

Focus Area A:
**Preparedness Planning
and Readiness
Assessment**



Focus Area A: 3 Sections

Preparedness Planning & Readiness Assessment

- I - Strategic Direction, Coordination and Assessment
- II - Planning for Preparedness and Response
- III - National Pharmaceutical Stockpile Preparedness



Goals: Focus Area A-I

Strategic Direction, Coordination & Assessment

- Provide overall direction for the terrorism Preparedness and Response Program
- Assess state, regional and local readiness to respond to terrorist events
- Assess capacity of public health system to detect, identify, and respond to public health problems



Critical Benchmarks: A-1

Strategic Direction, Coordination & Assessment

- #1: Designate Senior Public Health Official as Executive Director
- #2: Establish *Advisory Committee*
- #3: Prepare Timeline for *Assessment of Emergency preparedness & response*
- #4: Prepare *Timeline for Assessment of statutes, regulations, and ordinances*



Summary of Capacities: A-I

Strategic Direction, Coordination & Assessment

Critical Capacity - Accountability

- Involve and inform officials at all levels
- Systematically measure progress
- Collaborate with public & private partners
- Provide leadership & management training



Summary of Capacities: A-I

Strategic Direction, Coordination & Assessment

Critical Capacity – Integrated Assessments

- Ensure assessment capacity & expertise
- Utilize findings from recent assessments
- Integrate results
- Identify and prioritize gaps in all areas



Summary of Capacities: A-I

Strategic Direction, Coordination & Assessment

Enhanced Capacity – Infrastructure Development

- Develop Joint State-Local Public Health Infrastructure Improvement Plan
- Ensure comprehensive Community Planning, e.g. Mobilizing for Action through Planning and Partnerships (MAPP)



Summary of Capacities: A-1

Strategic Direction, Coordination & Assessment

Enhanced Capacity – Leadership and Management Development

- Assess current skills & needs of key staff
- Ensure competence in advanced incident command
- Participate in leadership and management credentialing programs



Selected Resources: A-I

Strategic Direction, Coordination & Assessment

- DOJ Survey Data
- Rapid Assessment Tool
- National Public Health Performance Standards Program Assessment Tools
- Mobilizing for Action through Planning and Partnerships (MAPP)
- Model State Emergency Health Powers Act
- Leadership and Management Institutes
- CSTE Capacity Assessment Tool



Goals: Focus Area A-II

Preparedness and Response Capacity

- Develop effective emergency response and exercise capabilities
- Ensure the state, regional and local response is coordinated with the federal response and with other assets



Critical Benchmarks: A-II

Preparedness and Response Capacity

- #5: Timeline for development of State-wide plan
- #6: Timeline for development of Regional plan
- #7: Develop interim plan to receive and manage items from National Pharmaceutical Stockpile



Summary of Capacities: A-II

Preparedness and Response Capacity

Critical Capacity – Respond to Emergencies

- Develop state and local plans
- Exercise plans
- Overall health system readiness
- State and local response capacity



Summary of Capacities: A-II

Preparedness and Response Capacity

Critical Capacity - Coordinate with Other Assets

- National Pharmaceutical Stockpile
- Coordination with state/local EMA, Federal Response Plan, MMRS, DMATS, DMORTS, HRSA Hospital Preparedness
- Regional Exercises



Summary of Capacities: A-II

Preparedness and Response Capacity

Enhanced Capacity – Develop Optimal Capacities

- Make preparedness response better:
 - Vulnerability assessments
 - Refine plans
- Improve PH Infrastructure for response
 - Worker health and safety
 - Environmental health/toxicology
 - Injuries/trauma care



Selected Resources: A-II

Planning for Preparedness & Response

- CDC Planning Guidance

<http://www.bt.cdc.gov/Documents/Planning/PlanningGuidance.pdf>

- Hospital preparedness template developed in collaboration with APIC

<http://www.cdc.gov/ncidod/hip/Bio/13apr99APIC-CDCBioterrorism.pdf>

- CDC/AHA mass causality guidance

<http://www.ahapolicyforum.org/policyresources/MOdisaster.asp>



Goals: Focus Area A-III

National Pharmaceutical Stockpile Preparedness

- Effectively manage, distribute, and dispense NPS assets
- Maintain CDC-procured local antibiotic packages for use until NPS assets arrive
- Maintain CDC-owned chemical agent antidote packages



Key Issues: A-III

National Pharmaceutical Stockpile Preparedness

- Integration of State and local planning
- Planning must extend from receipt of NPS assets through dispensing
- Planning is only the first step, must develop operational capability
- Exercise, Exercise, Exercise...



Selected Resources: A-III

National Pharmaceutical Stockpile Preparedness

- Guide for the Receipt and Distribution of the CDC National Pharmaceutical Stockpile, February 2002



Focus Area B:

**Surveillance and
Epidemiology Capacity**



Focus Area B: 2 Sections

Surveillance and Epidemiology Capacity

- I - Surveillance and Detection Capacity
- II -Epidemiologic Investigation Capacity



Critical Benchmarks

Surveillance and Epidemiology Capacity

- **Timeline** for Developing System to receive and evaluate disease reports on a 24/7 basis
- Assessment of Epidemiologic capacity and **Timeline** to assure at least one epidemiologist for MSA's with >500,000 population



Summary of Capacities

Surveillance and Epidemiology Capacity

- I - Surveillance and Detection
 - Critical – Rapid Detection & Reporting
 - Enhanced – Expanded Use of Other Core Surveillance & Info Systems
 - Enhanced – Development & Use of Additional Data Sources
- II -Epidemiologic Investigation and Response
 - Critical – Plan for Rapid Investigation & Response
 - Critical – effective local and state response to naturally occurring cases, outbreaks
 - Enhanced – Expanded Pre-Event Links Partnerships



Summary of Capacities- Surveillance and Detection Surveillance and Epidemiology Capacity

- CRITICAL CAPACITY: Mandatory Disease Surveillance System with timely and complete reporting
 - Timeline for system development
 - Legal authority
 - Assessment of timeliness and completeness of system functioning using natural events and outbreaks
 - Training in Surveillance and Epidemiology
 - Rash illness monitoring capacity



Summary of Capacities- Surveillance and Detection

Surveillance and Epidemiology Capacity

- Enhanced Capacity through use of vital records and other health agency data sources
- Enhanced Capacity through linkage to data outside the health agency (e.g. private laboratories, hospitals, poison centers, etc.)



Summary of Capacities

Epidemiologic Response

Surveillance and Epidemiology Capacity

- CRITICAL CAPACITY to rapidly investigate a terrorist event
 - Assess Epidemiologic capacity
 - Full-time response coordinator
 - Epidemiologic response planning
 - Training of response personnel
 - Risk/vulnerability assessments



Summary of Capacities

Epidemiologic Response

Surveillance and Epidemiology Capacity

- CRITICAL CAPACITY to respond to a terrorist event as evidenced by ongoing effective epidemiologic response
 - Around the clock capacity
 - Assess adequacy of response
 - Assess links to animal surveillance systems



Summary of Capacities

Epidemiologic Response

Surveillance and Epidemiology Capacity

- ENHANCED CAPACITY through pre-event links to key partners
 - Web-site
 - Infection control practitioners
 - Academic Health Sciences Institutions
 - Schools of Public Health
 - Schools of Medicine
 - Schools of Nursing



Focus Area C:
Laboratory Capacity
Biologic Agents



Goals: Focus Area C

Laboratory Capacity Biologic Agents

- A – Build working relationships between clinical and public health laboratories to assure preparedness for BT through planning, training, coordination, referral, communication, and standard methods
- B - Assure that LRN laboratories have the technical capability and capacity for BT, including facilities, reagents, equipment, security, and trained staff



Critical Benchmark

Laboratory Capacity Biologic Agents

- #10: Develop a plan to improve working relationships and communication between Level A (clinical) laboratories and Level B/C laboratories, (i.e. Laboratory Response Network laboratories) as well as other public health officials.



Summary of Capacities

Laboratory Capacity Biologic Agents

- Critical - to develop and implement a jurisdiction-wide program to provide rapid and effective laboratory services in support of the response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.



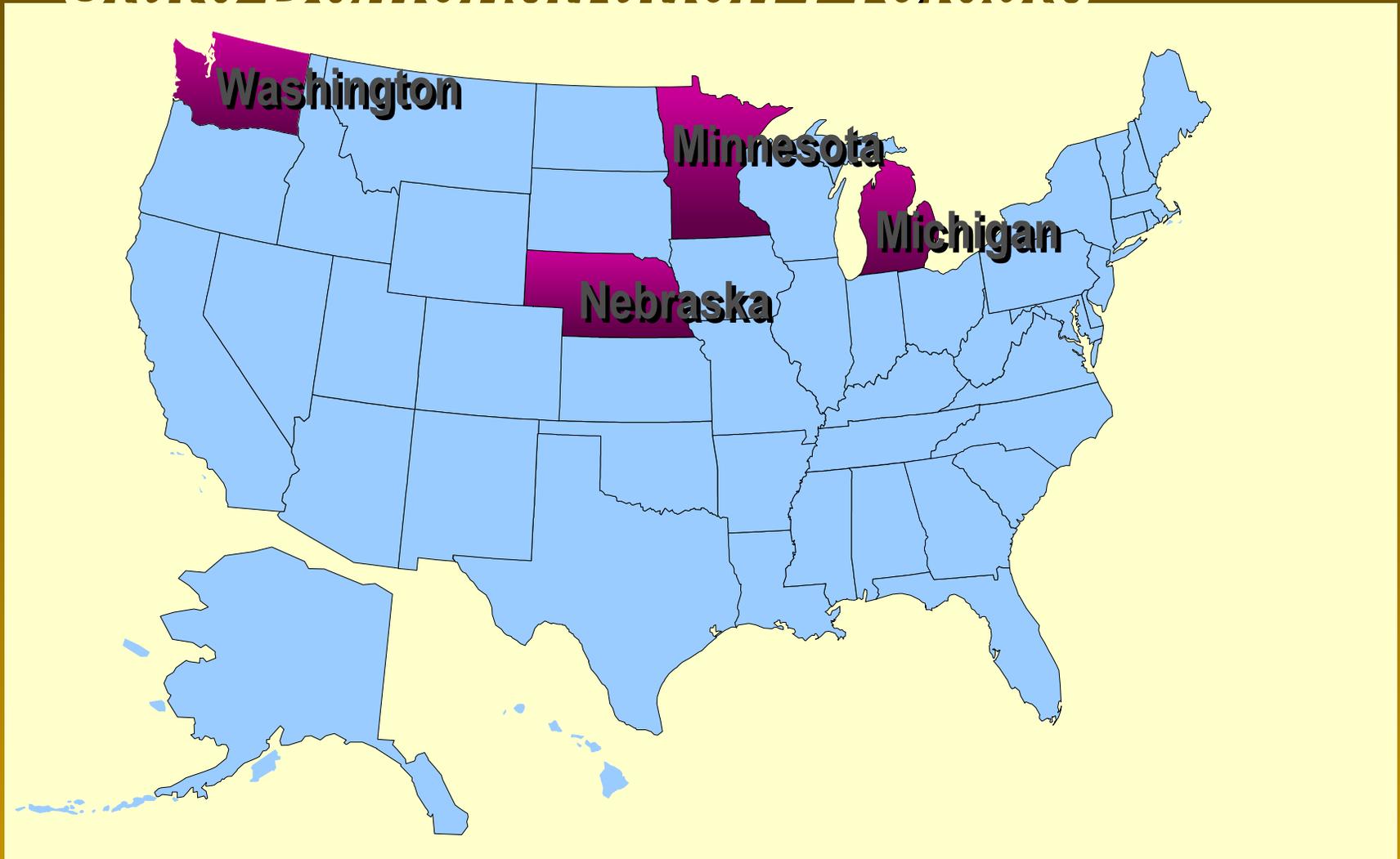
Summary of Capacities

Laboratory Capacity Biologic Agents

- Improve working relationship with clinical laboratories
- Develop jurisdiction wide laboratory plan
- Coordinate and train with hazmat, law enforcement
- Enhance relationships with medical community



National Laboratory System *State Demonstration Projects*



National Laboratory System Focal Areas



Proposed activities—based on demonstration projects:

First steps:

- Hire a Laboratory Program Advisor and a Training Coordinator (link to Focus G)
- Identify and develop a database of all hospital/independent (Level A) laboratories

Proposed activities—based on demonstration projects:

- Characterize capabilities/practices
- Analyze patterns of reporting and specimen/isolate referral
- Assess adherence to voluntary QA/QC standards
- Define priority needs for improvement

Proposed activities—based on demonstration projects:

- Establish lines of communication for routine and emergency messages (blast e-mail, fax)
- Design and implement training
- Promote agreements among public/private laboratories for surge capacity testing

Proposed activities—based on demonstration projects:

- Design specimen transportation/tracking mechanisms
- Promote activities through scientific meetings, other media

Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Critical – as a member of the LRN, ensure adequate and secure laboratory facilities, reagents, and equipment to rapidly detect and correctly identify biological agents likely to be used in a bioterrorist incident.



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Develop operational plans and protocols to include:
 - specimen transport/handling
 - worker safety and BSL conditions for each agent
 - staffing and training
 - QC/QA and internal/external PT
 - triage procedures and secure storage of critical agents



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- appropriate levels of supplies and equipment needed to respond to a bioterrorism event or other disease outbreak with emphasis on surge capacities needed to effectively respond to a bioterrorism incident



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Ensure capacity for LRN-validated testing of:
 - *Bacillus anthracis*
 - *Yersinia pestis*
 - *Francisella tularensis*
 - *Clostridium botulinum* toxin
 - Other Level B and C protocols as approved



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Ensure at least one public health laboratory in your jurisdiction has appropriate instrumentation and trained staff to perform CDC-developed real-time PCR and TRF rapid assays



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Conduct at least one simulation exercise per year that specifically tests laboratory readiness and capability to detect and identify at least one BT threat agent on the Category A list



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Ensure at least one operational Bio-Safety Level 3 (BSL-3) facility in your jurisdiction



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Ensure that laboratory security is consistent, at a minimum with guidelines in the BMBL appendix F
 - Enhance security as needed with video surveillance, perimeter security, screening for radiological, chemical and explosive risk prior to bio-analysis
 - Adherence to section 817 of the USA PATRIOT Act of 2001, P.L. 107-56



Summary of Capacities-B

Laboratory Capacity Biologic Agents

- Enhance electronic communications within LRN to enable network capacity monitoring, BT sentinel surveillance, support PT, validations studies, and future LRN enhancements
 - Appropriate laboratory-based computer equipment with high-speed internet connectivity



Laboratory capacity - chemical

- Support of CDC program for testing blood and urine from chemical event - surge capacity in States
- Maintain CDC and 5 satellite laboratories
- Add local capacity to Focus Area C to support response
 - Develop operational plans and train personnel to collect, process and transport blood and urine samples to CDC (or satellite) for analysis of chemical agents. Plans should follow CDC-supplied protocols
- Direct testing of threats under discussion - APHL



**Focus Area E: Health Alert
Network / Communications and
Information Technology
and
IT Functions and Specifications
Appendix**



Goals: Focus Area E

HAN/Communications and Information Technology

- Ensure Internet connectivity
- Enable rapid information dissemination
- Ensure secure exchange of critical health information
- Support online resources & training via the Internet
- Ensure data security and continuity of operations



Critical Benchmarks

HAN/Communications and Information Technology

- #11: Prepare a **timeline** for a plan that ensures that 90 percent of the population is covered by the Health Alert Network.
- #12: Prepare a **timeline** for development of a communications system that provides for a 24/7 flow of critical health information among hospital emergency departments, state and local health officials, and law enforcement officials.



Summary of Capacities

HAN/Communications and Information Technology

- Critical Communications Connectivity
- Critical Emergency Communications
- Critical Protection of Data and Information Systems
- Critical Secure Electronic Exchange of Public Health Information
- Enhanced Support of Emergency Response Management
- Enhanced Full Information Technology Support and Services



Key Issues

HAN/Communications and Information Technology

- High speed Internet connectivity to the local level (90% of population)
- Connections to hospitals and law enforcement
- Security and redundancy of communication & information systems
- Electronic exchange of public health partners' information in standard formats



Goals: IT Functions and Specifications

- To coordinate IT in all of the guidance focus areas
- To provide industry standards, and detailed data and systems specifications to allow for the immediate and automated exchange of critical health information
- To provide a common target for public receipt of clinical information systems data
- To facilitate interoperability and sharing of systems for public health emergency preparedness and response



IT Functions and Specifications

1. Automated Exchange of Data Between Public Health Partners
2. Management of Possible Case and Contacts Data
3. Specimen and Lab Result Information Management and Exchange
4. Use of Electronic Clinical Data for Event Detection
5. Manual Data Entry for Event Detection
6. Analysis and Visualization
7. Directories of Public Health and Clinical Personnel
8. Public Health Information Dissemination and Alerting
9. IT Security and Critical Infrastructure Protection



Key Issues

IT Functions and Specifications

- Many public health partners to support continuous data exchange
- Need to use shared data specifications to ensure interoperability
- Additional specifications to be ratified in May for:
 - Directory schema for public health personnel
 - Alert and notifications
 - Needed extensions to HL7/NEDSS logical data model



Selected Resources

- Updates on IT Functions and Specifications, IT technical and direct assistance:

www.cdc.gov/cic/functions-specs

- Local Centers for Public Health Preparedness:

www.naccho.org



Focus Area F:

**Risk Communication
and
Health Information
Dissemination**



Goals: Focus Area F

Risk Communication

- Take Immediate Steps to Prepare for Risk Communication Before, During, and After a Bioterrorist Event
- Build Core Capacity for Risk & Health Communication at State and Local Levels



Critical Benchmarks

Risk Communication

- #13: Develop an **Interim Plan** for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.



Crisis Plan Components

- Overview—signed by director
- Response team contacts
- Line and staff responsibilities
- Designated spokespersons
- Information verification and approval procedures
- Pre-approved emergency messages and disclosure guidelines
- Resource list and procedures to secure more
- Policies, Media lists
- Approved basic background information (print and visuals)
- Debriefing and evaluation system
- Everything to survive at least the first 24 hours of media attention



Summary of Capacities

Risk Communication

- Critical – Immediate Assessment, Plan, and Community Access to Communication
- Enhanced – Core Capacity to Develop, Pretest, and Evaluate Communication



Summary of Capacities

Risk Communication

- Critical Capacity:
 - Conduct Needs Assessment, especially at the Community Level
 - Develop Communication Plan, Aimed at Target Audiences
 - Identify and Prepare Key Spokespersons
 - Provide Access to Information Resources



Summary of Capacities

Risk Communication

- Enhanced Capacity:
 - Develop Communication Strategies, Messages, and Materials
 - Disseminate Through Multiple Communication Channels and Outlets
 - Monitor and Evaluate Impact
 - Develop and Maintain a Skilled Communications Staff



Key Issues

Risk Communication

- Ensure that capacities are developed at both the State and local levels.
- Ensure that accurate and consistent information is disseminated, especially among adjacent state and local jurisdictions.
- Ensure access to available resources; plan for overload!



Selected Resources

Risk Communication

- Web Sites:
 - CDC BT Web Site and Links
- Training:
 - CDC Satellite Broadcast
 - Centers for Public Health Preparedness
- Consultants/Contractors:
 - National Public Health Information Coalition
 - National Network of Public Health Institutes



Selected Resources

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Focus Area G: Education and Training



Goals: Focus Area G

Education and Training

- Assess training needs of key health care and public health professionals
- Implement training in bioterrorism preparedness and response
 - Build on existing resources
 - Partner with academic institutions, professional associations, federal agencies
- Evaluate effectiveness and build capacity to sustain training plans



Critical Benchmark

Education and Training

- # 14: Develop **Timeline** to assess training needs—with special emphasis on emergency department personnel, infectious disease specialist, public health staff, and other healthcare providers.



Summary of Capacities

Education and Training

- Critical - Train key public health and private healthcare providers
- Enhanced – Mobilize public and private professionals
- Enhanced – Evaluate training effectiveness



Summary of Capacities

Education and Training

- Critical - Train health professionals
 - Rapidly identify health professionals and assess training gaps
 - Develop training plan and Identify training resources
 - Implement Distance-Learning:
DL Coordinator & DL Technologies
 - Develop formal partnerships:
Schools of Public Health & Medicine.
Specialty Prof. Org. (ACEP, IDSA, etc.)



Summary of Capacities

Education and Training

- Key Content areas:
 - Biological and chemical agents – diagnosis, treatment, consequences
 - Unified and Incident Command Systems
 - Communications/notification systems
 - Risk communications
 - Worker safety
 - Legal authorities
 - Epi/surveillance; laboratory systems
 - Information technology



Summary of Capacities

Education and Training

- Enhanced – Mobilize Public and Private Professionals
 - Develop Online PH Inventory of Critical Health Personnel, including Key Community Professionals
 - Develop Annual Workforce Plan to include: shortage areas, surge capacity, community mobilization



Summary of Capacities

Education and Training

- Enhanced – Evaluate Effectiveness
 - Conduct formal review of professional competencies, certifications, licenses
 - Identify new areas for training and cross-training: eg, public health law & informatics
 - Ensure the human and technical capacity to evaluate training and link to performance



Key Issues

Education and Training

- Defining critical personnel & assessing their needs
- Using existing training assessments & methodologies effectively
- Ensuring consistent, high-quality, competency-based training; cross training within/among responding organizations
- Establishing needed partnerships
- Integrating education & training across all Focus Areas



Selected Resources

Education and Training

- **Subject Matter Experts in Bioterrorism & Other Disciplines**
- **Academic/Professional Partners: ASPH, AAMC, IDSA, APIC, AMA, CDC Centers for Public Health Preparedness, HRSA Training Centers**
- **State Distance Learning Coordinators, HR directors & staff, Workforce development personnel**
- **CDC Training Networks: Public Health Training Network, National Laboratory Training Network**
- **Other Training Networks – FEMA, DOJ, OEP**
- **Public Health Foundation- TrainingFinder**

