusion:** Pediatric surge planning materials provide thorough event-specific information and a train-the-trainer curriculum for managing pediatric surge. Tools and guidance address triage, pharmacy needs, supply chain management, and staff assessment for pediatric surge.

**Evaluated or data-driven:** Tools were developed by an emergency preparedness team comprising physicians, nurses, behavioral health experts, trauma teams, pharmacists, surgeons, and disaster planning experts.

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**Preplanning Disaster Triage for Pediatric Hospitals: TRAIN Toolkit** | Lucile Packard Children’s Hospital | [Link](#)

**Description and rationale for inclusion:** The TRAIN toolkit and matrix categorizes pediatric patients according to resource and transportation needs during a surge event or an event requiring evacuation. The tool assesses patients in order to determine their needs and can be connected to a healthcare facility's resource requests or integrated into electronic medical records.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Neonatal Disaster Preparedness Toolkit** | California Association of Neonatologists | [Link](#) |



**King County Hospital Guidelines for Managing Pediatric Patients in a Disaster** | Northwest Healthcare Response Network | [Link](#) |



**Table 1: Scoring for top-tier and second-tier surge tools for providing specialized care**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Los Angeles] Pediatric Surge Pocket Guide	x	x			x	x	x
	[NMDP] Radiation Injury Treatment Network	x	x			x		x
	[Rady] Pediatric Surge Planning	x	x			x	x	x
	[Lucile] Preplanning Disaster Triage for Pediatric Hospitals: TRAIN Toolkit	x	x			x		x
Second-Tier Resources	[Florida] Group Care Program Preparedness Toolkit	x	x			x		
	[Contra Costa] Pediatric/Neonatal Disaster and Medical Surge Plan and Preparedness Toolkit	x	x			x		
	[Drexel] Integrating Community Pediatricians into Public Health Preparedness and Response Activities in Pennsylvania	x	x			x	x	
	[EMSC] Essential Pediatric Domains and Considerations for Every	x	x			x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Hospital's Disaster Preparedness Policies							
[Illinois] ESF-8 Plan: Burn Surge Annex		x			x		
[California] Neonatal Disaster Preparedness Toolkit	x	x			x		
[Illinois] Hospital Pediatric Preparedness Toolkit	x	x			x	x	
[NHRN] King County Hospital Guidelines for Managing Pediatric Patients in a Disaster	x	x			x	x	

## Capability 10: Medical Surge | Resource List

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### Top-Tier Public Health and Healthcare Surge Coalitions and Mutual Aid

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Southeastern Regional Pediatric Disaster Response Network** | South Central Public Health Partnership | [Link](#)

**Description and rationale for inclusion:** The coalition has established a five-state network to provide pediatric care and mutual aid across state lines during an emergency. Tools developed by coalition members include information on how the coalition and network operates and guidance on critical issues.

**Evaluated or data-driven:** The coalition conducts quarterly communications drills and two annual exercises to measure the effectiveness of the network.

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**A Prescription for Preparedness Toolkit** | Montgomery County Advanced Practice Center and Palm Beach County Health Department | [Link](#)

**Description and rationale for inclusion:** The pharmacy coalition toolkit highlights resources offered by partnerships between local health agencies and pharmacies/pharmacists in a surge event. Tools include strategies for creating an interdisciplinary workgroup, involving pharmacies in exercises, training coalition members for the emergency distribution of pharmaceuticals, and dispensing medication during a disaster.

**Evaluated or data-driven:** The toolkit was developed in collaboration with public health professionals, pharmacists, and emergency management personnel, and feedback was sought from immunization coalitions, local pharmacy associations, and business coalitions.

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Second-Tier Public Health and Healthcare  
Surge Coalitions and Mutual Aid

Difficult to adapt or transfer

**Workbook for Healthcare Providers in Rural Communities** | USA Center for Rural Public Health Preparedness | [Link](#) | ■ ▲

**Collaborative Drug Therapy Agreement Toolkit for Pharmacies and Public Health** | Public Health – Seattle & King County | [Link](#) | ■ ▲

Requires supplementation

**Healthcare Emergency Response Coalition of Palm Beach County** | Palm Beach County Medical Society Services | [Link](#) | ■

**Region 9 Healthcare Coalition** | Spokane Regional Health District | [Link](#) | ■

**Health/Medical Multi-Agency Coordination Group** | Multnomah County Health Department | [Link](#)

**Description and rationale for inclusion:** Multnomah County's coordination group provides hospitals and public health agencies with strategies to handle surge by ethically maintaining essential services and resources. Tools include methods to allocate scarce resources, altered standards of care frameworks, community disease mitigation options, and public communication tools for disseminating accurate information during a surge event.

**Evaluated or data-driven:** The coordination group collected evaluation data via survey and focus group following each exercise.

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**Boston Healthcare Preparedness Coalition** | Boston Public Health Commission | [Link](#)

**Description and rationale for inclusion:** The Boston Healthcare Preparedness Coalition operates a Medical Intelligence Center focused on information sharing between hospitals and public health, family reunification after a disaster, mental and behavioral healthcare services, and user-friendly electronic outbreak surveillance. Tools include a Boston Marathon Resource and Recovery Guide, an infographic depicting the ESF-8 public health and medical services coordinated response and recovery efforts after the 2013 Boston Marathon bombing, and a healthcare preparedness coalition charter describing the coalition's mission and member roles and responsibilities.

**Evaluated or data-driven:** The coalition responded to the 2013 Boston Marathon bombing and developed training and increased surveillance activities in preparation for the 2014 and 2015 Boston Marathons. Coalition activities have resulted in volunteer training, increased mental and behavioral health services, and ongoing disease surveillance.

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**San Diego County Area Hospitals Hospital Emergency Mutual Aid Memorandum of Understanding** | Veterans Affairs San Diego Healthcare System | [Link](#)

**Description and rationale for inclusion:** The MOU arranges for mutual aid between San Diego County hospitals during an emergency surge event.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier tools for public health and healthcare surge coalitions and mutual aid**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[SCPHP] Southeastern Regional Pediatric Disaster Response Network	x	x			x	x	x
	[Montgomery/Palm Beach] A Prescription for Preparedness Toolkit	x	x			x	x	x
	[Multnomah] Health/Medical Multi-Agency Coordination Group	x	x			x	x	x
	[Boston] Boston Healthcare Preparedness Coalition	x	x			x	x	x
	[VA San Diego] San Diego County Area Hospitals Hospital Emergency Mutual Aid Memorandum of Understanding	x				x		x
Second-Tier Resources	[USA Center] Workbook for Healthcare Providers in Rural Communities	x	x				x	
	[Seattle] Collaborative Drug Therapy Agreement Toolkit for Pharmacies and Public Health	x	x			x	x	
	[Palm Beach] Healthcare Emergency Response Coalition of Palm Beach County		x					



Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
	[Spokane] Region 9 Healthcare Coalition		x				

## Capability 11: Non-Pharmaceutical Interventions Resource Portfolio

## Capability 11: Non-Pharmaceutical Interventions | Local Perspectives

### Important Aspects for Local Health Departments

LHDs need to be able to engage partners and identify factors that may impact non-pharmaceutical interventions of affected communities/persons. As seen during the Ebola response, several LHDs had a role in answering their partners' questions and concerns regarding their roles and responsibilities relating to non-pharmaceutical interventions- particularly isolation and quarantine orders. There were instances where LHDs were responsible for issuing and enforcing isolation and quarantine orders. Along with issuing isolation and quarantine orders, considerations needed to be made to assess and ensure wrap-around services could be provided to individuals who are being quarantined for long periods of time. Wrap-around services included the availability and provision of housing facilities, meals, and transportation of individuals to essential medical appointments. Without appropriate mechanisms for collecting this information, LHDs are limited in their ability to plan accordingly.

It is also important that LHDs understand the legal role that goes along with Capability 11. There are a lot of concerns amongst LHDs as to who in their jurisdiction has the authority to issue an isolation and quarantine order. When looking at isolation and quarantine, LHDs should meet and coordinate with their legal authorities to discuss the process of isolation and quarantine. Questions to consider include: Who is responsible for issuing the order? What was the process for issuing the order? What is the expectation of law enforcement/public services (if any)? What are the necessary actions if an individual does not comply with the order?

### Involvement in Non-Pharmaceutical Interventions: Challenges for Public Health

Many LHDs are confused as to which authority controls non-pharmaceutical interventions and which are pre-empted when orders of isolation and quarantine are made at different levels of jurisdiction. It is an issue of conflict between local ordinances, state law, and federal law. Another challenge LHDs experienced during the Ebola response was the idea of what services they could provide to individuals that were being forced into quarantine for a long period of time. LHDs also had challenges with identifying partner support when issuing an isolation and quarantine order, as well as identifying the social needs of each individual placed under isolation or quarantine.

Additionally, interpretation of the law by different entities has also caused confusion for LHDs. For example, one jurisdiction's County Commissioner may interpret the law differently than others at the local and state levels. Oftentimes the existence of a conflict is not known until it has been played out during the event itself. For example, when Ebola was a concern in Dallas, local

### CDC Capability Definitions, Functions, and Associated Performance Measures

Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

This capability consists of the ability to perform the following functions:

**Function 1:** Engage partners and identify factors that impact non-pharmaceutical interventions

**Function 2:** Determine non-pharmaceutical interventions

**Function 3:** Implement non-pharmaceutical interventions

**Function 4:** Monitor non-pharmaceutical interventions

*\* There are no CDC-defined performance measures listed for any of the functions above*

authorities were guided by a local ordinance on isolation and quarantine. However, once the existence of the disease was confirmed in the area, the local ordinance and authority was preempted by state laws and authorities.

It is important to consider the differences that exist between jurisdictions and powers before and after an emergency has been declared. In some states during the Ebola response, locals had authority over isolation and quarantine until an emergency declaration was made. Following the declaration the state assumed authority. Determining the jurisdictional line between local and state, including the need and adaptability when there is an emergency declaration, is important. LHDs need to know how a declaration can impact jurisdictional lines.

Media was also a challenge for some LHDs when discussing isolation and quarantine. Media outlets would use the terms isolation and quarantine interchangeably when in reality, the definitions are very different. When LHDs would have meetings with partner organizations, their partners would be confused on who was being isolated versus quarantined because information they received was reported by media outlets and not necessarily verified by the LHD.

## Capability 11: Non-Pharmaceutical Interventions | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Guidance and Tools on Social Distancing and Community Closures</p>	<p><b>Top Tier:</b>  <b>Mitigation Menu</b>   Oregon Public Health District</p> <p><b>Childcare Closure Guidance for Pandemic Flu</b>   Ohio Department of Health</p> <p><b>Second Tier:</b>  <b>Pandemic Influenza Plan- Community Containment</b>   Missouri Department of Health and Senior Services</p> <p><b>Local Health Department Community Disease Containment Standard Operating Guidelines</b>   Kansas Department of Health and Environment</p>
<p>Legal and Regulatory Guidance and Forms for Isolation and Quarantine</p>	<p><b>Top Tier:</b>  <b>Legal Toolkit for Public Health Professionals</b>   Milwaukee Health Department</p> <p><b>Isolation and Quarantine Guidelines and Forms</b>   Washington State Department of Health</p> <p><b>State Quarantine and Isolation Statutes</b>   National Conference of State Legislatures</p> <p><b>The Model State Emergency Health Powers Act Summary Matrix and State-Based Isolation or Quarantine Procedures</b>   The Network for Public Health Law</p> <p><b>Isolation and Quarantine Procedures Manual</b>   Yakima County Health District</p> <p><b>Second Tier:</b>  <b>New York State Public Health Legal Manual</b>   New York State Bar Association</p> <p><b>Curriculum Recommendations for Disaster Health Professionals: Public Health Law in Disaster</b>   National Center for Disaster Medicine and Public Health</p> <p><b>Emergency Preparedness, Response, and Recovery Checklist: Beyond the Emergency Management Plan</b>   American Health Lawyers Association</p>

<p>Tools for Initiating and Managing Isolation and Quarantine</p>	<p><b>Top Tier</b>  <b>Isolation and Quarantine: Public Health Emergency Training Modules</b>   University of Minnesota School of Public Health</p> <p><b>Planning and Managing for Isolation and Quarantine</b>   Public Health- Seattle &amp; King County</p> <p><b>Recommended Actions to Prepare Law Enforcement Agencies for Pandemic Influenza by Pandemic Phase</b>   Los Angeles County Emergency Medical Services Agency</p> <p><b>Home Isolation/Quarantine Assessment Tool</b>   North Dakota Department of Health</p> <p><b>Second Tier:</b>  <b>Outbreak Epidemiologic Response Plan</b>   Napa County Health and Human Services Agency</p> <p><b>Quarantine Plan</b>   Trumbell County Department of Health</p> <p><b>Quarantine and Isolation Training</b>   Iowa Department of Public Health and the University of Iowa Institute for Public Health Practice</p>
<p>Public Communication Messages and Resources</p>	<p><b>Top Tier</b>  <b>Social Distancing Public Engagement</b>   Ohio State University College of Public Health Center for Public Health Preparedness</p> <p><b>Pandemic Influenza: Quarantine, Isolation, and Social Distancing: Toolbox for Public Health and Public Behavioral Health Professionals</b>   Colorado Department of Public Health and Environment</p> <p><b>Second Tier:</b>  <b>What You Need to Know About Isolation and Quarantine</b>   Texas Department of State Health Services</p>

## Capability 11: Non-Pharmaceutical Interventions | Resource List

### Top-Tier Social Distancing and Community Closures Guidance and Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Mitigation Menu** | Oregon Public Health District | [Link](#)

**Description and rationale for inclusion:** Oregon's Mitigation Menu is a communication and decision-making tool for announcing disease mitigation and social distancing recommendations intended for use by local and tribal health agencies, healthcare providers, and schools. The menu features a comprehensive list of strategies (i.e., isolation and quarantine, social distancing methods, business and school closures, personal protective equipment, vaccination, and antiviral dispensing), along with ways for health officials to select specific actions to take to implement each strategy.

**Evaluated or data-driven:** The mitigation menu was used and updated multiple times during the H1N1 pandemic and local health department staff found it easy to use.

**Child Care Closure Guidance for Pandemic Flu** | Ohio Department of Health | [Link](#)

**Description and rationale for inclusion:** Ohio's guidance provides an array of planning and communications tools for non-pharmaceutical interventions and closures affecting childcare agencies. Tools include forms for surveillance and reporting, infection control, addressing the care of special needs children, mental health; an action steps checklist; information sheets and coping tips for parents; and sample news releases and public statements.

**Evaluated or data-driven:** The health department collaborated with several other agencies, including the Ohio Department of Job and Family Services, to create this guide in response to the 2009-10 H1N1 pandemic.

Second-Tier Social Distancing and Community Closures Guidance and Tools

Difficult to adapt or transfer

**Pandemic Influenza Plan – Community Containment** | Missouri Department of Health and Senior Services | [Link](#) | ●

Requires supplementation

**Local Health Department Community Disease Containment Standard Operating Guidelines** | Kansas Department of Health and Environment | [Link](#) | ■

**Table 1: Scoring for top-tier and second-tier guidance and tools on social distancing and community closures**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Oregon] Mitigation Menu	x	x			x	x	x
	[Ohio] Child Care Closure Guidance for Pandemic Flu	x	x		x	x	x	x
Second-Tier Resources	[Missouri] Pandemic Influenza Plan-Community Containment		x					
	[Kansas] Local Health Department Community Disease Containment Standard Operating Guidelines		x			x	x	



## Capability 11: Non-Pharmaceutical Interventions | Resource List

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### Top-Tier Legal and Regulatory Guidance and Forms for Isolation and Quarantine

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Legal Toolkit for Public Health Professionals** | Milwaukee Health Department | [Link](#)

**Description and rationale for inclusion:** Milwaukee's legal toolkit for public health professionals provides a diverse array of tools and guidance tailored to specific non-pharmaceutical interventions, including suspension of public gatherings, public transportation services, and school or child care; travel limitations; seizure of animals; release of information regarding potential disease contacts; requesting a specimen or sample; vaccination requirements; isolation and quarantine, and food recalls. Tools include sample scenarios and templates for orders, complaints, affidavits, notices of rights, summons, notices to appear, bench warrants, and orders for enforcement for each scenario.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Isolation and Quarantine Guidelines and Forms** | Washington State Department of Health | [Link](#)

**Description and rationale for inclusion:** Washington's guidelines provide specific and customizable tools for isolation and quarantine decision-making and implementation, including request forms for voluntary and involuntary quarantine, legal options for noncompliance with non-pharmaceutical

Second-Tier Legal and Regulatory Guidance and Forms for Isolation and Quarantine

Difficult to adapt or transfer

**New York State Public Health Legal Manual** | New York State Bar Association | [Link](#) | ●

**Curriculum Recommendations for Disaster Health Professionals: Public Health Law in Disaster** | National Center for Disaster Medicine and Public Health | [Link](#) | ●

Requires supplementation

**Emergency Preparedness, Response, and Recovery Checklist: Beyond the Emergency Management Plan** | American Health Lawyers Association | [Link](#) | ▲

interventions, extensions for the isolation and quarantine period, and releasing an individual from isolation and quarantine. Many forms are related to the legal aspects of disease mitigation, while others can be used as supplements to an intervention depending on the needs of the community.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**State Quarantine and Isolation Statutes** | National Conference of State Legislatures (NCSL) | [Link](#)

**Description and rationale for inclusion:** The NCSL statutes document provides a thorough and user-friendly summary of legal authority for isolation and quarantine within the borders of specific states, including information on authority to initiate mitigation measures, limitations on state quarantine powers, and penalties for violation.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**The Model State Emergency Health Powers Act Summary Matrix and State-Based Isolation or Quarantine Procedures** | The Network for Public Health Law | [Link](#)

**Description and rationale for inclusion:** A user-friendly matrix provides a one-stop resource for understanding how the Emergency Health Powers Act can be implemented in each state. The matrix details state-specific laws related to emergency

reporting, emergency declaration, suspension of laws or regulations, access and control of facilities, control of healthcare supplies, vaccination and treatment, isolation and quarantine, and healthcare worker licensing during an emergency.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Isolation and Quarantine Procedures Manual** | Yakima County Health District | [Link](#)

**Description and rationale for inclusion:** Yakima County's manual offers clear charts that demonstrate each step in the local process of implementing isolation and/or quarantine. Tools include sample legal forms, sample court documents, decision-making resources for determining the necessity of isolation and quarantine orders, voluntary isolation forms, and forms for emergency detention.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier legal and regulatory guidance and forms for isolation and quarantine**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Milwaukee] Legal Toolkit for Public Health Professionals	x	x			x		x
	[Washington] Isolation and Quarantine Guidelines and Forms	x	x			x		x
	[NCSL] State Quarantine and Isolation Statutes	x	x			x		x
	{NPHL} The Model State Emergency Health Powers Act Summary Matrix and State-Based Isolation or Quarantine Procedures	x	x			x		x
	[Yakima] Isolation and Quarantine Procedures Manual	x	x			x		x
Second-Tier Resources	[New York] New York State Public Health Legal Manual		x					
	[NCDMPH] Curriculum Recommendations for Disaster Health Professionals: Public Health Law in Disasters		x			x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
{AHLA} Emergency Preparedness, Response, and Recovery Checklist: Beyond the Emergency Management Plan	x	x			x		

## Capability 11: Non-Pharmaceutical Interventions | Resource List

### Top-Tier Tools for Initiating and Managing Isolation and Quarantine

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Isolation and Quarantine: Public Health Emergency Training Modules** | University of Minnesota School of Public Health | [Link](#)

**Description and rationale for inclusion:** Several training modules provide a detailed introduction to isolation and quarantine during public health emergencies. Components include distinguishing between the use of isolation and quarantine; the complex history of non-pharmaceutical measures in public health interventions; the responsibilities of local, state, tribal, and federal agencies; and the relationship of local health agencies to the state during implementation of public health mitigation activities.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Planning and Managing for Isolation & Quarantine** | Public Health – Seattle & King County | [Link](#)

**Description and rationale for inclusion:** Seattle and King County's approach to isolation and quarantine focuses on extensive communication and collaboration with affected communities before interventions must be implemented and/or enforced. The toolkit allows local health agencies to plan for isolation and quarantine measures; collaborate with community response agencies and community-based

Second-Tier Tools for Initiating and Managing Isolation and Quarantine

Difficult to adapt or transfer

**Outbreak Epidemiologic Response Plan** | Napa County Health and Human Services Agency | [Link](#)



**Quarantine Plan** | Trumbull County Department of Health | [Link](#) | ●

Requires supplementation

**Quarantine and Isolation Training** | Iowa Department of Public Health and the University of Iowa Institute for Public Health Practice | [Link](#)



organizations to manage expectations; and integrate community partners, facilities that may be affected by closures, law enforcement and legal representatives, and at-risk populations into the mitigation plan.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Recommended Actions to Prepare Law Enforcement Agencies for Pandemic Influenza by Pandemic Phase** | Los Angeles County Emergency Medical Services Agency | [Link](#)

**Description and rationale for inclusion:** Los Angeles' toolkit provides user-friendly resources that recommend non-pharmaceutical interventions by pandemic influenza phase. Tools include quick-reference charts of disease mitigation measures, communication tools, planning checklists, assessment tools, illness monitoring forms for healthcare workers, and occupational health management tools. The toolkit is intended for local emergency management and public health officials working with law enforcement, first responders, and healthcare organizations.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Home Isolation/Quarantine Assessment Tool** | North Dakota Department of Health | [Link](#)

**Description and rationale for inclusion:** North Dakota's assessment tool provides a method for tracking the status and needs of individuals placed under mandatory

isolation or quarantine. It is intended to be used by field epidemiologists when confinement orders are implemented.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).



**Table 1: Scoring for top-tier and second-tier tools for initiating and managing isolation and quarantine**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Isolation and Quarantine: Public Health Emergency Training Modules	x	x	x		x		x
	[Seattle] Planning and Managing for Isolation & Quarantine	x	x	x		x		x
	[Los Angeles] Recommended Actions to Prepare Law Enforcement Agencies for Pandemic Influenza by Pandemic Phase	x	x			x		x
	[North Dakota] Home Isolation/Quarantine Assessment Tool	x	x			x		x
Second-Tier Resources	[Napa] Outbreak Epidemiologic Response Plan		x			x		
	[Trumbell] Quarantine Plan		x					
	[Iowa] Quarantine and Isolation Training			x				

## Capability 11: Non-Pharmaceutical Interventions | Resource List

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### Top-Tier Public Communication Messages and Resources

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Social Distancing Public Engagement** | Ohio State University College of Public Health Center for Public Health Preparedness | [Link](#)

**Description and rationale for inclusion:** Community engagement meetings held in two urban areas addressed the issues of school and childcare agency closures, the effect of social distancing and disease mitigation policies on racial and economic equity, and the continuity of essential programs. Results were used to tailor H1N1 policies and disease mitigation messages/messengers and develop appropriate schedules and locations for vaccine delivery.

**Evaluated or data-driven:** Planners used results from the meetings to craft risk communication messages, choose trusted messengers, and identify methods for vaccine delivery that would best meet people's needs.

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**Pandemic Influenza: Quarantine, Isolation, and Social Distancing: Toolbox for Public Health and Public Behavioral Health Professionals** | Colorado Department of Public Health and Environment | [Link](#)

**Description and rationale for inclusion:** Colorado's toolbox provides a diverse set of resources for addressing the mental and behavioral health effects of non-pharmaceutical interventions. Tools aid local public health and behavioral health professionals in adapting strategies that address economic, social, and cultural issues with intervention compliance, ways to address rumors and craft clear and accurate public messages, mitigate interventions' effects on at-risk populations, and implement self-care practices.

Second-Tier Public Communication Messages  
and Resources

Requires supplementation

**What You Need to Know About Isolation and Quarantine** | Texas Department of State Health Services | [Link](#) | ●

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier public communication messages and resources**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Ohio] Social Distancing Public Engagement		x			x	x	
	[Colorado] Pandemic Influenza: Quarantine, Isolation, and Social Distancing: Toolbox for Public Health and Public Behavioral Health Professionals	x	x			x		
Second-Tier	[Texas] What You Need to Know About Isolation and Quarantine	x				x		

# Capability 12: Public Health Laboratory Testing Resource Portfolio

## Capability 12: Public Health Laboratory Testing| Local Perspectives

### CDC Capability Definitions, Functions, and Associated Performance Measures

Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address the actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

This capability consists of the ability to perform the following functions:

#### **Function 1:** Manage laboratory activities

**Performance Measure 1:** Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC Public Health Emergency Preparedness (PHEP)-funded Laboratory Response Network biological (LRN-B) laboratory

- Start time: Time CDC PHEP-funded laboratory sends urgent message to first sentinel clinical laboratory
- Immediate stop time: Time at least 50% of sentinel clinical laboratories acknowledged receipt of urgent message
- Intermediate stop time: Time at least 90% of sentinel clinical laboratories acknowledged receipt of urgent message
- Stop time: Time last sentinel clinical laboratory acknowledged receipt of urgent message

**Performance Measure 2:** Time for initial laboratorian to report for duty at the CDC PHEP-funded laboratory

- Start time: Date and time that a public health designated official began notifying on-call laboratorian(s) to report for duty at the CDC PHEP-funded laboratory
- Stop time: Date and time that the initial laboratorian reported for duty at the CDC PHEP-funded laboratory

#### **Function 2:** Perform sample management

**Performance Measure 1:** Percentage of LRN clinical specimens without any adverse quality assurance events received at CDC PHEP-funded laboratory for confirmation or rule-out testing from sentinel clinical laboratories

- Numerator: Number of LRN clinical specimens without any adverse quality assurance events received at CDC PHEP-funded laboratory for confirmation or rule-out testing from sentinel clinical laboratories
- Denominator: Total number of LRN clinical specimens received at CDC PHEP-funded laboratory for confirmation or rule-out testing from sentinel clinical laboratories

**Performance Measure 2:** Percentage of LRN non-clinical specimens without any adverse quality assurance events received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders

- Numerator: Number of LRN non-clinical specimens without any adverse quality assurance events received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders
- Denominator: Total number of LRN non-clinical specimens received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders

**Performance Measure 3:** Ability of the CDC PHEP-funded LRN-C laboratories to collect relevant samples for clinical chemical analysis, packaging, and shipping of those samples

- Sample Collection, Packing and Shipping Exercise Results (Pass/Did not pass)

**Function 3:** Conduct testing and analysis for routine and surge capacity

**Performance Measure 1:** Proportion of LRN-C proficiency tests (core methods) successfully passed by the CDC PHEP-funded laboratories

- Numerator: Number of LRN-C core methods successfully proficiency tested by the CDC PHEP-funded laboratory
- Denominator: Total number of LRN-C core methods for which the CDC PHEP-funded laboratory is trained to test

**Performance Measure 2:** Proportion of LRN-C proficiency tests (additional methods) successfully passed by the CDC PHEP-funded laboratories

- Numerator: Number of LRN-C additional methods successfully proficiency tested by the CDC PHEP-funded laboratory
- Denominator: Total number of LRN-C additional methods for which the CDC PHEP-funded laboratory is trained to test

**Performance Measure 3:** Proportion of LRN-B proficiency tests successfully passed by the CDC PHEP-funded laboratories

- Numerator: Number of LRN-B proficiency tested successfully passed by the CDC PHEP-funded laboratory(s)
- Denominator: Total number of LRN-B proficiency test participated in by CDC PHEP-funded laboratory(s)

**Function 4:** Support public health investigations

**Performance Measure 1:** Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist

- Start time: Date and time that CDC Department of Emergency Operations official began notification of on-call laboratorian
- Stop time: Date and time on-call epidemiologist (after receiving notification from on-call laboratorian) notifies CDC Department of Emergency Operations that notification drill is complete

**Performance Measure 2:** Time to complete notification between CDC, on-call epidemiologist, and on-call laboratorian

- Start time: Date and time that CDC Department of Emergency Operations official began notification of on-call epidemiologist
- Stop time: Date and time on-call laboratorian (after receiving notification from on-call epidemiologist) notifies CDC Department of Emergency Operations that notification drill is complete

**Function 5:** Report results

**Performance Measure 1:** Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results

- Start time: Time CDC PHEP-funded laboratory obtains a significant laboratory result
- Stop time: Time CDC PHEP-funded laboratory completes notification of public health partners of significant laboratory results (i.e., time when last public health partner was notified, if partners were not notified simultaneously)

Important Aspects for Local Health Departments

For several LHDs across the country, the public health lab maintains the capability and capacity to conduct rapid and conventional detection, characterization, confirmation, data reporting, investigative support, routine surveillance and laboratory networking to address exposures to all biological hazards including select agent testing.

CDC PHEP grantees are required to follow Capability 12 as a guide for their laboratory activities under the PHEP grant. The functions listed for Capability 12 are lab specific and apply to all hazards testing, not just those performed for biological and chemical terrorism. This capability gives the LHD the ability to operate the lab efficiently and work as a team to test for communicable disease and environmental threats. For CDC PHEP grant reporting, several LHDs also work to meet the performance measures and ensure that the resource elements are completed.

LHDs are also responsible for maintain Continuity of Operations plans (COOP). For many LHDs this includes maintenance of all required certifications and documentation on specimen shipping, as well as forensic chain of custody protocol. As a component of COOP, LHDs may also take the lead in lab staff safety training.

Involvement in Public Health Laboratory Testing: Challenges for Public Health

One of the biggest challenges faced by LHDs in meeting capability 12 is funding. Funding for local sentinel laboratories comes through the state and often the state’s commitment to local public health laboratories varies from event to event. There is also inconsistency in regards to support funneling from the federal level coming through the state and finally down to the local level. A consistent vision is needed for what local public health laboratories should be able to do or at what level these capacities should exist. One function is written with the presumption that every Laboratory Response Network (LRN) laboratory has a laboratory information management system (LIMS), which is critical for information flow between epidemiology and clinical laboratories. Another funding challenge is the high cost of maintaining laboratory equipment. For labs within LHDs, funds for such maintenance is usually the responsibility of the LHD. Amidst consistent budget cuts, a number of labs will need to replace their equipment in the next five years and there isn’t dedicated funding to support this effort.



One challenge faced by LHDs, particularly in large metropolitan cities, is staffing. There is a stipulation in capability 12 that LRNs need to maintain lists of all sentinel laboratories and be able to test communications with them. Due to limited staff and turnover, keeping databases up to date can be a challenge. Moreover, LHDs typically do not have the personnel to continually update contact information for all sentinel labs in their catchment areas, especially in urban jurisdiction with populations over 1 million.

Capability 12 is heavily documentation-oriented with written plans and protocols. For LHDs and laboratories with limited staff, a significant amount of time is spent reviewing protocols for routine procedures. Furthermore, developing and documenting a laboratory surge plan can be difficult due to a lack of staff adequately trained in specimen testing. Limited staff capacity at LHDs can hinder the development of formal agreements between different counties and/or state labs if assistance is needed during an emergency.

Capability 12: Public Health Laboratory Testing | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Laboratory Emergency Planning and Continuity Tools</p>	<p><b>Top Tier:</b>  <b>Laboratory Preparedness, Education and Safety (LPES) Team</b>   Missouri State Public Health Laboratory</p> <p><b>Sentinel Laboratory Emergency Preparedness Plan</b>   Oregon State Public Health Laboratory</p> <p><b>Memorandum to Provide Mutual Aid through Sharing Public Health Laboratory Services</b>   Pacific Northwest Border Health Alliance</p> <p><b>Second Tier:</b>  <b>Electronic Laboratory Reporting Improves Surveillance Processing at Local and State Health Departments</b>   North Carolina Preparedness and Emergency Response Research Center</p> <p><b>State Laboratory and State Police Partnership</b>   Louisiana Department of Health and Hospitals Office of Public Health</p>
<p>Laboratory Testing, Shipping, and Chain-of-Custody Protocol</p>	<p><b>Top Tier:</b>  <b>Shipping Instructions for Specimens Collected from People Who May Have Been Exposed to Chemical-Terrorism Agents</b>   County of Los Angeles Public Health Department</p> <p><b>Chain of Custody and Shipping Instructions</b>   Montana Department of Public Health and Safety</p> <p><b>Infectious Disease Emergency Response (IDER) Toolkit</b>   San Francisco Bay Area Advanced Practice Center</p> <p><b>Prioritization of Laboratory Samples Following a Radiological Event</b>   National Alliance for Radiation Readiness</p>

	<p><b>Second Tier:</b>  <b>Chemical Exposure Specimen Chain-of-Custody for Blood and Chemical and Radiological Exposure Specimen Chain of Custody for Urine</b>   Minnesota Department of Health</p> <p><b>Hospital-Based Public Epidemiologist Program for Biosurveillance</b>   North Carolina Division of Public Health</p> <p><b>Bioassay and Lab Prioritization Criteria</b>   New York State Department of Health</p> <p><b>Ebola Virus Testing</b>   North Carolina State Laboratory of Public Health</p>
<p>Training for Laboratory Emergency Functions</p>	<p><b>Top Tier</b>  <b>The State Laboratory of Public Health as a Vital Partner in Public Health Preparedness</b>   The North Carolina Institute for Public Health</p> <p><b>Epi/Lab/Poison Control Preparedness Workshop and Tabletop</b>   Arizona Department of Health Services</p> <p><b>Second Tier:</b>  <b>N/A</b></p>

## Capability 12: Public Health Laboratory Testing | Resource List

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### Top-Tier Laboratory Emergency Planning and Continuity Tools

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Laboratory Preparedness, Education and Safety (LPES) Team** | Missouri State Public Health Laboratory | [Link](#)

**Description and rationale for inclusion:** Missouri's LPES team provides tools for assessing a lab's testing and workforce capacity; a template emergency response plan for labs that addresses operational guidelines, workforce management, specimen collection and handling, communications, internal event response, support services, and security; and guidance for writing a comprehensive emergency response plan.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Sentinel Laboratory Emergency Preparedness Plan** | Oregon State Public Health Laboratory | [Link](#)

**Description and rationale for inclusion:** Oregon's emergency preparedness plan for sentinel labs includes resources that assess lab capabilities, incorporate Biosafety Laboratory 2 and Biosafety Laboratory 3 procedures, address information sharing between lab partners, and clarify lab roles and responsibilities during an emergency.

**Evaluated or data-driven:** Evaluation data for this resource was not available at

Second-Tier Laboratory Emergency Planning and Continuity Tools

Difficult to adapt or transfer

**Electronic Laboratory Reporting Improves Surveillance Processing at Local and State Health Departments** | North Carolina Preparedness and Emergency Response Research Center | [Link](#) | ■

Requires supplementation

**State Laboratory and State Police Partnership** | Louisiana Department of Health and Hospitals Office of Public Health | [Link](#) | ■

the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Memorandum to Provide Mutual Aid through Sharing Public Health Laboratory Services** | Pacific Northwest Border Health Alliance | [Link](#)

**Description and rationale for inclusion:** An MOU established through the Northwest Border Health Alliance allows for sharing of lab services, mutual coordination of lab procedures and responsibilities, reimbursement, and shared training between Washington and British Columbia public health labs.

**Evaluated or data-driven:** The mutual aid partnership was used to prepare for chemical emergencies at the 2010 Winter Olympic Games.

**Table 1: Scoring for top-tier and second-tier laboratory emergency planning and continuity tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Missouri] Laboratory Preparedness, Education and Safety (LPES) Team	x	x			x		x
	[Oregon] Sentinel Laboratory Emergency Preparedness Plan	x	x			x		x
	[PNBHA] Memorandum to Provide Mutual Aid through Sharing Public Health Laboratory Services	x	x			x	x	x
Second-Tier Resources	[North Carolina] Electronic Laboratory Reporting Improves Surveillance Processing at Local and State Departments		x			x		
	[Louisiana] State Laboratory and State Police Partnership		x			x	x	

## Capability 12: Public Health Laboratory Testing | Resource List

### Top-Tier Laboratory Testing, Shipping, and Chain-of-Custody Protocol

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Shipping Instructions for Specimens Collected from People Who May Have Been Exposed to Chemical-Terrorism Agents** | County of Los Angeles Public Health Department | [Link](#)

**Description and rationale for inclusion:** Los Angeles provides numerous resources for lab handling and testing protocols related to specimens from people exposed to chemical agents. Forms include a detailed chain-of-custody template and flow charts for specimen collection and handling.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Chain of Custody and Shipping Instructions** | Montana Department of Public Health and Safety | [Link](#)

**Description and rationale for inclusion:** Montana provides forms for laboratory specimen collecting and handling protocol, with a chain-of-custody template that incorporates risk assessment through the lab handling process.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource

Second-Tier Laboratory Testing, Shipping, and Chain-of-Custody Protocol

Difficult to adapt or transfer

**Chemical Exposure Specimen Chain-of-Custody for Blood and Chemical and Radiological Exposure Specimen Chain of Custody for Urine** | Minnesota Department of Health | [Link](#) | ■

**Hospital-Based Public Epidemiologist Program for Biosurveillance** | North Carolina Division of Public Health | [Link](#) | ■ ▲

Requires supplementation

**Bioassay and Lab Prioritization Criteria** | New York State Department of Health | [Link](#) | ■

**Ebola Virus Testing** | North Carolina State Laboratory of Public Health | [Link](#) | ●

(completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Infectious Disease Emergency Response (IDER) Toolkit** | San Francisco Bay Area Advanced Practice Center | [Link](#)

**Description and rationale for inclusion:** The IDER toolkit uses an EOC/ICS framework to walk users through developing a needs assessment for local health agencies' infectious disease response plans. Tools for enhancing or creating plans include emergency response plan templates for ICS-compliant roles and communication systems; customizable forms that include ICS forms, job action sheets, agendas, fact sheets, sample health alerts, clinician reference documents, isolation and quarantine protocols, a staging area manual, and finance tracking forms; situation- and hazard-specific guidance; and staff training materials for a conducting a tabletop exercise.

**Evaluated or data-driven:** Testimonials from public health communications and emergency planners who have implemented IDER tools can be found [here](#).

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**Prioritization of Laboratory Samples Following a Radiological Event** | National Alliance for Radiation Readiness (NARR) | [Link](#)

**Description and rationale for inclusion:** NARR's prioritization methods present an array of options for testing samples during a radiological emergency in which lab capacity is reduced. The document lists factors that should contribute to informed decision-making during a lab surge event.

**Evaluated or data-driven:** A task force of subject matter experts created the document.



**Table 1: Scoring for top-tier and second-tier laboratory testing, shipping, and chain-of-custody protocol**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Los Angeles] Shipping Instructions for Specimens Collected from People Who May Have Been Exposed to Chemical-Terrorism Agents	x	x			x		x
	[Montana] Chain of Custody and Shipping Instructions	x	x			x		x
	[San Francisco] Infectious Disease Emergency Response (IDER) Toolkit	x	x	x	x	x		x
	[NARR] Prioritization of Laboratory Samples Following a Radiological Event		x		x	x	x	x
Second-Tier Resources	[Minnesota] Chemical Exposure Specimen Chain-of-Custody for Blood and Chemical and Radiological Exposure Specimen Chain-of-Custody for Urine	x				x		
	[North Carolina] Hospital-Based Public Epidemiologist Program for Biosurveillance		x					
	[New York] Bioassay and Lab Prioritization Criteria		x			x		

Title	Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
	[North Carolina] Ebola Virus Testing	x		x	x		

## Capability 12: Public Health Laboratory Testing | Resource List

### Top-Tier Training for Laboratory Emergency Functions

*Disclaimer:* All links in this document were current as of April 15, 2016.

#### The State Laboratory of Public Health as a Vital Partner in Public Health Preparedness | The North Carolina Institute for Public Health | [Link](#)

**Description and rationale for inclusion:** North Carolina's training modules enable public health professionals to understand coordination between laboratory and epidemiological procedures, describe the role case definitions play in a laboratory and epidemiological investigation, and describe the state laboratory's responsibilities in electronic data reporting. While some of the training is specific to North Carolina's procedures, the information on epidemiology/laboratory coordination may be scalable and useful to local and state labs and public health planners.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

#### Epi/Lab/Poison Control Preparedness Workshop & Tabletop | Arizona Department of Health Services | [Link](#)

**Description and rationale for inclusion:** Arizona's training workshop and tabletop exercise provides modules on laboratory/public health agency relationships and coordination during responses to a novel chemical agent and a disease outbreak. Educational components of the training and exercise include public health laboratories' abilities to rapidly detect novel agents, perform confirmatory testing, report data, support epidemiological investigations, and network between

### Second-Tier Training for Laboratory Emergency Functions

N/A

laboratories. The training also covers coordination and information sharing between laboratories, poison control centers, and epidemiologists.

**Evaluated or data-driven:** The workshop and associated materials were developed and presented on by numerous subject matter experts.

**Table 1: Scoring for top-tier trainings for laboratory functions**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[North Carolina] The State Laboratory of Public Health as a Vital Partner in Public Health Preparedness			X		X		X
	[Arizona] Epi/Lab/Poison Control Preparedness Workshop & Tabletop	X	X	X		X	X	X

# Capability 14: Responder Health and Safety Resource Portfolio

## Capability 14: Responder Health and Safety | Local Perspectives

### Important Aspects for Local Health Departments

Many LHDs interpret Capability 14 as the LHD being responsible for communicating the needs of first responders to their partners. Responder health and safety resources are also likely to be hazard specific. In most cases, LHDs do not have the expertise on first responder safety for public safety entities like fire and police. While first responders are going to be tasked to respond in their specific area of expertise/training, LHDs will not likely ask their employees to work in areas that are outside their scope and training.

Some LHDs are required to follow a state organization health and safety regulations in addition to the Occupational Safety and Health Administration (OSHA). To adhere to the many requirements, it becomes increasingly important for state organizations and LHDs to have consistent communication, measures, and protocols.

Typically, public health does not have a large role in dealing with radiation emergencies and other environmental control issues. In the event that public health is the lead responder for these topic areas, the priority for the LHD is to have a strong public safety officer.

### Involvement in Responder Health and Safety: Challenges for Public Health

Capability 14 is often seen as the purview of the safety officer during an incident. Public health often does not serve as the lead agency in performing the functions outlined in capability 14; rather LHD staff will liaise with the public safety officer. This can create challenges in understanding roles and responsibilities and fully integrating the safety officer into the response. For example, LHDs question whether they are responsible for the safety of all of their partners or just public health responders and volunteers during a response. The variability in how LHDs view their responsibilities affects the scalability of the health department's resources and capacity to meet capability 14.

Another challenge is ensuring appropriate subject matter expertise is integrated into preparedness planning and response, particularly those related to hazmat exposure. LHDs will often support first responders during a hazmat exposure response, monitoring people who are exposed for health impacts. Therefore, although LHDs may not lead a hazmat response, they do need to closely partner with other first responders when developing response protocols to prevent and respond to responder exposures.

LHDs experience discrepancies in how they are able to implement the functions outlined in capability 14 due to resource constraints. Smaller LHDs tend to have less capacity to monitor and provide health and safety resources for responses where a large number of responders are called in.

### CDC Capability Definitions, Functions, and Associated Performance Measures

The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospitals and medical facility personnel, if requested.

This capability consists of the ability to perform the following functions:

**Function 1:** Identify responder safety and health risks

**Function 2:** Identify safety and personal protective needs

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

**Function 4:** Monitor responder safety and health actions

*\* There are no CDC-defined performance measures listed for any of the functions above*

Capability 14: Responder Safety and Health | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Public Health Planning Resources and Toolkits for Responder Safety and Health</p>	<p><b>Top Tier:</b>  <b>HazMat Tool Kit</b>   California Governor’s Office of Emergency Services</p> <p><b>Mobile Medical Unit Field Operations Guide</b>   Northern New England Metropolitan Medical Response System</p> <p><b>Memorandum to Provide Mutual Aid through Sharing Public Health Laboratory Services</b>   Pacific Northwest Border Health Alliance</p> <p><b>Emergency Health Monitoring and Surveillance</b>   National Institute for Occupational Safety and Health</p> <p><b>Second Tier:</b>  <b>State Capability Assessment Project</b>   Oregon Emergency Management</p> <p><b>A Seat at the Table: Working with Local Responders Tool Kit</b>   Medical Library Association</p> <p><b>Local Emergency Planning Committee (LEPC) Hazardous Materials Emergency Response Plan Template</b>   Washington State Emergency Response Commission</p> <p><b>Responder Health and Safety Reference Guide</b>   Alabama Department of Public Health</p>
<p>Guidance and Tools for Personal Protective Equipment (PPE) Use</p>	<p><b>Top Tier:</b>  <b>Guidelines for Responder Safety in Public Health Emergencies: A Framework for the Pennsylvania Department of Health</b>   Drexel University Center for Public Health Readiness and Communication</p> <p><b>Personal Protective Equipment (PPE) Hazard Assessment</b>   Wisconsin Department of Health Services</p> <p><b>Public Health Respiratory Protection Program Template</b>   Kansas Department of Health and Environment</p>



	<p><b>Second Tier:</b>  <b>Model Respiratory Protection Program</b>   California Association of Health Facilities</p> <p><b>Healthcare Facility Inventory of Respiratory Protection Equipment</b>   Minnesota Department of Health</p>
<p>Behavioral Health Resources for Emergency Responders</p>	<p><b>Top Tier</b>  <b>Behavioral Health Emergency Plan Template for Health Care Organizations</b>   Missouri Department of Mental Health</p> <p><b>Responder Self Care App</b>   University of Minnesota School of Public Health</p> <p><b>Second Tier:</b>  <b>Gulf Responder Resilience Training Project</b>   National Institute of Environmental Health Sciences</p>
<p>Disaster Safety Training for Responders</p>	<p><b>Top Tier:</b>  <b>Dirty Bomb/Radiological Contamination Training</b>   University of Minnesota Preparedness and Emergency Response Learning Center</p> <p><b>Responder Safety Awareness Training Aid for All-Hazards Response</b>   Alabama Department of Health</p> <p><b>Personal Protective Equipment (PPE) Training and HazMat for First Responders Training</b>   Iowa Department of Public Health and the University of Iowa Institute for Public Health Practice</p> <p><b>Second Tier</b>  <b>Nuclear Preparedness Information for First Responders</b>   Ventura County Health Care Agency</p> <p><b>Occupational Health for Public Health Responders</b>   The North Carolina Institute for Public Health</p>

<p>Situational Awareness and Safety Tools for Responders in the Field</p>	<p><b>Top Tier</b></p> <p><b>Response and Recovery APP in Washington (RRAIN)</b>   University of Washington Health Services Library and Washington Department of Health</p> <p><b>Hazardous Chemical Matrices and Response Guidelines</b>   Michigan Department of Community Health</p> <p><b>Ten-Point Checklist for Emergency Preparedness</b>   Indiana University School of Public Health</p> <p><b>Hazardous Materials Exposure Guide</b>   Minnesota Department of Health</p> <p><b>Radiation Emergency Medical Management</b>   National Library of Medicine</p> <p><b>Chemical Hazards Emergency Medical Management Information for First Responders</b>   National Library of Medicine</p> <p><b>Wireless Information System for Emergency Responders (WISER)</b>   National Library of Medicine</p> <p><b>Second Tier</b></p> <p><b>GIS-Based Emergency Operations Coordination</b>   Lawrence County Emergency Operations Agency</p> <p><b>Using Social Media for Enhanced Situational Awareness and Decision Support</b>   U.S. Department of Homeland Security</p> <p><b>Air-Borne Emergency Response Procedure</b>   Mariposa County Health Department</p>
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## Capability 14: Responder Safety and Health | Resource List

### Top-Tier Public Health Planning Resources and Toolkits for Responder Safety and Health

*Disclaimer:* All links in this document were current as of April 15, 2016.

**HazMat Tool Kit** | California Governor's Office of Emergency Services | [Link](#)

**Description and rationale for inclusion:** California's toolkit provides resources that educate public health professionals and responders about hazards encountered during an emergency response; a concept of operations for responder safety; descriptions of the roles of state, local, tribal, and community-based agencies in responding to a hazard and instituting safety procedures; and lists of appropriate PPE based on different hazards and settings.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Mobile Medical Unit Field Operations Guide** | Northern New England Metropolitan Medical Response System | [Link](#)

**Description and rationale for inclusion:** The field operations guide allows responders to establish a mobile medical unit while accounting for hazardous materials safety considerations, Incident Command System integration, PPE, and team-based protocol for responder safety.

Second-Tier Public Health Planning Resources and Toolkits

Difficult to adapt or transfer

**State Capability Assessment Project** | Oregon Emergency Management | [Link](#) | ■

Overly specialized

**A Seat at the Table: Working with Local Responders Tool Kit** | Medical Library Association | [Link](#) | ● ▲

Requires supplementation

**Local Emergency Planning Committee (LEPC) Hazardous Materials Emergency Response Plan Template** | Washington State Emergency Response Commission | [Link](#) | ●

**Responder Health and Safety Reference Guide** | Alabama Department of Public Health | [Link](#) | ■

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Emergency Health Monitoring and Surveillance** | National Institute for Occupational Safety and Health (NIOSH) | [Link](#)

**Description and rationale for inclusion:** NIOSH's guidelines and recommendations provide scalable steps toward deploying and protecting responders during an emergency. Tools and guidelines address responder credentialing, pre-deployment health screening, health and safety training, data management, health monitoring at all stages of response, health assessment and exposure risks, and post-emergency health follow-up.

**Evaluated or data-driven:** The guidelines were developed by a task force of federal agencies, state health departments, and volunteer responder groups.

**Table 1: Scoring for top-tier and second-tier public health planning resources and toolkits for responder safety and health**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[California] HazMat Tool Kit	x	x			x		x
	[New England] Mobile Medical Unit Field Operations Guide	x	x			x		x
	[NIOSH] Emergency Health Monitoring and Surveillance	x	x			x	x	x
Second-Tier Resources	[Oregon] State Capability Assessment Project		x					
	[MLA] A Seat at the Table: Working with Local Responders Tool Kit	x	x		x			
	[Washington] Local Emergency Planning Committee (LEPC) Hazardous Materials Emergency Response Plan Template	x				x		
	[Alabama] Responder Health and Safety Reference Guide		x			x		

## Capability 14: Responder Safety and Health | Resource List

### Top-Tier Guidance and Tools for Personal Protective Equipment (PPE) Use

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Guidelines for Responder Safety in Public Health Emergencies: A Framework for the Pennsylvania Department of Health** | Drexel University Center for Public Health Readiness and Communication | [Link](#)

**Description and rationale for inclusion:** A set of guidelines and tools addresses responder safety and equipment needs in four settings: a public health field investigation, mass care sites and shelters, points of dispensing, and community reception centers for people potentially exposed to radiation. The intent of the guidelines is to help public health officials and responders make informed decisions about appropriate roles, training, and PPE needs for numerous emergencies and exposures.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Personal Protective Equipment (PPE) Hazard Assessment** | Wisconsin Department of Health Services | [Link](#)

**Description and rationale for inclusion:** Wisconsin's assessment provides an easy-to-use grid for responders determining PPE use by hazard, body part affected, requirements, tasks that might be performed, and availability of PPE.

Second-Tier Guidance and Tools for PPE Use

Difficult to adapt or transfer

**Model Respiratory Protection Program** | California Association of Health Facilities | [Link](#) |

■  
**Healthcare Facility Inventory of Respiratory Protection Equipment** | Minnesota Department of Health | [Link](#) | ■

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Public Health Respiratory Protection Program Template** | Kansas Department of Health and Environment | [Link](#)

**Description and rationale for inclusion:** Kansas' PPE template offers local health and emergency medical services agencies informed ways of identifying hazards, selecting respirators, undergoing medical evaluation and fit-testing, using a respirator properly, cleaning and disinfecting equipment, and maintaining responder safety documentation.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier guidance and tools for PPE use**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Drexel] Guidelines for Responder Safety in Public Health Emergencies: A Framework for the Pennsylvania Department of Health		x			x		x
	[Wisconsin] Personal Protective Equipment (PPE) Hazard Assessment	x	x			x		x
	[Kansas] Public Health Respiratory Protection Program Template	x	x			x		x
Second-Tier Resources	[California] Model Respiratory Protection Program		x					
	[Minnesota] Healthcare Facility Inventory of Respiratory Protection Equipment	x	x			x	x	



## Capability 14: Responder Safety and Health | Resource List

### Top-Tier Behavioral Health Resources for Emergency Responders

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Behavioral Health Emergency Plan Template for Health Care Organizations** | Missouri Department of Mental Health | [Link](#)

**Description and rationale for inclusion:** A workbook helps public health agencies and healthcare organizations develop a framework for including behavioral health considerations in hospital preparedness activities. Guidance addresses surge capacity, psychological triage, isolation and quarantine, personal protective equipment, decontamination, establishment of a family assistance center, temporary morgue operations, PFA, and healthcare workforce support. Tools include a mental health unit leader job action sheet and behavioral health checklists for specific hospital activities that should occur during preparedness, response, and recovery phases.

**Evaluated or data-driven:** The workbook was reviewed by health and behavioral health specialists from Missouri health departments and hospitals.

**Responder Self Care App** | University of Minnesota School of Public Health | [Link](#)

**Description and rationale for inclusion:** The Responder Self Care App provides checklists that help responders pack for deployment, take care of daily needs, maintain important relationships while assisting with a disaster recovery, and reflect on experiences. Customizable reminders and tips explain why self-care is vital during disaster recovery. The PFA Tutorial offers just-in-time review for responders who have already received PFA training. Responders are briefed on common reactions to trauma and are able to practice scenarios that reinforce

Second-Tier Behavioral Health Resources for  
Emergency Responders

Difficult to adapt or transfer

**Gulf Responder Resilience Training Project** | National Institute of Environmental Health Sciences | [Link](#) | ■ ▲

concepts.

**Evaluated or data-driven:** Apps were developed by faculty members with subject matter expertise and/or experience in disaster mental and behavioral healthcare.

**Table 1: Scoring for top-tier and second-tier behavioral health resources for emergency responders**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Missouri] Behavioral Health Emergency Plan Template for Health Care Organizations	x	x			x	x	x
	[Minnesota] Responder Self Care App	x	x			x	x	x
Second-Tier	[NIEHS] Gulf Responder Resilience Training Project		x				x	

## Capability 14: Responder Safety and Health | Resource List

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### Top-Tier Disaster Safety Training for Responders

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Dirty Bomb/Radiological Contamination Training** | University of Minnesota Preparedness and Emergency Response Learning Center | [Link](#)

**Description and rationale for inclusion:** The interactive, video-game-like simulation from the University of Minnesota sends users on specific missions in response to the detonation of a dirty bomb (Radiological Dispersal Device, or RDD). Responders learn how to establishing a community assistance center, decontaminate blast victims, choose appropriate PPE, secure ventilation systems, and provide mental health services.

**Evaluated or data-driven:** The training evaluates user experience and knowledge throughout the modules.

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**Responder Safety Awareness Training Aid for All-Hazards Response** | Alabama Department of Health | [Link](#)

**Description and rationale for inclusion:** Alabama's just-in-time or refresher training aid for responders outlines safety protocol for a very specific list of hazards, describing why each hazard is a safety concern and the activities responders need to do to mitigate them.

**Evaluated or data-driven:** Some content in the booklet was adapted from federal responder safety resources.

Second-Tier Disaster Safety Training for Responders

Difficult to adapt or transfer

**Nuclear Preparedness Information for First Responders** | Ventura County Health Care Agency | [Link](#) | ■

Requires supplementation

**Occupational Health for Public Health Responders** | The North Carolina Institute for Public Health | [Link](#) | ■

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**Personal Protective Equipment (PPE) Training and HazMat for First Responders Training** | Iowa Department of Public Health and the University of Iowa Institute for Public Health Practice | [Link](#)

**Description and rationale for inclusion:** Iowa's PPE and Hazardous Materials trainings describe appropriate PPE for a variety of hazards and settings, exposure guidelines for hazardous materials, and care for people who have been exposed to a contaminating hazard. The courses are intended for local public health professionals, first responders, and healthcare workers.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier disaster safety training tools for responders**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Minnesota] Dirty Bomb/Radiological Contamination Training	x	x	x		x	x	x
	[Alabama] Responder Safety Awareness Training Aid for All-Hazards Response	x	x			x		x
	[Iowa] Personal Protective Equipment (PPE) Training and HazMat for First Responders Training	x	x	x		x		x
Second-Tier Resources	[Ventura] Nuclear Preparedness Information for First Responders		x	x		x		
	[North Carolina] Occupational Health for Public Health Responders		x	x		x		

## Capability 14: Responder Safety and Health | Resource List

### Top-Tier Situational Awareness and Safety Tools for Responders in the Field

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Response and Recovery APP in Washington (RRAIN)** | University of Washington Health Sciences Library and Washington Department of Health | [Link](#)

**Description and rationale for inclusion:** RRAIN is a situational awareness app for responders that provides information on weather, traffic, fire hazards, and infectious diseases. Responders can also access a list of go-bag resources, emergency plans, information on chemical and radiation exposure, and command center updates.

**Evaluated or data-driven:** The project was the result of National Library of Medicine funding to develop a data-driven app for responders.

**Hazardous Chemical Matrices and Response Guidelines** | Michigan Department of Community Health (MDCH) | [Link](#)

**Description and rationale for inclusion:** The MDCH matrices and guidelines integrate situational and medical treatment communications into EOC and Joint Information Center response. The medical management guidelines provide information on 130 hazardous chemicals and response and investigation protocols for clusters. A matrix of resources allows EOC staff and responders to quickly evaluate need for decontamination, exposure levels, field detection practices, hospital response, need for PPE, chemistry/toxicology information, laboratory response and epidemiological information, associated community resources, and veterinary issues. Tools include

Second-Tier Situational Awareness and Safety Tools

Difficult to adapt or transfer

**GIS-Based Emergency Operations Coordination** | Lawrence County Emergency Operations Agency | [Link](#) | ■

**Using Social Media for Enhanced Situational Awareness and Decision Support** | US Department of Homeland Security | [Link](#) | ●

Requires supplementation

**Air-Borne Emergency Response Procedure** | Mariposa County Health Department | [Link](#) | ■

the hazardous chemical and toxin fact sheet matrix, guidelines for responding to chemical illness clusters, a chemical information source matrix, and resources for public communication.

**Evaluated or data-driven:** Materials were edited by Michigan's Interstate Chemical Terrorism Workgroup, which adopted the source matrix for workgroup use.

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**Ten-Point Checklist for Emergency Preparedness** | Indiana University School of Public Health | [Link](#)

**Description and rationale for inclusion:** Indiana's checklist is a tool for assessing the safety of responders living and/or working in mass care or congregate areas. The tool focuses on communications protocol, evacuation measures, utilities and electrical control, fire suppression, severe storm and tornado sheltering, bomb threats, and security issues. The assessment also addresses psychosocial aspects of congregate living among responders, with an emphasis on developing resilience, establishing boundaries and trust, and engaging in frequent and collaborative training.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Hazardous Materials Exposure Guide** | Minnesota Department of Health | [Link](#)

**Description and rationale for inclusion:** Minnesota's guide offers a user-friendly step-by-step guide to responding to different classes of hazardous materials and mitigating responder exposure.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and



qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Radiation Emergency Medical Management (REMM)** | National Library of Medicine (NLM) | [Link](#)

**Description and rationale for inclusion:** The NLM's REMM app provides tools for people responding to a radiological incident, including PPE guidance, advice on the responder's role immediately following a nuclear detonation, casualty management and field triage, protective action guides, emergency health monitoring and surveillance, and evaluation for responders' willingness to serve during a radiological event.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Chemical Hazards Emergency Medical Management (CHEMM) Information for First Responders** | National Library of Medicine | [Link](#)

**Description and rationale for inclusion:** The NLM's CHEMM app allows responders in the field to access emergency resources about PPE and equipment use during a chemical emergency, site control and safety, decontamination procedures, and information about specific chemical agents.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Wireless Information System for Emergency Responders (WISER)** | National Library of Medicine | [Link](#)

**Description and rationale for inclusion:** The accessible WISER system provides diverse health and safety information to responders in the field, including resources for identifying and responding to a hazardous substance, human health information, and agent containment and suppression advice.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier situational awareness and safety tools for responders in the field**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Washington] Response and Recovery App in Washington (RRAIN)	x	x			x	x	
	[Michigan] Hazardous Chemical Matrices and Response Guidelines	x	x	x		x	x	x
	[Indiana] Ten-Point Checklist for Emergency Preparedness	x	x			x		x
	[Minnesota] Hazardous Materials Exposure Guide	x	x			x		x
	[NLM] Radiation Emergency Medical Management	x	x			x		x
	[NLM] Chemical Hazards Emergency Medical Management Information for First Responders	x	x			x		x
	[NLM] Wireless Information System for Emergency Responders (WISER)	x	x			x		x

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Second-Tier Resources	[Lawrence] GIS-Based Emergency Operations Coordination		x			x		
	[DHS] Using Social Media for Enhanced Situational Awareness and Decision Support		x			x		
	[Mariposa] Air-Borne Emergency Response Procedure		x			x		x

# Capability 15: Volunteer Management Resource Portfolio

## Capability 15: Volunteer Management | Local Perspectives

### Important Aspects for Local Health Departments

Several Public Health Emergency Preparedness (PHEP) grantees use their funding to supplement salaries for volunteer coordinators to help address the functions outlined in Capability 15. Many LHDs rely on Medical Reserve Corps (MRC) to supplement their workforce and activities. The MRC has national support and a national structure that is very much in line with the foundation of the PHEP capabilities. Several LHDs use MRC coordinators to address the functions of Capability 15.

The Operational Readiness Review (ORR) tool and voluntary recognition programs like Project Public Health Ready (PPHR) help to emphasize the importance and the role of public health in the coordination of volunteers at the local level. Some states have made it a requirement that all health departments must house/partner with an MRC to satisfy Capability 15. However, concerns regarding adequate funding to support MRC staff and training complicate implementation of this requirement. As a result, LHDs are building relationships with other volunteer organizations, such as the American Red Cross, to fill the gap on volunteers and meet the requirements.

### Involvement in Volunteer Management: Challenges for Public Health

Capability 15 has no CDC-defined performance measures for the functions listed. Without CDC performance measures, LHDs find it difficult to understand their role in volunteer management. Despite long-standing relationships and support from LHDs for MRC, LHDs face challenges in the retention and recognition of volunteers, as well as training and continued engagement. It takes a lot of staff time, dedication, and support from organizations to make volunteers a valuable personnel resource. It also takes a lot of staff time and experience to prepare plans that effectively manage a volunteer corps that effectively meets the needs of capability 15.

With the lack of funding for the MRC, the LHD is competing against heavily funded organizations when recruiting for new volunteers. With decreased funding to MRCs, the underlying policies and assumptions of Capability 15 should be reviewed for relevance. While LHDs may value having MRC units, they are not always going to fund them.

For LHDs that house MRC units within their department, infrastructure to support and deploy the MRC is a challenge. In small LHDs, some MRC coordinators have other full-time jobs within their health department and still work to coordinate the MRC. During a response, the staff member may be pulled to support multiple response requirements and may not have the capacity to also coordinate volunteers.

### CDC Capability Definitions, Functions, and Associated Performance Measures

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

This capability consists of the ability to perform the following functions:

**Function 1:** Coordinate volunteers

**Function 2:** Notify volunteers

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

**Function 4:** Demobilize volunteers

*\* There are no CDC-defined performance measures listed for any of the functions above*

Capability 15: Volunteer Management | LHD Resource Needs Crosswalk

Resource Needs Identified by LHDs	Vetted Resources Selected to Meet Needs
<p>Volunteer Management in Healthcare Settings</p>	<p><b>Top Tier:</b>  <b>Blueprint Toolkit for the Use of Volunteers in Hospitals and Rural Medical Centers</b>   Mesa County Advanced Practice Center</p> <p><b>Disaster Volunteer Utilization Plan: Guidance Document</b>   Community Clinic Association of Los Angeles County</p> <p><b>Second Tier:</b>  <b>Kentucky Health Emergency Listing of Professionals for Surge (K HELPS)</b>   Kentucky Department for Public Health</p> <p><b>Los Angeles County Disaster Healthcare Volunteers</b>   Los Angeles County Department of Health Services Medical Services Agency &amp; Los Angeles County Department of Public Health</p> <p><b>Integrating Emergency Volunteers during Medical Surge: Hospital Checklist</b>   The Health Care Association of New York State and the Iroquois Health Association</p>
<p>Volunteer Management in Public Health Settings</p>	<p><b>Top Tier:</b>  <b>Spontaneous Volunteer Management Plan Template</b>   Western Massachusetts Medical Reserve Corps</p> <p><b>Emergency Volunteer Toolkit</b>   Association of State and Territorial Health Officials</p> <p><b>Santa Clara County Operational Area Volunteer Management Plan</b>   County of Santa Clara</p> <p><b>Volunteer Assistance and Management Plan</b>   Chatham County Emergency Management</p> <p><b>Second Tier:</b>  <b>El Paso Radiation Response Volunteer Project</b>   City of El Paso Health Department</p>

	<p><b>Puget Sound Region Volunteer and Donations Management Toolkit</b>   Washington Military Department</p>
<p>Community- Based Volunteer Management Tools</p>	<p><b>Top Tier</b>  <b>Volunteer Management Tools</b>   NICOS Chinese Health Coalition</p> <p><b>Community-Led Responses in Emergency Response</b>   Los Angeles County Department of Public Health</p> <p><b>Engaging Volunteers in Montana Communities: A Disaster Readiness Toolkit</b>   Serve Montana</p> <p><b>Second Tier:</b>  <b>Volunteer Reception Center</b>   Ohio Citizen Corps</p> <p><b>Volunteer Management Support Annex Template for Use by Cities and Counties in the Development of Emergency Operations Plans</b>   Colorado Voluntary Organizations Active in Disasters</p> <p><b>Disaster Response Volunteering</b>   OneOC</p> <p><b>Disaster Corps Program Guide</b>   California Disaster Corps</p>



## Capability 15: Volunteer Management | Resource List

### Top-Tier Tools for Volunteer Management in Healthcare Situations

*Disclaimer:* All links in this document were current as of April 15, 2016.

**Blueprint Toolkit for the Use of Volunteers in Hospitals and Rural Medical Centers** | Mesa County Advanced Practice Center | [Link](#)

**Description and rationale for inclusion:** Mesa County developed a toolkit for integrating clinical and non-clinical volunteers into healthcare response, with an emphasis on encouraging Emergency Support Function 8 (ESF #8) collaboration and frequent training and exercises. Tools include a planning guide that focuses on establishing partnerships between healthcare and volunteer organizations, a readiness assessment for healthcare facilities, tools for creating a hospital Emergency Operations Plan that integrates volunteers, interactive materials for holding exercises, proposed policies for the use of volunteers during an emergency, and just-in-time training and administrative tools for volunteers.

**Evaluated or data-driven:** The toolkit has been evaluated throughout development using numerous quality improvement tools.

**Disaster Volunteer Utilization Plan: Guidance Document** | Community Clinic Association of Los Angeles County | [Link](#)

**Description and rationale for inclusion:** Los Angeles' guidance provides detailed information on emergency healthcare volunteer tracking and training, credentialing and legal requirements, and managing affiliated and spontaneous volunteers.

**Evaluated or data-driven:** The toolkit was compiled by a consortium of subject matter experts.

Second-Tier Tools for Volunteer Management  
in Healthcare Situations

Difficult to adapt or transfer

**Kentucky Health Emergency Listing of Professionals for Surge (K HELPS)** | Kentucky Department for Public Health | [Link](#) | ■

**Los Angeles County Disaster Healthcare Volunteers** | Los Angeles County Department of Health Services Medical Services Agency and Los Angeles County Department of Public Health | [Link](#) | ■

Requires supplementation

**Integrating Emergency Volunteers during Medical Surge: Hospital Checklist** | The Health Care Association of New York State and the Iroquois Health Association | [Link](#) | ●

**Table 1: Scoring for top-tier and second-tier tools for volunteer management in healthcare situations**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Mesa] Blueprint Toolkit for the Use of Volunteers in Hospitals and Rural Medical Centers	x	x			x	x	x
	[Los Angeles] Disaster Volunteer Utilization Plan: Guidance Document	x	x			x	x	x
Second-Tier Resources	[Kentucky] Kentucky Health Emergency Listing of Professionals for Surge (K HELPS)		x					
	[Los Angeles] Los Angeles County Disaster Healthcare Volunteers		x					
	[New York] Integrating Emergency Volunteers during Medical Surge: Hospital Checklist	x				x		

## Capability 15: Volunteer Management | Resource List

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### Top-Tier Tools for Volunteer Management in Public Health Settings

*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Spontaneous Volunteer Management Plan Template** | Western Massachusetts Medical Reserve Corps | [Link](#)

**Description and rationale for inclusion:** The MRC template and concept of operations provides guidelines for Incident Command System-compliant volunteer management during an emergency and addresses public health and MRC communication with volunteer organizations; volunteer reception, screening, and training; deployment; long-term retention; and volunteer roles and responsibilities.

**Evaluated or data-driven:** The toolkit was developed by a consortium consisting of MRC and public health representatives.

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**Emergency Volunteer Toolkit** | Association of State and Territorial Health Officials (ASTHO) | [Link](#)

**Description and rationale for inclusion:** ASTHO's toolkit provides a comprehensive list of legal information and resources for managing public health and healthcare volunteers at all phases of emergency response.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

Second-Tier Tools for Volunteer Management  
in Public Health Settings

Requires supplementation

**El Paso Radiation Response Volunteer Project** | City of El Paso Health Department | [Link](#) | ▲

**Puget Sound Region Volunteer and Donations Management Toolkit** | Washington Military Department | [Link](#) | ▲

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**Santa Clara County Operational Area Volunteer Management Plan** | County of Santa Clara | [Link](#)

**Description and rationale for inclusion:** Santa Clara County's plan describes operational priorities for volunteer management at various disaster phases, roles and responsibilities of different local agencies in managing volunteers, planning considerations (e.g., insurance, volunteer recruitment, training), field management, and Emergency Operations Center integration. Tools include EOC position checklists for volunteers, data collection forms, sample press releases, volunteer position descriptions, and a staff guide for managing spontaneous volunteers.

**Evaluated or data-driven:** The toolkit was based on best practices and developed by a consortium of Bay Area public health and volunteer management experts.

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**Volunteer Assistance and Management Plan** | Chatham County Emergency Management | [Link](#)

**Description and rationale for inclusion:** Chatham County's volunteer management resources address how public health and emergency management agencies can engage in pre-disaster preparedness activities with local volunteer coalitions and community organizations. Tools include documentation of volunteer reception center flow and station layout; reimbursement forms; risk management documentation; forms for tracking supplies, expenses, and signage; sample floor plans and job descriptions; liability releases; safety trainings; and sample press releases.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

**Table 1: Scoring for top-tier and second-tier tools for volunteer management in public health settings**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[Massachusetts] Spontaneous Volunteer Management Plan Template	x	x			x	x	x
	[ASTHO] Emergency Volunteer Toolkit		x			x		x
	[Santa Clara] Santa Clara County Operational Area Volunteer Management Plan	x	x			x	x	x
	[Chatham] Disaster Volunteer Assistance and Management Plan	x	x			x		x
Second-Tier Resources	[El Paso] El Paso Radiation Response Volunteer Project	x	x		x			
	[Washington] Puget Sound Region Volunteer and Donations Management Toolkit	x	x					

## Capability 15: Volunteer Management | Resource List

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### Top-Tier Community-Based Volunteer Management Tools

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*Disclaimer:* All links in this document were current as of April 15, 2016.

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**Volunteer Management Tools** | NICOS Chinese Health Coalition | [Link](#)

**Description and rationale for inclusion:** The NICOS Chinatown Disaster Response Project uses community volunteers to deliver messages and act as liaisons between community, healthcare, and public health organizations in San Francisco's Chinatown during an emergency. The project has developed command center plans, health center coordination, an activation process, and roles and responsibilities for volunteer responders.

**Evaluated or data-driven:** The coalition frequently coordinates community-wide disaster drills among area nonprofit, private, and governmental partners.

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**Community-Led Responses in Emergency Response** | Los Angeles County Department of Public Health | [Link to Manual](#) | [Link to POD Tool](#)

**Description and rationale for inclusion:** Los Angeles used enhanced volunteer recruitment and training strategies to work with the Medical Reserve Corps and community-based organizations in establishing a Point of Dispensing (POD) staffed entirely by volunteers. The public health agency provided four staff members to manage ICS protocol and trained volunteers in the POD process and ICS, while community volunteers were responsible for POD set-up, clinical operations, and public communication. Tools include a disaster healthcare volunteer's manual and

Second-Tier Community-Based Volunteer Management Tools

Difficult to adapt or transfer

**Volunteer Reception Center** | Ohio Citizen Corps | [Link](#) | ■

**Volunteer Management Support Annex Template for Use by Cities and Counties in the Development of Emergency Operations Plans** | Colorado Voluntary Organizations Active in Disaster | [Link](#) | ●

Requires supplementation

**Disaster Response Volunteering** | OneOC | [Link](#) | ■

**Disaster Corps Program Guide** | California Disaster Corps | [Link](#) | ■

planning tools for medical PODs.

**Evaluated or data-driven:** Evaluation data for this resource was not available at the time this guide was produced. However, this resource meets the criteria and qualities outlined in the methodology to be considered a top-tier resource (completeness, applicability to common and/or relevant problems, scalability, transferability, and mutual benefit).

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**Engaging Volunteers in Montana Communities: A Disaster Readiness Toolkit** | Serve Montana | [Link](#)

**Description and rationale for inclusion:** Montana's volunteer management toolkit for small, rural communities focuses on identifying volunteer organizations in the community, obtaining funding for emergency volunteer efforts, and managing risks and safety. Tools include a sample MOU, volunteer position descriptions, resources for volunteer training and interviewing, disaster exercises, forms for volunteer reception center supply management and flow, job action sheets, and resources for county reimbursement.

**Evaluated or data-driven:** The toolkit was developed by an interdisciplinary group of subject matter experts.

**Table 1: Scoring for top-tier and second-tier community-based volunteer management tools**

Title		Interactive Tool	Guidance	Training	Specialized	Scalable	Evaluated or data-driven	Transferable
Top-Tier Resources	[NICOS] Volunteer Management Tools	x	x		x	x	x	x
	[Los Angeles] Community-Led Responses in Emergency Response	x	x			x		x
	[Montana] Engaging Volunteers in Montana Communities: A Disaster Readiness Toolkit	x	x			x	x	x
Second-Tier Resources	[Ohio] Volunteer Reception Center		x			x		
	[Colorado] Volunteer Management Support Annex Template for Use by Cities and Counties in the Development of Emergency Operations Plans		x			x		x
	[OneOC] Disaster Response Volunteering		x					
	[California] Disaster Corps Program Guide		x					



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- Public Health Law Workgroup
- Risk Communication and Information Sharing Workgroup
- Surge Management Workgroup

For questions, feedback or more information, please contact NACCHO's preparedness team at [preparedness@naccho.org](mailto:preparedness@naccho.org).