CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

All-Hazards Plan (AHP)

May 2013

I.   INTRODUCTORY MATERIAL

EXECUTIVE SUMMARY

Introduction:

Under Presidential Policy Directive #8: National Preparedness (PPD #8) and existing legislative authorities, CDC provides a full range of public health planning, operational support, and resources through CDC center, institute, and office (CIO)[1] preparedness programs and, as required, the CDC Incident Management System (IMS)[2]. IMS provides a fully scalable and adaptable approach to providing public health assistance to the agency's partners[3]. Numerous threats have similar impacts on public health. These similarities, coupled with federal guidance including the National Incident Management System (NIMS), the National Frameworks, and the Comprehensive Preparedness Guide (CPG) 101, led CDC to develop an overarching "all-hazards" plan that addresses capabilities applicable to numerous public health threats. The CDC All-Hazards Plan (AHP) is the agency's approach to identify the basic principles, organization, and responsibilities of CDC during a public health emergency[4] response[5] or other response that requires activation of the CDC IMS.

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[1] CDC centers, institute, and offices include the Agency for Toxic Substances and Disease Registry.

[2] An Incident Management System (IMS) is a highly effective tool used to coordinate multi-agency emergency response. The system establishes a defined chain of command for all events and ensures every agency adheres to a shared common practice, procedure, and language defined by the system.

[3] For the purposes of this document, "partners" is defined as international, federal, state, local, territorial, tribal, and private-sector partners.

[4] For the purposes of this document, a "public health emergency" is defined as an occurrence or imminent threat of an illness or health condition that is believed to be caused by bioterrorism, the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin, a natural disaster, a chemical attack or accidental release, or a nuclear/radiological attack or accident AND has a high probability of causing a large number of deaths in the affected population, a large number of serious or long-term disabilities in the affected population, or widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.
http://www.fema.gov/emergency/nrf/glossary.htm#P

[5] For the purposes of this document, a "response," unless otherwise specified, refers generally to agency actions in support of a public health incident requiring IMS activation. This plan addresses CDC actions and responsibilities in both national and international public health emergency preparedness, response, and recovery operations.

Purpose:

The CDC AHP is the framework by which CDC provides emergency preparedness and response operations planning in support of all-hazard events[6] or incidents[7], both natural and man-made, affecting public health. It is primarily intended to provide internal guidance regarding how CDC prepares for and executes public health activities during a public health emergency. This all-hazards plan supports the U.S. Department of Health and Human Services (HHS) and the lead federal agency for domestic emergency response, the U.S. Department of Homeland Security (DHS) by providing guidance on readiness, response, and initial recovery actions CDC takes in coordination with partners.

Scope:

This document is not all-inclusive and response activities will vary depending on the nature and severity of the incident. It serves as the base document for guiding all CDC actions pertaining to public health emergencies, by identifying basic principles, organization, and responsibilities. Specific annexes, appendices, and attachments will be developed in support of the AHP to address specific threats as identified in the Strategic National Risk Assessment. Supporting annexes are grouped according to general emergency response categories (e.g., Biological, Chemical, Radiological, or Natural Disasters). The annexes identify the capabilities or activities specific to incidents or events occurring within that particular category but are not applicable across all the response categories. Appendices provide even more focused (i.e., agent-specific or incident-specific) information than the annexes they support. Each appendix details the scientific and technical information, policies, and procedures specifically related to response to a specific threat.

This AHP outlines levels of authority and organizational relationships as well as identifies personnel, equipment, and other resources available to support the agency's mission. It identifies responsibilities for carrying out specific actions at projected times and within specific functional roles of the CDC IMS during a public health emergency as well as defines how these responsibilities are coordinated. Centers, Institute,

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[6] For the purposes of this document and according to the National Response Framework (NRF), an "event" is defined as a planned, nonemergency activity (e.g., parades, concerts, or sporting events). CDC can be tasked to support nonemergency events to protect or mitigate potential public health threats or to preposition assets for a more rapid response.
[7] For the purposes of this document, and according to the NRF, an "incident" is an occurrence or event, natural or manmade, that requires an emergency response to protect life or property (e.g., major disasters, emergencies, terrorist attacks or threats, fires, floods, nuclear accidents, earthquakes, public health and medical emergency, war-related disaster, and other occurrences requiring an emergency response).

and Offices (CIOs) must develop their program-specific procedures in support of this AHP. The AHP does not include actions to address threats to CDC facilities (addressed in the Integrated Emergency Management Plan [IEMP]). These standard operating procedures (SOPs) are developed and maintained by the owning program within designated CIOs.

Intended Audience:

The AHP is intended to be used by CDC personnel directly involved in actively preparing for and responding to and/or recovering from public health emergency events or incidents, when these efforts include staffing positions within CDC's IMS, activating the CDC IMS, deploying CDC personnel to the field during a response, or conducting certain response activities from within CDC CIOs. This plan also may serve as a reference for partners regarding how CDC prepares and responds to all-hazard emergency events and incidents.

Structure:

The structure of this AHP and supporting incident-specific annexes and appendices is in line with the planning structure recommended in the Federal Emergency Management Agency's (FEMA) CPG 101. The AHP is divided into 10 sections: 1) introductory material; 2) purpose, scope, situation overview, and assumptions; 3) concept of operations; 4) organization and assignment of responsibilities; 5) direction, control, and coordination; 6) information collection, analysis, and dissemination; 7) communications; 8) administration, finance, and logistics; 9) plan development and maintenance; and 10) authorities and references.

ALL-HAZARDS PLAN RECORD OF CHANGES

The CDC All-Hazards Plan (AHP) and supporting incident annexes, appendices, and attachments are living documents that reflect CDC actions and responsibilities in both national and international public health emergency preparedness, response, and recovery operations. The Division of Emergency Operations (DEO) within the Office of Public Health Preparedness and Response (OPHPR) is responsible for the maintenance of this plan and supporting annexes, appendices, and attachments, and works in collaboration with the subject matter experts (SMEs) across CDC to review these plans. Proposed changes may be submitted in writing to the DEO Plans, Training, Exercises, and Evaluation (PTEE) Team Lead at the following addresses:

- E-mail: EOCPLANS@CDC.GOV

  Subject line: PTEE Team Lead / CDC All-Hazards Plan Changes
- Surface Mail: Centers for Disease Control and Prevention
  - PTEE Team Lead, MS-D75
  - 1600 Clifton Road, NE
  - Atlanta, GA 30333

Suggested changes are reviewed by the Plans working group and SMEs across CDC as well as OPHPR and DEO leadership. Approved changes are made in the master document and the version number is updated. The most up-to-date version is stored on the CDC Emergency Operations Center (EOC) Portal at \\nmtc-t100-srv1\T100srv1\Emergency Operations\PORTAL\PTEE\CDC Plans . The CDC AHP) and incident annexes, appendices, and attachments are reviewed annually for suggested revisions and updates. Appropriate CDC personnel are notified by e-mail when an updated plan is available. The e-mail also includes an overarching summary of the revisions to the plan.

All-Hazards Plan Record of Changes		
Date	**Change Description**	**Change Entered by**
01/01/2009	Final review before first clearance	Ken Farrey
08/06/2009	Update of responsibilities	Lise Martel and Ken Farrey
02/22/2010	Update revisions	Ken Farrey
09/15/2010	Update revisions	Ken Farrey
10/22/2010	Update revisions	Ken Farrey
12/18/2010	Update revisions	Ken Farrey
02/01/2011	Update revisions	Ken Farrey
04/01/2011	Update revisions	Ken Farrey and Eric Marble
05/20/2011	Update revisions	Mark Austin
02/02/2012	Rewrite IAW PPD#8	Mark Austin
09/28/2012	Rewrite IAW PPD #8 and Risk Assessment	Mark Austin

II.   PURPOSE, SCOPE, OVERVIEW, AND ASSUMPTIONS

CDC DIRECTOR'S INTENT

CDC's mission involves collaborating to create the expertise, information, and tools that people and communities need to protect their health. The primary focus is on protecting health rather than treating illness. CDC works 24/7 with state and local health departments to save lives and safeguard communities from public health threats. This is accomplished through health promotion; prevention of disease, injury, and disability; surveillance; and preparedness for new health threats and by creating holistic approaches for improving public health across all stages of life. To effectively and appropriately prepare for and respond to an all-hazards incident, CDC has developed this AHP to establish processes and procedures to assist in the Agency's response to a variety of potential threats and hazards.

Because not all threats are predictable or preventable, CDC is prepared to use all of its resources in coordination with its federal, state, local, tribal, territorial, and international public health, medical, and emergency response partners to ensure a rapid and comprehensive response. Natural disasters and terrorist attacks can occur without warning. As a result, CDC must remain vigilant and maintain the capabilities and resources to take timely appropriate actions. These actions may be required with or without guidance from HHS and other U.S. government entities. Monitoring domestic and international public health threats through effective surveillance and reporting mechanisms should enable CDC to rapidly obtain specific details regarding an incident, confirm facts, develop an appropriate public health response to support requests for assistance, and determine strategies to mitigate and contain various threats.

Directors at all levels of CDC must review their programs at the initial stages of an all-hazards incident to develop contingencies to provide assistance during a major public health response or support mission. The knowledge, skills, and abilities of all CDC staff are exceptional, and judicious use of all CDC resources in response to public health concerns during an emergency response is necessary to bring about a swift and sustainable recovery.

The CDC AHP and supporting incident-specific annexes, appendices, and attachments provide a platform and guidance for actions to be taken by CDC in coordination with partners[8] in preparation for, response to, and recovery from all-hazards public health incidents. This plan is intended to facilitate the actions required under the CDC IMS structure. Internal implementation of this AHP requires extensive cooperation, collaboration, and information-sharing across CDC CIOs. Each CIO is to further refine the applicable tasks included in this plan and to identify personnel to perform these tasks during a response.

Thomas Frieden, M.D.

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic Substances and Disease Registry

A. Purpose

The CDC AHP is the framework by which CDC provides emergency preparedness and response operations planning for all-hazard events[6] or incidents[6] (both natural and man-made, affecting public health) in support of the U.S. Department of Health and Human Services (HHS) and the lead federal agency for domestic emergency response, the U.S. Department of Homeland Security (DHS). The CDC AHP is primarily intended to provide internal guidance regarding how CDC prepares for and executes public health activities during a public health emergency. It addresses actions the agency takes, using the centralized IMS, to address external requirements during a public health emergency. Actions required to address the impact(s) of threats on the agency, including personnel and facilities, are addressed in the Integrated Emergency Management Plan (IEMP).

B. Background/Scope

Presidential Policy Directive #8: National Preparedness (PPD #8) mandates revision of the nation's approach toward national preparedness. PPD #8 strengthens the security and resilience of the

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[8] For the purposes of this document, "partners" is defined as international, federal, state, local, territorial, tribal, and private-sector partners.

United States through systematic preparation for the threats that pose the greatest risk to the security of the nation, including acts of terrorism, cyber-attacks, pandemics, and catastrophic natural disasters. PPD #8 replaced Homeland Security Presidential Directive #8 (HSPD #8). This revision, although significant, left intact some of the foundational principles upon which the federal government has based preparedness activities over the past decade — namely the National Incident Management System (NIMS) and common plan formatting. One major change in the revised federal approach is the move away from the 15 National Planning Scenarios and toward a focus on an integrated, all-of-nation, capabilities-based approach to preparedness. Although the 15 scenarios no longer direct federal emergency response planning, they still exist within the Strategic National Risk Assessment (SNRA) as National Level Events.

PPD #8 established the National Preparedness System (NPS) and defines five preparedness mission areas in which the nation must be prepared to act — Prevention, Protection, Mitigation, Response, and Recovery. PPD #8 also required the development of National Planning Frameworks to represent each of the five mission areas and supporting Federal Interagency Operational Plans (FIOPs). The federal planning and preparedness effort focuses on 31 core capabilities that are categorized under the five mission areas, with three common core capabilities spanning all five mission areas: Planning, Public Information and Warning, and Operational Coordination (see Attachment F). These common core capabilities unify the mission areas and, in many ways, are necessary for the success of the remaining core capabilities. Each of the mission areas is represented by a national framework. These five mission areas aid in organizing national preparedness activities and do not constrain or limit integration across mission areas and core capabilities, which by their nature are highly interdependent and applicable to any threat or hazard.

The AHP is not all-inclusive, and activities will vary depending on the nature and severity of the event or incident. It describes general responsibilities for performing both general and specific IMS functional roles during a public health response. CIOs must develop procedures that support this plan but do not need to duplicate the emergency response activities in supporting plans that have already been established in this AHP. This plan is not intended to supplant or interfere with activities in which CDC may be involved under other program authorities, such as the Division of

Select Agents and Toxins' (DSAT) authority[9] to regulate the possession, use, and transfer of select agents and toxins[10]or the Division of Strategic National Stockpile's (DSNS) authority (as directed by the HHS Assistant Secretary for Preparedness and Response [ASPR]) to supplement and supply state and local public health agencies with medical countermeasures or other supplies during an event or incident.

C. Situation Overview

The NPS is based on core capabilities that support "strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the nation, including acts of terrorism, cyber-attacks, pandemics, and catastrophic natural disasters."[11] This approach assumes that the nation will be best prepared and able to respond to a wide range of threat scenarios by focusing on development of these core capabilities. Figure 1 shows how CDC public health emergency plans support the NPS. Refer to Attachment F for more information on the federal overview.

The following aspects of the NPS are of particular interest to CDC: 1) the official definition of "Prevention[12]" is not public health-centric but focuses on intelligence and law enforcement; 2) some of CDC's core capabilities are not adequately addressed in the national core capabilities; and 3) CDC's core capabilities do not easily fit within only a single Framework (e.g., surveillance can easily fit within Protection, Mitigation, Response, and Recovery).

When called upon to respond to a public health incident, the agency will respond with resources to address the situation and respond to taskings for support from HHS or in accordance with inherent CDC authorities. This plan also identifies actions to be taken for each of the five frameworks established by PPD # 8: Prevention, Protection, Mitigation, Response, and Recovery.

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[9] Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188).
[10] Select Agent Regulations (March 2005) www.selectagents.gov
[11] Strategic National Risk Assessment
[12] For the purposes of the *National Prevention Framework,* the term "Prevention" includes immediate actions necessary to avoid, prevent, or stop an *imminent* threatened or actual act of terrorism. In Emergency Support Function #8, the term "prevention" refers to methods of intervention to avert and manage disease, injuries, and other health conditions through surveillance of cases and promotion of healthy behaviors, communities, and environments.

1. Hazard Analysis Summary

The difficulty in planning is that being totally prepared to respond to any potential threat or hazard is impossible. The goal of capabilities-based planning is being prepared to mount a successful response to a threat/hazard. An important step in the planning process is assessing how CDC capabilities will be employed to respond to different threats/hazards. Hazard analysis is critical to successfully prepare for, react to, and support any incident or response.

Figure 1: HSPD/PPD Relationships to CDC Public Health Emergency Plans
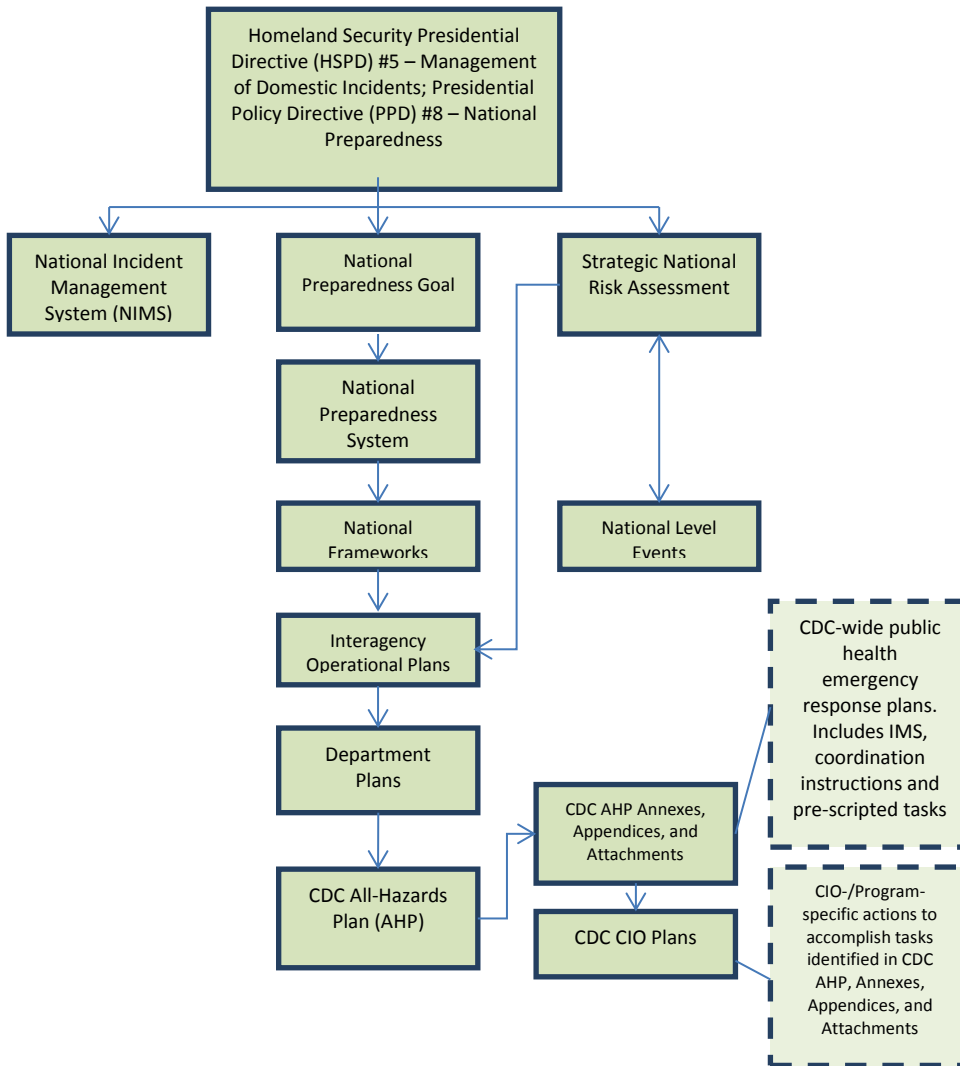
A hazard/threat analysis identifies the relevant risk factors that guide application of core capabilities. Through the Plans Steering Committee (PSC) and in accordance with the CDC Plans Policy, CDC annually conducts hazard/threat analysis for the nation to determine which threats pose the greatest risk to public health. Consequently, the agency develops and updates contingency plans to address the proper application of CDC core capabilities to those threats.

During the 2012 hazard/threat analysis process, the PSC, in consultation with CDC SMEs, determined that some of the 23 national level events could be combined into a single threat from a CDC public health perspective (see Table 1). Combinations include

- Flood, Dam Failure, and Tsunami: all flood-type incidents, incorporated into the Natural Disasters Annex
- Biological Food Contamination: includes Chemical/Biological Food Contamination (Terrorist Attack)
- Chemical Substance Spill or Release: includes Chemical Terrorism Attack (nonfood)
- Radiological Substance Release: includes Nuclear Terrorism Attack and Radiological Terrorism Attack
- Cyber: includes Cyber Attack Against Data and Cyber Attack Against Physical Infrastructure

Table 1: National Level Event Groupings

Threat/ Hazard Group	Threat/Hazard Type
Natural	Animal Disease Outbreak
	Earthquake
	Flood
	Human Pandemic Outbreak
	Hurricane
	Space Weather
	Tsunami
	Volcanic Eruption
	Wildfire
Technological/ Accidental	Biological Food Contamination
	Chemical Substance Spill or Release
	Dam Failure
	Radiological Substance Release
Adversarial/ Human-Caused	Aircraft as a Weapon
	Armed Assault
	Biological Terrorism Attack (non-food)
	Chemical/Biological Food Contamination Terrorism Attack
	Chemical Terrorism Attack (non-food)
	Cyber Attack against Data
	Cyber Attack against Physical Infrastructure
	Explosives Terrorism Attack
	Nuclear Terrorism Attack
	Radiological Terrorism Attack

Following the DHS methodology in the SNRA, CDC conducted a hazard vulnerability assessment (see Figure 2) of each of the 23 National Level Events (see Attachment F).

Figure 2: CDC Hazard Vulnerability Assessment[13]
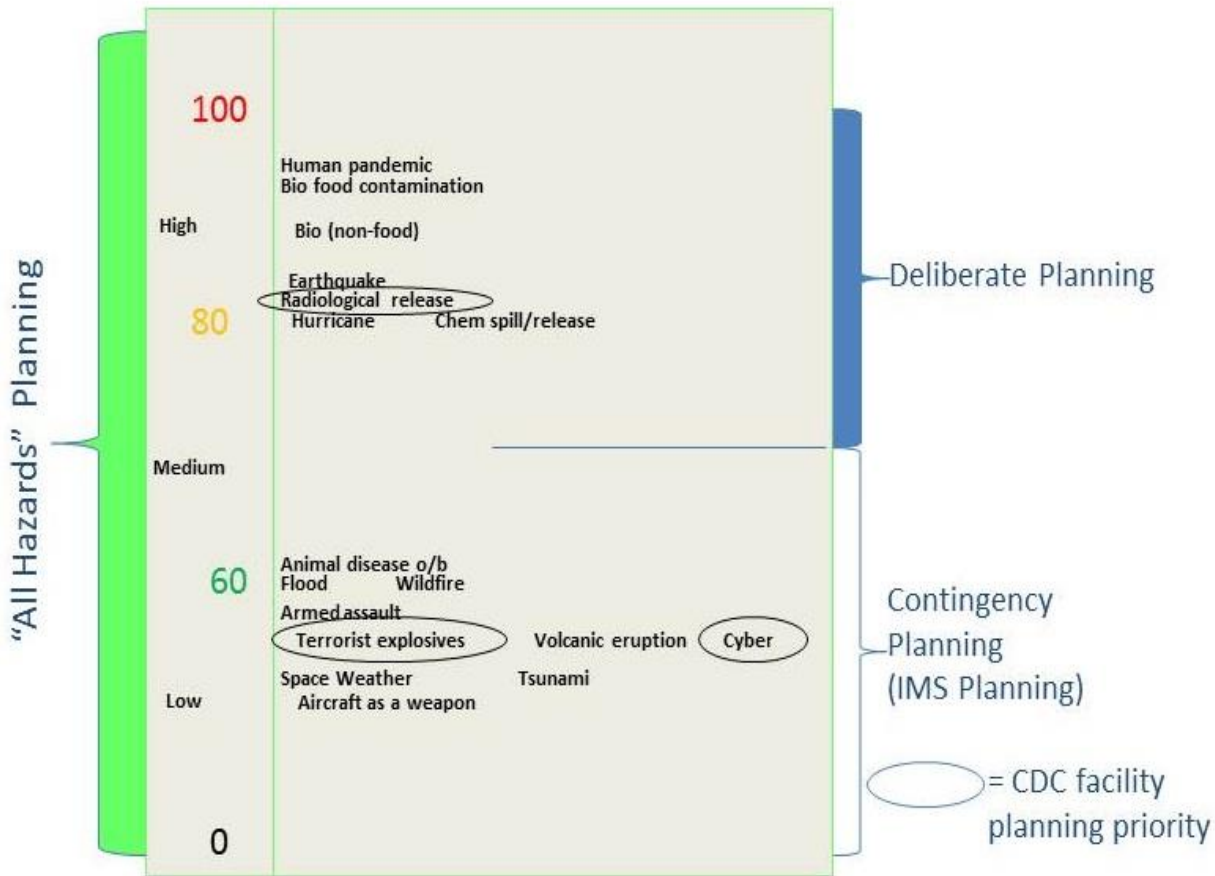
The CDC PSC determined the following seven public health threats require development of deliberate plans to guide CDC public health preparedness and response actions:

- Human Pandemic
- Biological Incident
- Earthquake
- Radiological Release
- Hurricane
- Chemical Release
- Cyber

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[13] Complete risk assessment is maintained by OPHPR/DEO/PTEE.

CDC will maintain deliberate plans for each of these threats. As the intent of the NPS and the SNRA is to identify and prepare for threats, additional plans may be developed based on the CDC risk assessment process. Should an incident arise for which no deliberate plan exists, CDC will respond by using the AHP and developing an incident action plan for that incident.

Table 2: Lead CIO (IMS) for each high-risk hazard scenario

Threat	Lead CIO	
	Domestic	**International**
Human Pandemic	OID/ICU	
Biological Release	OID	
Chemical Release	ONDIEH/NCEH	
Radiological Release	ONDIEH/NCEH	
Hurricane	ONDIEH/NCEH	CGH
Earthquake	ONDIEH/NCEH	CGH
Cyber Attack	OCOO	

Table 2 lists the generally assumed Lead CIO for each of the high-risk hazard scenarios. On occasion, the specifics of an incident (e.g., the type of agent/contaminant involved) may dictate a deviation from the Lead CIOs in this list. All CIOs not operating in a lead role are responsible for providing support to the response as required.

CDC, through the Office of the Chief Operating Officer (OCOO), develops plans to address risks to CDC personnel and facilities. Of the 23 National Level Events, three public health threats were identified for plan development for CDC facilities specifically:

- Radiological Release
- Terrorist Use of Explosives
- Cyber Attack

These potential threats to CDC personnel and facilities are addressed within the IEMP maintained by the OCOO.

2. **Capability Assessment**

To determine core public health capabilities, OPHPR, in its role of providing strategic direction for CDC preparedness and readiness activities, conducted an extensive crosswalk

analysis between federal legislation (PAHPRA and PKEMRA)[14], DHS Core Capabilities, Public Health Capability Standards, National Preparedness Guidelines, the National Preparedness Goal, the National Frameworks, the National Health Security Strategy (NHSS), the CDC National Strategy Plan, National Standards for State and Local Planning, and Healthy People 2020. The following 12 capabilities were determined to constitute CDC core public health emergency preparedness, response and recovery capabilities; further analysis aligned these core capabilities with the five national frameworks (see Table 3).

Table 3: CDC Core Public Health Capabilities

	CDC Core Public Health Capabilities	Prevent	Protect	Mitigate	Respond	Recover
1	Community Preparedness			X	X	X
2	Information Sharing	X	X	X	X	X
3	Public Health Surveillance and Epidemiological Investigation	X	X	X	X	X
4	Public Health Laboratory Testing	X	X		X	
5	Emergency Operations Coordination	X	X	X	X	X
6	Responder Safety and Health	X	X	X	X	X
7	Emergency Public Information and Warning	X	X	X	X	X
8	Medical Materiel Management and Distribution			X	X	X
9	Medical Countermeasure Dispensing		X	X	X	
10	Mass Care				X	
11	Non-pharmaceutical Interventions		X	X	X	X
12	Community Recovery			X		X

In addition, CDC can play a major or supporting role in other capabilities (e.g., extensive grant funding for Fatality Management).

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[14] Pandemic and All-Hazards Preparedness Reauthorization Act; Post-Katrina Emergency Management Reform Act.

3. **Overview of CDC Planning and Preparedness Efforts in Relation to the National Planning Frameworks**

PPD #8 directs five mission areas to be developed into Frameworks. These mission areas are

Prevention: The nation is optimally prepared to prevent an imminent terrorist attack within the United States.

Protection: A homeland that is protected from terrorism and manmade or natural disasters and in which American interests, aspirations, and way of life can thrive.

Mitigation: The whole community is engaged in long-term measures to reduce or eliminate the risk of hazards and threats developing into disasters and the impacts of the disasters that occur.

Response: Those capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred.

Recovery: The restoration, strengthening, and revitalization of the infrastructure; the housing; a sustainable economy; and the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident.

Just as the National Preparedness System is constant, CDC's all-hazards preparedness efforts are constant, many daily activities of CDC programs support elements of the five Frameworks. The CDC AHP describes how CDC supports the five mission areas of the National Preparedness System during public health emergencies (when the IMS is activated for centralized response operations) in conjunction with Program activities. Actions executed during IMS activation primarily support the Response and Mitigation frameworks and, to some extent, support the Recovery Framework. Other actions that support the Prevention and Protection frameworks can be executed during IMS activation but are often executed under existing authorities during Program activities. These actions should be addressed in Program-level processes and procedures.

a. **Prevention Overview**

The Prevention Framework and its supporting FIOP describe how the federal government delivers its core capabilities to resolve imminent terrorist threats, thwart

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terrorist attacks, and/or prevent follow-on attacks. Although the Prevention Framework focuses primarily on intelligence and law enforcement activities, CDC does conduct some activities in support of each of the mission area core capabilities:

1) Information Sharing.

   CDC collaborates with partners to help prevent incidents through development and implementation of information-sharing processes that obtain information from intelligence activities, threat assessments, alert networks, and surveillance programs and through information exchange with internal and external stakeholders.

2) Public Health Surveillance, Epidemiological Investigation, and Toxicological Evaluation.

   CDC operates or participates in several surveillance activities, including BioSense, BioWatch, VAERS, and the Global Disease Detection Center.

3) Public Health Laboratory Testing.

   CDC SMEs and laboratories provide expertise to assist investigations by federal partners (including FBI and FDA).

4) Emergency Operations Coordination.

   a) As a National Preparedness Goal cross-cutting core capability, the CDC EOC maintains a 24/7/365 operational watch, response, and coordination capability.

   b) CDC maintains global awareness of potential disease outbreaks through the efforts of the Global Disease Detection Operations Center (GDDOC).

5) Responder Safety and Health.

   CDC provides guidance to protect the safety and health of all those who respond to a public health incident, including volunteers; provides specialized personnel, equipment, training, and other resources that protect against all hazards; and prevents illness and injuries among responders resulting from avoidable exposures or risks during the immediate response and during decontamination.

6) Emergency Public Information and Warning.

CDC maintains a robust and proactive public health messaging system, using cutting edge information tools (including social media) and media monitoring and metrics.

b. **Protection Overview**

PPD-8 defines protection as "those capabilities necessary to secure the homeland against acts of terrorism and human-caused or natural disasters." Protection includes steady-state (normal) and enhanced steady-state operations and includes but is not limited to:

- Ongoing activities that are not activated by a contingency plan or an event.
- Operations that occur every day (24/7).
- Activities that are conducted each day by federal departments and agencies.

The National Protection Framework is focused on actions to protect U.S. citizens, residents, and visitors as well as critical assets, systems, and networks against threats, thereby achieving the Protection mission area end-state identified in the National Preparedness Goal — to "create conditions for a safer, more secure, and more resilient nation by enhancing Protection through cooperation and collaboration" with the whole community.

Certain CDC core capabilities support several of the Protection mission area core capabilities:

1) Information Sharing.

CDC maintains agreements with appropriate partners and stakeholders to share appropriate information related to investigations and other areas, as appropriate.

2) Public Health Surveillance, Epidemiological Investigation, and Toxicological Evaluation.

a) CDC operates or participates in several surveillance activities, including BioSense, BioWatch, VAERS, and the Global Disease Detection Center. By proactively detecting public health threats, CDC is able to potentially reduce the number of people and communities exposed to a threat.

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b) For chemical substance spill or releases, NCEH/ATSDR staff (medical officers, toxicologists, and environmental scientists) work closely with EPA to review environmental monitoring data, assess the public health threat of exposure to environmental contaminants, and recommend control actions, where necessary.

3) Public Health Laboratory Testing.

a) CDC SMEs and laboratories provide expertise to develop rapid and accurate testing procedures to assist partners with the ability to quickly identify a threat so that appropriate measures can be taken to minimize or eliminate the public health threat.

b) The Laboratory Response Network (LRN) provides a back-up capability to support the nation's public health laboratory requirements, thereby reducing risk to any local or regional laboratory capability and/or capacity.

4) Emergency Operations Coordination.

a) As a National Preparedness Goal cross-cutting core capability, the CDC EOC maintains a 24/7/365 operational watch, response, and coordination capability. This capability provides CDC the ability to quickly identify and respond to a public health threat.

b) The Division of Select Agents and Toxins (DSAT) actively maintains accountability and control of agents and toxins within the United States that pose a significant public health threat, This accountability and coordination helps protect the public from agents and toxins during emergencies.

5) Responder Safety and Health.

CDC provides guidance to protect the safety and health of all those who respond to a public health incident, including volunteers; provides specialized personnel, equipment, training, and other resources that protect against all hazards; and prevents illness and injuries among responders resulting from avoidable exposures during the immediate response and during decontamination.

6) Emergency Public Information and Warning.

CDC maintains a robust and proactive public health messaging system, using cutting edge information tools (including social media) and media monitoring and metrics. Public messaging, by educating the "whole of community," assists citizens, responders, and leaders in knowing how to protect themselves from public health threats. By maintaining situational awareness and identifying information needs through media monitoring and metrics, CDC is able to rapidly identify and respond to potential public health threats, creating the opportunity to reduce the numbers of people affected by a threat.

7) Medical Countermeasure Dispensing.

CDC assists SLTT health officials with receiving, staging, storing, and distributing medical materiel to support the objectives of the response.

8) Non-pharmaceutical Interventions.

CDC develops and provides health guidance to protect people during a public health emergency or incident. These actions (such as social distancing, isolation, and quarantine) can potentially reduce the number of people and communities exposed to a threat.

c. **Mitigation Overview**

Mitigation actions are driven by risk. Because mitigation actions can be operationally delivered during steady-state operations, not only in anticipation of and in the wake of a disaster, mitigation efforts are always in effect. Building and sustaining a mitigation-minded culture will make the nation more socially, ecologically, and economically resilient before, during, and after an incident. Four mitigation guiding principles provide the foundation of the Mitigation mission area:

- Resilience and sustainability.
- Leadership and locally focused implementation.
- Partnerships and inclusiveness.
- Risk-conscious culture.

Mitigation efforts are not limited to disaster-focused statutes and authorities but encompass a larger scope of authorities, including agency operational authorities. Within this broader scope, CDC directly and indirectly delivers a capability or capabilities during steady-state operations and in anticipation of and in the wake of disaster. A directly delivered capability would explicitly provide that capability, such as a mitigation grant to reduce long-term vulnerability (e.g., PHEP grants). An indirect delivery includes building mitigation within its projects or activity, such as developing and maintaining redundant IT systems.

Several of CDC's core capabilities contribute to public health emergency mitigation efforts:

1) Community Preparedness.

   CDC provides technical assistance to assist state, local, tribal, and territorial health officials in developing and maintaining public health protection and risk management programs, resulting in stronger and more resilient communities.

2) Information Sharing.

   CDC actively participates in a variety of partnership collaboration efforts during steady-state operations, as well as during response and recovery operations, which help to identify issues as well as develop solutions. These actions help to ensure an effective and efficient response during an incident, thereby minimizing the negative effects on the population and the nation.

3) Public Health Surveillance, Epidemiological Investigation, and Toxicological Evaluation.

   a) CDC operates or participates in several surveillance activities, including BioSense, BioWatch, VAERS, and the Global Disease Detection Center. By proactively detecting public health threats, CDC is able to potentially reduce the number of people and communities exposed to and mitigating a threat.

   b) CDC provides EpiAid support to SLTT public health entities.

   c) CDC provides environmental health surveillance and expertise.

4) Emergency Operations Coordination.

As a National Preparedness Goal cross-cutting core capability, the CDC EOC maintains a 24/7/365 operational watch, response, and coordination capability. Maintaining, exercising, and evaluating this capability helps ensure CDC is prepared to respond effectively to any public health hazard.

5) Responder Safety and Health.

CDC provides guidance to protect the safety and health of all those who respond to a public health incident, including volunteers. This planning guidance enables leadership and planners at all levels to properly plan and prepare equipment, processes, and procedures to reduce the risk to responders.

6) Emergency Public Information and Warning.

CDC maintains a robust and proactive public health messaging system, using cutting edge information tools (including social media) and media monitoring and metrics to identify information needs. CDC also develops, maintains, and updates public health messaging, which is available during steady-state operations as well as proactively disseminated during an incident.

7) Medical Materiel Management and Distribution.

CDC maintains a stockpile of medical materiel which may be made available to affected jurisdictions to assist them in the rapid treatment or prophylaxis of affected populations.

8) Medical Countermeasure Dispensing.

CDC works closely with SLTT partners to effectively and efficiently dispense appropriate medical countermeasures, thereby reducing the threat to exposed populations.

9) Non-pharmaceutical Interventions.

CDC develops and provides health guidance to protect people during a public health emergency or incident. Guidance (such as social distancing during an influenza pandemic) can help minimize the threat, thereby reducing the number of people affected.

10) Community Recovery

    a) CDC provides technical assistance to state, local, tribal, and territorial health officials in developing and maintaining public health protection and risk management programs to reduce the long-term vulnerability of communities and the nation.

    b) The Division of Select Agents and Toxins (DSAT) actively maintains accountability and control of agents and toxins within the United States, thereby reducing the vulnerability of the nation's population to those agents and toxins that pose a significant public health threat.

    c) CDC provides vector control support to protect local populations after a disaster affecting environmental conditions.

    d) CDC works with partners to establish and track patient registries to track the health of patients exposed to identified or potential public health threats.

d. Response Overview

Federal disaster response planning goes back to passage of the Stafford Act in 1988. Before issuance of PPD #8, all major federal disaster plans focused on response operations, which support SLTT and insular area efforts to save lives, protect property and the environment, and meet basic human needs following an emergency or disaster (natural or manmade). The Response Framework seeks to incorporate core capabilities using the whole community concept and incorporating a full range of stakeholders (individuals, families, communities, the private and nonprofit sectors, and faith-based organizations) to save lives and mitigate human suffering.

Several of CDC's core capabilities contribute to public health emergency response efforts in support of several of the mission core capabilities:

1) Community Preparedness.

    CDC provides technical assistance to assist state, local, tribal, and territorial health officials in developing and maintaining public health protection and risk management programs, resulting in communities more capable of responding to a public health emergency.

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2) Information Sharing.

CDC actively participates in a variety of partnership collaboration efforts during steady-state operations as well as during response and recovery operations, which help to identify issues and develop solutions. These actions help to ensure an effective and efficient response during an incident as well as assist with overall situational awareness, which enhances decision-making.

3) Public Health Surveillance, Epidemiological Investigation, and Toxicological Evaluation.

a) CDC operates or participates in several surveillance activities, including BioSense, BioWatch, VAERS, and the Global Disease Detection Center.

b) CDC identifies potential sources of exposure and implements measures to reduce morbidity and mortality for an etiological agent (e.g., vector surveillance, environmental health surveillance, injury surveillance, or outbreak investigation and response).

c) CDC/ATSDR in cooperation with the U.S. Environmental Protection Agency (EPA) provides toxicological evaluations.

d) CDC provides EpiAid support to SLTT public health entities.

4) Public Health Laboratory Testing.

a) CDC SMEs and laboratories provide expertise to conduct rapid and accurate specimen testing. This provides senior leaders with the additional situational awareness needed to understand the extent of a public health threat, develop/assess/adjust plans to respond appropriately, and identify resources required to address the threat.

b) The Laboratory Response Network (LRN) provides a back-up capability to provide both chemical and biological capabilities to support the nations' public health laboratory requirements, thereby increasing the ability to respond with appropriate capability and/or capacity.

5) Emergency Operations Coordination.

As a National Preparedness Goal cross-cutting core capability, the CDC EOC maintains a 24/7/365 operational watch, response, and coordination capability.

CDC uses the CDC EOC, IMS, and core trained emergency response personnel to respond effectively to any public health hazard.

6) Responder Safety and Health.

CDC provides guidance to protect the safety and health of all those who respond to a public health incident, including volunteers. This planning guidance enables leadership and planners at all levels to properly plan and prepare equipment, processes, and procedures to safely deploy and employ responders during any public health response.

7) Emergency Public Information and Warning.

CDC maintains a robust and proactive public health messaging system, using cutting edge information tools (including social media) and media monitoring and metrics to identify information needs. CDC targets, proactively disseminates, and updates important public health and safety information during an incident.

8) Medical Materiel Management and Distribution.

CDC assists SLTT public health officials by offering rapid assistance from a stockpile of medical materiel; this material may assist them in the rapid treatment or prophylaxis of affected populations.

9) Medical Countermeasure Dispensing.

CDC works closely with SLTT partners to effectively and efficiently dispense appropriate medical countermeasures, thereby reducing the threat to exposed populations.

10) Mass Care.

a) CDC develops clinical guidance and guidelines to support appropriate medical management of affected persons.

b) CDC provides technical assistance to state, local, tribal, and territorial health officials in developing and maintaining public health protection and risk management programs, reducing the long-term vulnerability of communities and the nation. These programs address capabilities including

- casualty management
- mass shelter operations

- volunteer management
- medical surge

c) As required, CDC establishes patient registries to track the health of patients exposed to identified or potential public health threats.

11) Non-pharmaceutical Interventions.

a) CDC develops and provides health guidance to protect people during a public health emergency or incident.

b) CDC supports shelter operations.

e. **Recovery Overview**

Frequently, post-incident recovery mission activities occur simultaneously with response mission activities. Typically, the recovery operation ramps up as the response operation ramps down. One of the most significant changes under PPD #8 is the expansion of the structure for recovery operations and identification of Recovery Support Functions (RSFs): Community Planning and Capacity Building, Economic, Health and Social Services, Housing, Infrastructure Systems, and Natural and Cultural Resources. RSFs are similar to ESFs, and the design of the Federal Disaster Recovery structure is intended to minimize the shift of responsibilities during the transition between response and recovery. To ensure the most effective delivery of support to SLTT and insular area partners, the two mission areas must transition smoothly. The following are key milestones that may indicate the shift from response to recovery and an increased demand for recovery process coordination and information sharing:

- ESF is demobilized (per the Federal Coordinating Officer's [FCO] direction and the State/Tribal/Territorial Coordinating Officer's [S/TCO] agreement).
- State, tribal, territorial, or insular area government requests RSF engagement.
- State, tribal, territorial, or insular area government sets up or activates its own recovery organization to manage recovery.
- State, tribal, territorial, or insular area government initiates its own recovery plan or program.

Recovery operations generally consist of both short-term and long-term recovery activities. CDC participation in short-term recovery operations will generally occur using an IMS-led response, operating within the CDC EOC. Long-term recovery operations generally are the responsibility of CDC programs and will transition from an IMS-led response following CDC IMS deactivation. IMS leadership, using the Preliminary Assessment Team (PAT) process (refer to "CDC EOC Operational Modes"), will determine whether recovery operations are maintained in the CDC EOC or transitioned to a CDC program, based on the level of efforts and Mission Assignments. The following CDC core capabilities support the mission core capabilities:

1) Community Preparedness.

   CDC provides technical assistance to assist state, local, tribal, and territorial health officials in developing and maintaining public health protection and risk management programs, resulting in communities more capable of responding to a public health emergency.

2) Information Sharing.

   CDC actively participates in a variety of partnership collaboration efforts during steady-state operations as well as during response and recovery operations, which help to identify issues and develop solutions. These actions help to ensure an effective and efficient response during an incident as well as assist with overall situational awareness, which enhances decision-making.

3) Public Health Surveillance, Epidemiological Investigation, and Toxicological Evaluation.

   a) CDC operates or participates in several surveillance activities, including BioSense, BioWatch, VAERS, and the Global Disease Detection Center.

   b) CDC identifies potential sources of exposure and implements measures to reduce morbidity and mortality for an etiological agent (e.g., vector control or environmental health surveillance).

   c) CDC provides EpiAid support to SLTT public health entities.

4) Emergency Operations Coordination.

As a National Preparedness Goal cross-cutting core capability, the CDC EOC maintains a 24/7/365 operational watch, response, and coordination capability. CDC uses the CDC EOC, IMS, and core trained emergency response personnel to respond effectively to any public health hazard.

5) Responder Safety and Health.

CDC provides guidance to protect the safety and health of all those who respond to a public health incident, including volunteers. This planning guidance enables leadership and planners at all levels to properly plan and prepare equipment, processes, and procedures to safely deploy and employ responders during any public health response.

6) Emergency Public Information and Warning.

CDC maintains a robust and proactive public health messaging system, using cutting edge information tools (including social media) and media monitoring and metrics to identify information needs. CDC targets, proactively disseminates, and updates important public health and safety information during an incident recovery.

7) Non-pharmaceutical Interventions.

a) CDC develops and provides health guidance to protect people during a public health emergency or incident.

b) CDC supports shelter operations

8) Community Recovery.

a) CDC works closely with SLTT partners to restore their capability and capacity to meet the public health needs of affected populations.

b) CDC works to provide or modify existing grants through the Public Health Emergency Preparedness program to assist state, local, tribal, and territorial health officials in providing and restoring essential public health services.

c) CDC provides vector control support to protect local populations following a disaster affecting environmental conditions.

d) CDC establishes patient registries to track the health of patients exposed to identified or potential public health threats.

D. **Planning Assumptions**

1. **Critical Considerations**

   The AHP takes into consideration the following factors when supporting a public health response: a) public health concerns, b) impaired critical infrastructure (with impact on the public health and medical infrastructure), c) regulatory requirements for some medical countermeasures, d) extensive public health media communications (including social media and clearance issues), e) prolonged recovery phases, f) multiple response scenarios, and g) international considerations.

   a. *Population Concerns*: Concerns might include issues such as relocation; shelters; vector control; infection control; isolation; or return of water, wastewater, solid waste facilities, and public health infrastructure to normal operation.

      1) *Increased Healthcare Volume Attributed to the Worried Well*: During most events or incidents, some people seek medical treatment even though they may not be injured by the event or incident. This can significantly strain hospitals, clinics, and other public health providers, and place an additional burden on public health systems.

      2) *At-Risk Individuals:* This includes populations whose circumstances and conditions require distinct, special, and additional attention to ensure safety and well-being within the context of a particular emergency setting. Effective preparation for public health emergencies must include protecting at-risk populations and communities, especially when resources, mobility, continuity of services and support, and access to mainstream communications are directly linked to the ability to prepare and protect oneself, family, or community. At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency. It is imperative that the needs of at-risk

populations be considered in emergency response planning (mitigation) and addressed during response and recovery operations.

b. *Impaired Critical Infrastructure:* The effect of some events or incidents on national, state, and local transportation, communication, public health, medical, and utility systems may considerably affect response strategies, with the potential for adverse impacts on public health issues. Vertical and horizontal coordination and collaboration during planning (mitigation) and response/recovery efforts are critical to reduce adverse impacts.

c. *Medical Countermeasure Regulatory Considerations:* Pandemics and certain incidents involving chemical, biological, radiological, or nuclear agents may require medical countermeasures, some of which are provided by CDC's Division of Strategic National Stockpile (DSNS) or other divisions within CDC. However, some of these countermeasures are considered investigational products and require an Emergency Use Authorization (EUA) issued by FDA under an official HHS Secretary declaration of emergency under section 564(b) (1) of the federal Food, Drug, and Cosmetic Act[15].

d. *Extensive Public Health Communication Demands:* CDC provides extensive and consistent public health guidance and information through multiple channels to media sources and the public. Communications should provide appropriate messages that enable the public to reduce injury or illness, that reduce opportunities for misinformation, and that alleviate public anxiety or raise public concern as appropriate.

e. *Prolonged Recovery Phase:* Events or incidents, including natural and technological disasters and terrorist attacks, can severely damage the environment or critical infrastructure, resulting in challenging and lengthy recovery periods. For example:

1) Long after the initial response phase ends, chemical, biological, or radiological contamination may remain. Some contaminants, especially radionuclides[16] and anthrax, are very difficult and costly to remediate. Although some decontamination techniques may be effective in small sites, some may not be suited for large areas.

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[15] U.S. Food and Drug Administration, Guidance on Emergency Use Authorization of Medical Products (July 2007). Section: Emergency Activities. http://www.fda.gov/oc/guidance/emergencyuse.html

[16] An isotope of artificial or natural origin that exhibits radioactivity. Radionuclides serve as agents in nuclear medicine and genetic engineering, play a role in computer imaging for diagnosis and experiment, and account for a percentage of background radiation to which humans are exposed.

2) Evacuation and relocation during cleanup and restoration can result in significant difficulties for those with chronic medical conditions.

3) Events or incidents, depending upon the type, scope, and magnitude, may threaten the economic sustainability of the affected communities and cause severe disruption and long-term economic damage. This can generate cascading economic situations that extend outside the immediate community. These affects can have an adverse impact on the public health and medical needs of populations.

f. *Multiple Response Scenarios*: In the event of concurrent responses, IMS and OPHPR leadership will conduct a risk analysis based on the threat, mission requirements, and resource availability to direct the application of CDC's core capabilities.

g. *International Concerns:* International events or incidents require additional considerations, including cross-border trade, quarantine, transit, law enforcement coordination, or a Public Health Emergency of International Concern (PHEIC) requiring International Health Regulation (IHR) notification. For example:

1) A public health emergency in another country (such as the Haiti earthquake and subsequent cholera outbreak and the Japan radiological emergency [Fukushima Daiichi]) requires close coordination and collaboration with international stakeholders (e.g., WHO, PAHO, UNICEF, and national Ministries of Health [MoHs]).

2) An international pandemic will require significant coordination with the U.S. Department of State, WHO, and MoHs of the affected countries.

3) Concerns about nuclear/radiological (NUC/RAD) fallout (i.e., transportation of NUC/RAD particles) and the decontamination process will need to be addressed. CDC may (in a supporting/technical role) be requested to assist in radiological monitoring of people entering the United States or other countries.

2. **Critical Assumptions**

   a. Partners and stakeholders will request federal assistance regarding public health and medical needs.

   b. CDC will provide assistance to partners and stakeholders[17] in response to a public health event or incident before a disaster or emergency declaration.

   c. Domestic and international public health threats will be monitored through effective surveillance and reporting mechanisms.

   d. Domestic public health response requirements will out-weigh and be prioritized over international requirements.

   e. CDC Programs will assist partners in managing events until the response requires centralized coordination through IMS activation.

   f. CDC will respond to potential public health threats without other federal agency involvement.

   g. Public perception of an event or incident will demand CDC's involvement to support the public health needs of its partners.

   h. CDC will support partners' ability to meet community needs resulting from economic and social disruption.

   i. State and local medical and ancillary supplies will be inadequate in a major or catastrophic all-hazards event or incident and will require U.S. government assistance.

   j. State and local health care systems will be overloaded or destroyed during a major event or incident and will require ESF #8 assistance.

   k. State and local health care staff will be overwhelmed and trained/certified personnel may be required to support public health responsibilities for disaster victims and response personnel.

   l. Transportation assets and road networks in critical areas will be limited, affecting transport of medical supplies.

   m. CDC will provide assistance in disseminating important public health information through multiple communications channels.

   n. CDC will respond to multiple, concurrent public health emergencies.

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[17] "Stakeholders" include departments of health, academia, professional organizations, nongovernmental organizations (NGOs), international organizations, and industry.

o. CDC response to a second event/incident will differ depending on the event/incident.

p. Planned exercises will be postponed, cancelled, or adjusted during multiple concurrent responses.

III. CONCEPT OF OPERATIONS
A. Mission.

CDC contributes to the National Preparedness System by conducting public health activities to address all-hazards incidents for the nation and the world.

B. Concept of Operations.

Not all public health response events or incidents require centralized management under CDC's IMS structure. CDC CIOs are responsible for assisting partners to manage incidents and events within their programs until the response requires centralized management through the IMS. Once the decision is made to activate the IMS, most centralized IMS functions usually relocate to the CDC Emergency Operation Center (CDC EOC). This section provides an overview of the roles and responsibilities during an IMS activation and describes those actions that, when successfully carried out, will accomplish the CDC mission.

1. Key Components
   a. CDC CIO Directors are to support AHP concepts, processes, and structures and accept accountability for the CIO-specific preparedness and response functional roles and responsibilities outlined in this AHP.
   b. CDC will use its available resources to the extent permitted by authorizing and appropriations law, to help ensure the health of all Americans and to assist in the full restoration of the public health and medical infrastructure of an area affected by an all-hazards event or incident.
   c. Because many natural disasters or terrorist attacks occur without warning, CDC will maintain vigilance to take appropriate actions within a timely manner, which may require doing so with or without immediate guidance from HHS and other U.S. government entities.

d. By monitoring domestic and international public health threats through effective surveillance and reporting mechanisms, CDC should be able to rapidly obtain specific details regarding an event or incident, confirm facts, and then develop an appropriate response to support requests for assistance and develop strategies to mitigate and contain various threats.

e. Not all CDC programs can support every event or incident, but Directors at all levels of CDC must review their programs at the initial stages of an all-hazards incident to develop contingencies to provide assistance during a major public health response or support mission.

f. CDC CIO Directors must support the AHP concepts, processes, and structures and accept accountability for their specific preparedness and response functional roles and responsibilities outlined in this AHP. Each CIO is responsible to further refine the applicable tasks included in this plan and to identify personnel to perform these tasks during a response.

g. All CDC CIOs will support development and updates of the CDC Continuity of Operations Plan (COOP) required by Presidential Decision Directive 67 and National Security Presidential Directive #51 (NSPD 51).

h. CIOs with IMS responsibilities should take the following steps to prepare for public health emergency response operations:

1) Pre-designate senior IMS leadership positions (e.g., IM, Deputy IM, CHO, SSO, SRS Lead, and SRS Task Force Leads)

2) LNO(s)

3) Public Health Functional Team Lead (PHFTL) to the HHS IRCT

4) Request designation of Commissioned Corps officers who are mission critical to the planned IMS response; this crucial step helps protect them from deployment by HHS/ASPR and the USPHS Division of Commissioned Corps Personnel and Readiness (DCCPR) .

5) Develop, train, and exercise supporting plans for agent-specific or scenario-specific threat responses.

2. Operational Response Concept

The Secretary of the U.S. Department of Health and Human Services (HHS), through the Office of the Assistant Secretary for Preparedness and Response (ASPR), coordinates national preparedness, response, and recovery actions for ESF #8: Public Health and Medical Services. This supports the U.S. Department of Homeland Security (DHS) responsibility to manage the U.S. Government (USG) response to the extent permitted by authorizing and appropriations legislation. CDC will use its full spectrum of resources to fulfill assigned roles and accomplish responsibilities, functions, goals, and missions. CDC is to serve as the central public health incident management center for coordinating and supporting the staff, information, other assets, and logistics associated with all office or center activities to prepare for and respond to public health disasters, emergencies, disease outbreaks, and investigations. If the event or incident requires, CDC will activate its IMS structure with a focus on collaboration and information sharing within the centralized response management facility in the CDC Emergency Operations Center (EOC). All planning and operational activities will be initiated and executed in compliance with the applicable Framework, NIMS, and the HHS ESF #8 Concept of Operations Plan for Public Health and Medical Emergencies. CDC's public health emergency planning is focused on developing and coordinating collaborative, interagency, and multijurisdictional operational activities and capabilities to provide for CDC's core public health preparedness capabilities.

CDC, as an operating division of HHS, supports the National Health Security Strategy, which consists of two strategic objectives:
- Build community resilience.
- Strengthen and sustain health and emergency response systems.

These objectives are part of a larger federal strategy designed to support state and local preparedness efforts. Figure 3 shows the relationship between local public health capabilities and national-level preparedness capabilities.

Figure 3: Relationship between Public Health Strategy and Emergency Preparedness

Focus on Capabilities Most Applicable to State and Local Public Health

Public Health

Public Health Emergency Preparedness

Emergency Preparedness

HHS 10 Essential Public Health Services

State and Local Preparedness Capabilities

National Core Capabilities and National Level Events Strategic Threat Analysis
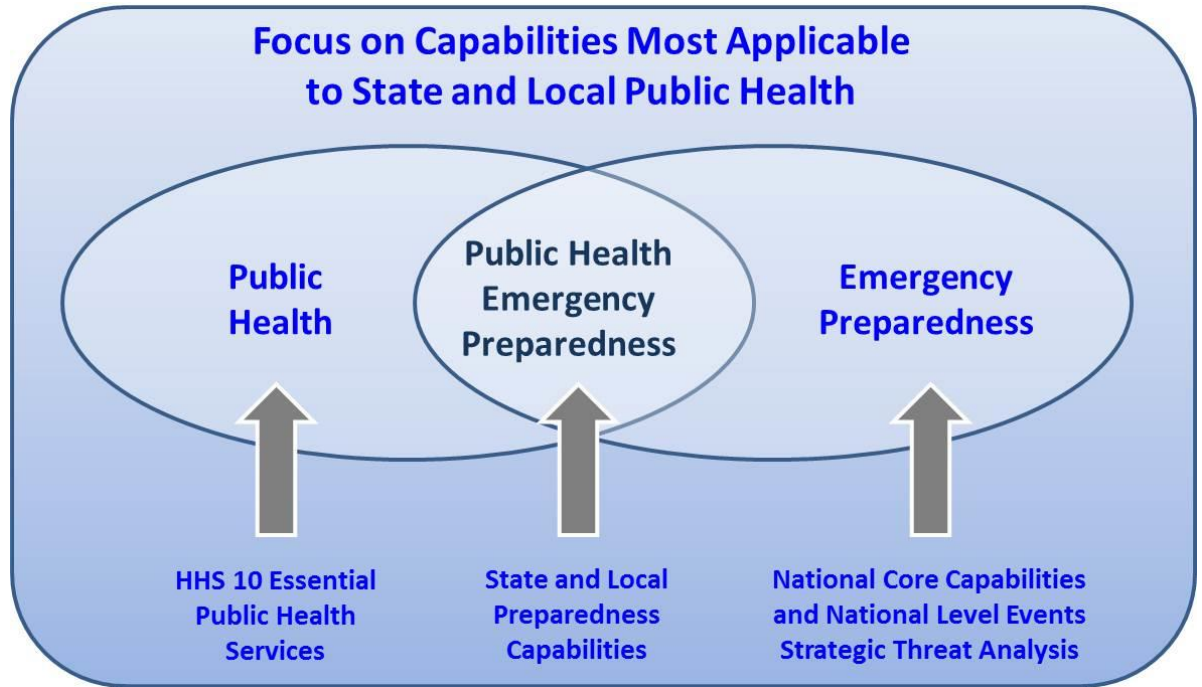
3. Roles in a National Response

Although reference is often made to "response operations," agencies, including CDC, often perform functions and actions in multiple frameworks concurrently. Certain core capabilities and activities are cross-cutting, supporting multiple mission areas.

DHS generally serves as the lead federal agency (LFA) for many federal emergency responses. Certain scenarios (e.g., nuclear/radiological, Spills of National Significance, and pandemics) have other federal agencies designated in the LFA role. Because of the nature of the HHS mission, HHS is the designated LFA for ESF #8: Public Health and Medical Services. Several other departments and federal agencies will serve in supporting roles for ESF #8 responsibilities related to an event or incident. All federal agencies should focus on preparing their core capabilities for delivery and interagency operational plans for execution during emergency response operations. For additional information pertaining to national response roles, refer to Appendix F.

4. CDC Incident Management System

CDC's Emergency Management Program has formally adopted an Incident Management System (IMS) that is implemented during responses. The CDC IMS is based on the principles of the National Incident Management System. Other response partners use the term "Incident Command System" (ICS); however, CDC uses the term "Incident Management System," as CDC manages, rather than commands, assets. The CDC IMS provides the operational framework to organize and manage CDC's response to a public health emergency. The CDC Director has designated the Director, Division of Emergency Operations (DEO), as the single point of contact to serve as the coordinator for IMS implementation. During an IMS response, an Incident Manager (IM) is designated to lead and guide the agency's response.   The IM reports directly to the CDC Director and serves as the CDC Director's personal representative, coordinating agency resources in support of the public health emergency response.

The CDC Emergency Operations Center (EOC), located on the Roybal Campus, serves as the central incident management and control facility for CDC during public health emergency responses. During a centralized IMS response, all agency response activities are supported by and coordinated within the CDC EOC using the CDC IMS. In the event the CDC EOC is unable to operate from the main facility, public health emergency response operations will be relocated to alternate management and control facilities in accordance with Continuity of Operations (COOP) plans and procedures.

The CDC IMS structure is flexible and scalable, allowing the IM to tailor the CDC IMS response as required; refer to the generic CDC IMS organization Chart (Figure 4). During most responses, the IM and senior IMS positions (e.g., Chief Health Officer [CHO], Senior Science Officer [SSO], and Scientific Response Section [SRS] Lead) will be subject matter experts (SMEs) with either agent-specific (e.g., influenza, tuberculosis, or anthrax) or hazard-/category-specific (e.g., environmental health, foodborne, or special pathogens) knowledge. The IM, in conjunction with the CHO or SSO, will establish the structure of the SRS in the CDC IMS.

The SRS (Figure #4, below) comprises the scientific and technical teams that constitute CDC's public health response to a public health emergency. The size and scope of the SRS may vary according to the nature of the event or incident and the needs of CDC's response activities. The following teams are frequently activated for the SRS during a public health emergency response:

1) Surveillance
2) Epidemiology
3) Laboratory
4) Environmental Health
5) Medical Care and Countermeasures
6) Worker Safety and Health
7) State and Local Coordination

Figure 4: Generic CDC IMS Structure
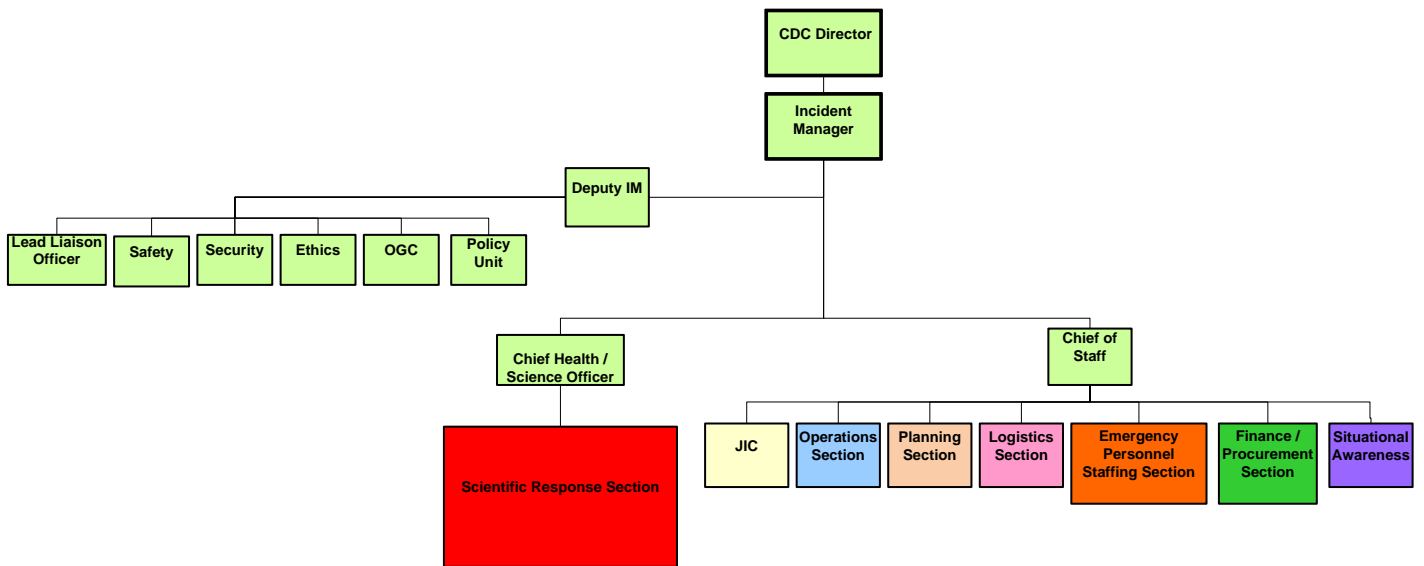
Depending on the circumstances additional teams (e.g., Infection Control, Veterinary, or Non-pharmaceutical Interventions) may be activated to support the needs of the response. The IM will establish the minimum length of IMS staff assignments and field deployments

(e.g., 2 weeks or 45 days). It is strongly recommended that the senior IMS leadership remain in their positions for the duration of the response.

An IMS response will have both internal and external reporting requirements, which often dictate the staff rhythm. Refer to Appendix B for additional information on the CDC IMS.

5. CDC EOC Operational Modes

The CDC EOC operates in Watch, Alert, and Response Modes. The CDC Response Matrix (Figure 5, below) shows the increase in CDC's efforts through each of these modes.

Figure 5: CDC Response Matrix
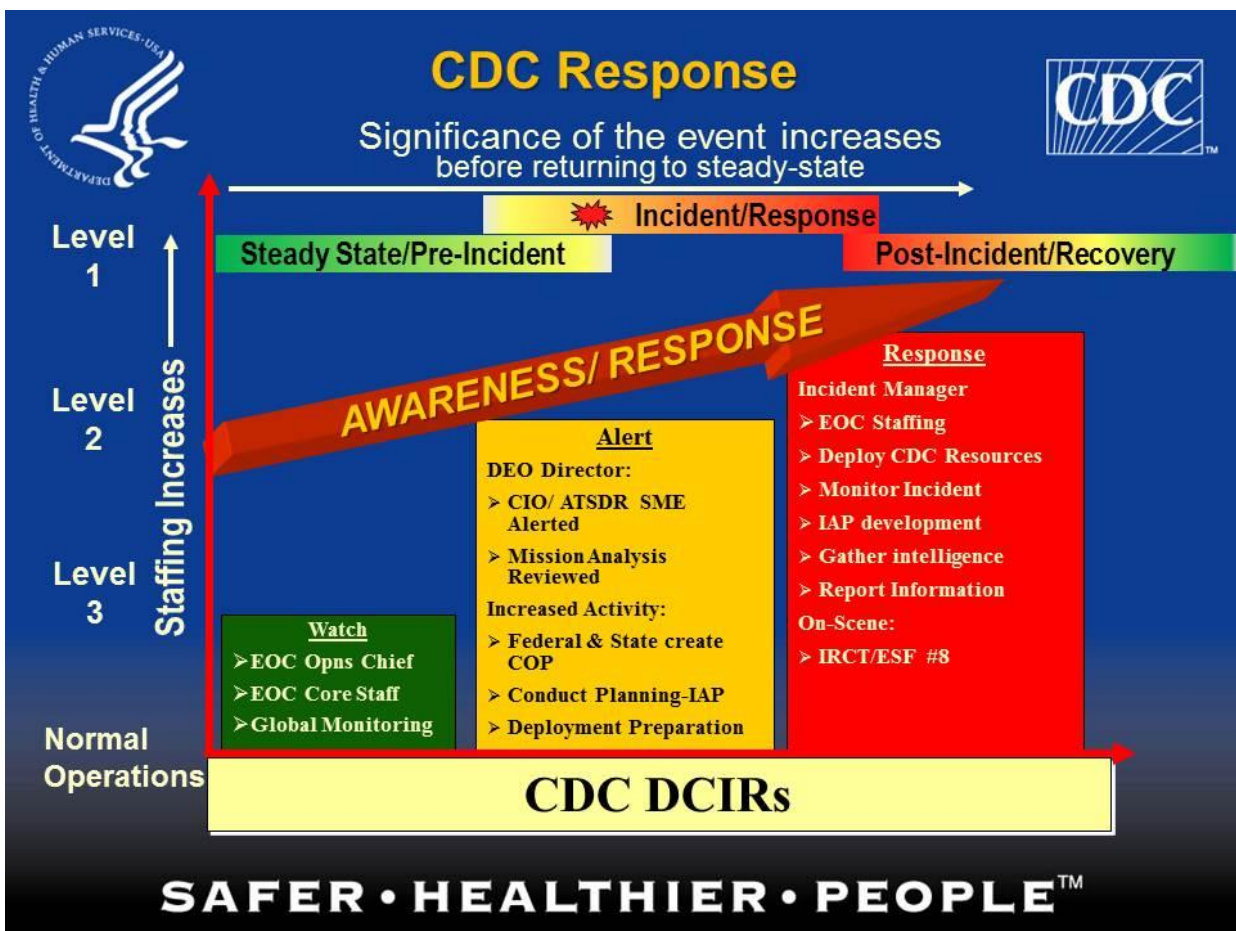
a. Advantages for activating the CDC IMS within the CDC EOC:

1) Establishes a central structure for managing, coordinating, and exchanging.

a) Uses a central entry and exit point for actions.

b) Provides for unity of effort.

c) Enhances coordination across CIOs.

2) Establishes a single centralized manager (the Incident Manager) to manage a potential threat or incident resulting in a significant impact to public health.

3) Provides for centralization and unity of effort and enhanced coordination across CIOs.

4) Provides for centrally processed information requests.

b. Other considerations:

Although there are advantages to activating the CDC IMS structure within the CDC EOC, there also are potential disadvantages that should be considered. These include

1) Program staff may need to relocate to the CDC EOC from their normal offices.

2) Activation may incur increased staffing costs.

3) Operational Temp (OPTEMPO) increases to meet response demands.

c. IMS Activation and Transition Criteria

1) CDC IMS Overview

a) The CDC EOC, with personnel from the Division of Emergency Operations (DEO), serves as the core around which the IMS, combined with scientific subject matter experts from various CDC organizations, is formed.

b) The CDC EOC normally operates 24/7/365 in one (or more) of three modes: Watch, Alert, or Response.[18]

i. Watch Mode: The CDC EOC is staffed by DEO core personnel who conduct routine operations. DEO staff monitors national and international conditions for potential public health events or incidents that might involve a CDC response. During Watch Mode, staffing routinely consists of a Duty Officer and two Watch Officers with a cadre of technical support specialists and staff from other functional areas on call. Watch Mode generally aligns with "pre-incident" activities.

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[18] NOTE: The EOC can be in any or all of these modes simultaneously. Staff may be responding to one event, while both on alert for another and also watching additional emerging events. These modes are not sequential.

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ii. Alert Mode: The CDC EOC moves to Alert Mode when an event or incident meets one of the Director's Critical Information Requirements (DCIRs) or when U.S. government preparedness actions require CDC involvement in advance of an event. Alert Mode results in an increased level of awareness, increased contact with external agencies, event-specific planning, and/or initial mobilization of assets. Alert mode can occur pre-incident, incident, or post-incident.

iii. Response Mode: Response Mode occurs when the IMS is activated and is generally associated with "incident" activities.

c) Under certain circumstances, CDC programs to may use selected functions of the General Staff (primarily located in DEO) without requiring IMS activation. Availability of DEO and CDC EOC assets may be available based on other existing/competing requirements. Request for "DEO Utilization" (short of activation) must be requested through the DEO Director to the OPHPR Director.

2) Activation Process and Sequence

a) IMS activation for a public health emergency can occur based on:

i. Direction by HHS, the CDC Director, or

ii. Approval of a recommendation for activation generated from a preliminary assessment (as described in c, below).

b) If IMS activation is not directed, the DEO Director may convene a Preliminary Assessment Team (PAT) by conference call in response to a potential public health threat. The PAT will determine, on the basis of the potential public health threat's scope, impact, and/or need for centralized management, whether a recommendation should be made to activate the CDC IMS, following the CDC EOC standard operating procedure (SOP).

c) A CDC program, having determined the need for centralized IMS activation based on its own assessment, may also consult with the DEO Director, who will determine whether the program's assessment constitutes the equivalent of a PAT call according to the CDC EOC SOP. If so determined, the DEO Director will endorse and forward the recommendation for activation through the OPHPR Director to the CDC Director for approval.

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d) Upon IMS activation, a lead CIO will be designated (see Table 2, above) and an Incident Manager and other key IMS staff identified.

3) Transition Triggers

a) The level of effort required during CDC EOC Response Mode will change over time, resulting in either a return of response activities to program management (and IMS deactivation) or a change in activation levels. Transition from one IMS activation level to another is determined by the IM in consultation with the IMS Chief of Staff, lead CIO leadership, and OPHPR/DEO leadership. Transitions in IMS activation levels are approved by the CDC Director. Escalation of the IMS activation level is based on an increase in the level of effort required to manage the response.

b) IMS activation levels are designated based on the level of effort and not strictly by the total number of personnel involved in the response. The following are key distinctions in activation level designations:

   i. Level III – The lowest level of activation. This level is triggered by default, unless criteria for a higher level are identified during the initial IMS activation process. Level III activation implies that, with minimal augmentation, the designated lead CIO can address the primary needs of the response, with DEO providing supporting IMS services.

     – Transition from Level III to Level II activation is based on the determination that the program with the scientific expertise necessary to manage the event has insufficient staff to do so effectively, requiring significant augmentation by the lead CIO, and when any four or more of the following conditions have been met:

- Extended staffing beyond CDC's core business hours and/or multiple shifts are required to complete time-sensitive tasks.
- Additional Liaison Officers (beyond those normally embedded at CDC) are required from partner organizations, or LNOs are required to be sent by CDC to partner organizations.
- A dedicated IMS Policy Unit is required to meet the needs of the response.

- Multiple emergency deployments, possibly to multiple geographic locations, are required.

- The number of official requests for information from international, federal, state, and local partners has increased above average for more than 3 sequential days.

- Media inquiries have surged beyond normal volumes or business hours for more than 3 sequential days.

- Call volume to CDC INFO lines has surged to a level requiring augmentation.

- Two or more State/Local Health Departments (or Ministries of Health) have requested CDC assistance with response activities through Epi-Aids and Info-Aids, call center support, laboratory testing, or deployment of CDC assets.

- Formal submissions are required to the HHS Situation Report (SITREP).

- Formal Director's Update Briefs (DUBs) are required more than once per week.

ii. Level II – This level of activation often requires significant program staff from the lead CIO to meet the needs of the response and/or significant augmentation of DEO staff to provide supporting IMS services.

   – Transition from Level II to Level I activation is based on the same criteria as above, in addition to a requirement for extensive agency-wide support of the response beyond the lead CIO because of the magnitude of the event. Level I activation also requires that one or more of the following criteria have been met:

      - Response needs may require an agency-level reordering of priorities to include provision of personnel to staff IMS positions and reallocation of funding.

      - One or more dedicated technical spokespersons is designated to conduct routine formal press conferences as well as briefings to Congress and the National Command Authority.

- A dedicated IMS External Relations unit is established to manage CDC EOC visits from VIPs, dignitaries, and partners/stakeholders.

iii. Level I – The highest level of activation, this level is reserved for the largest-scale responses, which often require substantial agency-wide effort. Level I activations occur infrequently because of the substantial effort and resources required,

iv. A reduction in IMS activation levels is based on a decrease in the level of effort required to manage the response.

- Transition from Level I to Level II activation is based on the determination that the lead CIO no longer requires extensive augmentation from across the agency to manage the response effectively and when none of the following criteria exist:

  - Response needs may require an agency-level reordering of priorities to include provision of personnel to staff IMS positions and reallocation of funding.

  - One or more dedicated technical spokespersons is designated to conduct routine formal press conferences as well as briefings to Congress and the National Command Authority.

  - A dedicated IMS External Relations unit is established to manage CDC EOC visits from VIPs, dignitaries, and partners/stakeholders.

- Transition from Level II to Level III is based on the core program no longer requiring significant augmentation of its scientific staff to manage the response and DEO being able to provide all IMS support services without augmentation, and when less than four of the conditions for transition between Level III to Level II are still in place.

- Additional event-specific triggers may be developed by the IMS Planning Section and approved by the IM for use in addition to the criteria above.

e) Deactivation of the IMS occurs when the IM determines that previously approved demobilization plan criteria have been met and the level of effort required to manage any residual response/recovery activities can be met through normal program operations.

With the approval of the CDC Director, the IMS is then officially deactivated for the response.

f) After Action Review and Corrective Action Planning

The IMS Planning Section will collect after action comments and suggestions from CDC staff during IMS activation to evaluate the overall CDC response effort.[19] This information will be compiled by the IMS Planning Section and used by the cross-agency event-specific After Action Report[20] (AAR) Workgroup to develop an event-specific AAR and Improvement Plan (IP). The AAR will be drafted within 60 days of IMS deactivation.

6. Multiple Response Planning

CDC's IMS response can be affected if a second or third public health emergency response occurs during the existing response. The competing public health emergency responses could be domestic, international, or both. In such cases, a catastrophic incident with greater public health implications will take precedence over other public health responses. Incidents with greater public health implications will have overriding priority for CDC EOC space requirements on the Roybal campus. Alternate CDC EOC (or COOP) sites are available to support dual or multiple responses that exceed CDC EOC or CIO space availability. The CDC Director determines the priority of multiple responses with input from the IM, OPHPR Director and DEO Director. Figure 6 (below) is an example of dual response planning that considers a pandemic response during hurricane season.

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[19] Comments/recommendations can be emailed during the response to eocafteract@cdc.gov. Post-event information collection includes survey tools, hotwashes, and information submitted to the email address.
[20] The CDC After Action Report Policy: http://aops-mas-iis.cdc.gov/Policy/Doc/policy534.pdf

2) Additional rooms in Buildings 21 and 19 will be used as team rooms to accommodate both responses at the CDC main Roybal campus.

3) Assumption is that CDC could accommodate two responses that are below a major level 1 response. (e.g., polio and a level 2 hurricane or foodborne response could be accommodated in Building 21).

b. If two concurrent IMS structures are activated, and one is a Level 1 response (e.g., Hurricane Katrina or Pandemic Influenza), and such a scenario requires use of the CDC EOC plus another alternate facility:

1) The Level 1 response will be conducted in the CDC EOC located in Building 21

2) The Level 2 or 3 response will be conducted at an alternate location (COOP, Chamblee campus, Building 24, or other location)

3) This will require two separate General Staffs. The main General Staff supports the Level 1 response in the CDC EOC. The second "economy of effort" General Staff supports the lower-level response (e.g., polio, foodborne, or pandemic influenza exercise).

c. If three IMS structures are needed to manage three distinct responses:

1) The lowest priority, or lowest level of supported response, will be temporarily returned to a program management level. The limiting factor is defined by the availability of space and/or DEO General Staff.

2) A 2- or 3-day transition plan will be established by the General Staff to train and/or transition their General Staff duties to the program's staff.

7. Field Coordination and Situational Awareness

CDC's role during public health emergency response operations requires comprehensive coordination with our partners and stakeholders as well as robust situational awareness. CDC seeks to maximize the impact of its public health efforts through the close integration of CDC personnel with SLTT entities. This often includes the assignment of CDC personnel to these organizations. Career Epidemiology Field Officers (CEFOs) were invaluable in performing this role during Hurricane Irene, which affected more than a dozen states along the eastern seaboard during the summer of 2011.

While robust situational awareness is important, it should not come at the expense of the larger long-term mission. CDC uses field assignees to assist in providing response coordination and situational awareness, as appropriate. This coordination and situational awareness accomplishes two important goals: providing critical public health information directly to CDC partners while providing public health situational awareness directly from the field to IMS leadership. CDC field assignees are primarily assigned to their position(s) within SLTT public health entities to further the long-term public health mission of both CDC and its partners. This partnership is based on mutual trust and respect, and nothing in this plan seeks to damage this valuable relationship.

Following are general emergency response guidelines for field assignees:

a. Not all CDC field assignees are able to provide effective situational awareness to the CDC public health response. Generally, CDC-provided contract staff is not permitted to represent the U.S. government or the local entities in which they are assigned.

b. Some incidents may create public health, medical, mental health, and safety concerns for field assignees that may affect their ability to provide the CDC IMS with requested support.

c. Field assignees will directly communicate with their normally assigned state/jurisdictional supervisor or his/her designee during a public health emergency response.

d. In their role, field assignees are positioned to engage with state/jurisdictional health officials. This engagement holds the potential to enhance the overall public health response.

e. Field assignees and project officers may be engaged in emergency response in their jurisdiction regardless of emergency declaration (state or federal) or IMS activation.

f. CDC field assignees include civil service employees, members of the United States Public Health Service (USPHS), and overseas locally employed staff. Each of these categories is governed by existing regulations, which may have an impact on their availability and capabilities under this framework.

g. CDC field assignees will participate as warranted in emergency operations within their assigned state/jurisdiction and communicate back to CDC.

h. CDC field assignees are not under the direct jurisdiction of either the HHS Regional
Emergency Coordinator (REC) or the Incident Response Coordination Team (IRCT).

Refer to Attachment G for a more detailed discussion.

8. Division of Strategic National Stockpile Operations

CDC's Division of Strategic National Stockpile (DSNS) is a multibillion dollar repository of
antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other life-saving
medical materiel. The DSNS mission is to deliver critical medical assets to the site of a
national emergency.

DSNS may deploy assets for the following reasons:

- Credible threats, imminent attacks, or acts of terrorism.
- Major disasters or emergencies.
- National Special Security Events (NSSEs).
- Declared Public Health Emergencies.
- Special Support Missions.

At all times, DSNS maintains specific minimum capabilities for responding to a variety of
situations including deployable teams with all required personnel and equipment, contracted
aircraft with surge capability, properly configured and ready materiel, appropriate
warehouse staff to conduct contingency operations, and two complete shifts of response
staff.

DSNS acquires and maintains the necessary countermeasures with redundant capabilities to
effectively respond to an incident. DSNS accomplishes this goal by:

a. Identifying countermeasures. The Public Health Emergency Medical Countermeasures
Enterprise (PHEMCE) is a coordinated interagency effort responsible for:

1) Defining and prioritizing requirements for public health emergency medical
countermeasures.

2) Focusing research, development, and procurement activities on the identified
requirements.

3) Establishing deployment and use strategies for medical countermeasures in the SNS.

In addition, an annual review is conducted to determine countermeasure preparedness gaps. The PHEMCE prioritizes gaps across all threats to help shape future procurements. This information is used to inform OMB of budgetary needs.

b. Acquiring Countermeasures. DSNS coordinates with HHS, the U.S. Department of Veterans Affairs (VA) National Acquisition Center (NAC), agency SMEs, CDC's Procurement and Grants Office, and vendors to acquire countermeasures in a judicious and cost-effective way.

c. Conducting deliberate planning. The DSNS plans group collaborates with DSNS SMEs to conduct deliberate planning based on tasks and capabilities related to the 23 National Level Events. When the planning process is complete, DSNS conducts training and exercises to validate and improve the plans.

d. Strategically locating resources. DSNS maintains redundant systems to respond to multiple incidents. For security purposes, DSNS does not disclose the location of its operational facilities. DSNS has also coordinated with the SLTT jurisdictions to preposition nerve agent and radiological countermeasures that require response times less than 12 hours to be effective.

e. Coordinating with SLTT partners. DSNS is part of a nationwide preparedness program for state and local public health care providers, first responders, and governmental partners. In addition, Division of State and Local Readiness (DSLR) professionals offer assistance and advice to state and local governments on how to best request, receive, manage, distribute, and dispense SNS assets. DSLR, working with DSNS and other CDC staff members, provides guidance on ways state and local governments can better respond to public health emergencies. DSNS officials also provide training on a myriad of topics to include warehouse design, distribution site layout, and preparedness as well as provide SLTT exercise support including subject matter expertise and replica SNS materiel.

f. Conducting response exercises. DSNS routinely exercises its response capabilities. During a public health emergency, state and local public health systems may be overwhelmed. The SNS is designed to supplement and resupply state and local public health agencies within the United States or its territories in the event of an emergency.

During an emergency, project area officials determine a requirement for federal assistance and request it through CDC, HHS, or ESF #8. Discussions between state and federal organizations are initiated, and a decision is made at the federal level to deploy assets. DSNS works with federal, state, and local health officials to determine what assets are needed. The material is shipped to the state's Receipt, Stage, and Store (RSS) site, where state and local authorities will further distribute the countermeasures. DSNS has both materiel and personnel assets available for rapid response and, in coordination with the agency, will select the most appropriate SNS resource to meet the identified needs.

1) 12-Hour push packages (PPG). PPGs are so called because they can be delivered anywhere in the United States and its territories within 12 hours of the federal decision to deploy. They are 50-ton caches of pharmaceuticals and medical supplies designed for rapid deployment. Each PPG is stocked with a broad spectrum of materiel to combat any number of public health threats. DSNS can augment the response with larger quantities of medical supplies after the specific threat is identified.

2) Managed Inventory (MI). MI is maintained at facilities throughout the United States and can be used in the primary response or used to provide additional quantities of assets deployed in 12-hour PPGs. MI can be expected to arrive within 24 to 36 hours of a federal deployment decision but often sooner. In some circumstances, SNS MI assets can be delivered as rapidly as PPGs.

3) Federal Medical Stations (FMS). Under current HHS guidance, DSNS deploys FMS sets within 48 hours of notification. HHS will direct the deployment of FMS assets through the CDC EOC. During pre-event operations, HHS may directly task DSNS to pre-deploy FMS sets when a hurricane or tropical storm threatens the United States or its territories. In general, if DSNS deploys FMS assets, DSNS will also deploy personnel to provide technical assistance with set-up.

4) Special Support Missions. DSNS may provide specialized life-saving pharmaceuticals for individual use. In such instances, a project area or clinician will request CDC/SNS support. In conjunction with the local authorities, CDC, HHS, and

DSNS SMEs gather information on the situation and determine the best course of action.

5) Deployable Personnel. DSNS has the ability to deploy personnel simultaneously with the shipment of SNS assets. DSNS deployable personnel provide expertise and assistance to SLTT authorities on how to receive, distribute, and dispense SNS materiel. Deployed personnel maintain communications with the DSNS team room but may receive command and control instructions from the field teams they support such as the IRCT.

9. Director's Critical Information Requirements (DCIRs)

The CDC Director's Critical Information Requirements (DCIRs) are used as criteria to determine what information needs to be communicated to CDC Leadership to assist in making critical decisions. DCIRs often become more detailed (targeted to the specific threat/response) and can change often during a public health emergency response. Following are standing DCIRs:

a. Accidental death/injury of CDC personnel.

b. Disease outbreaks/deaths that are above the baseline for the seasonal or geographic norm.

c. Two or more cases of human infection with a novel influenza virus that are temporally or geographically linked.

d. Suspected H5N1 infection in an animal or human in the western hemisphere.

e. Any chemical, biological, or nuclear threats or events in the form of airborne releases, natural hazards, or water hazards.

f. Media interest for any accidental or intentional agent or toxin release/use.

g. Vaccine adverse effects resulting in death.

h. Food borne illness resulting in above baseline numbers.

i. Request for use of contract aircraft.

j. Any requests for SNS assets.

k. Events affecting CDC installation activities/operations.

l. Incidents of international significance affecting CDC staff.

m. Significant theft, loss, accidental release, or inventory discrepancy of select agents.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Under the CDC IMS, CIOs and IMS staff sections are assigned responsibilities in support of the five mission areas outlined by the National Preparedness System. These tasks and responsibilities have generally been categorized as routine programmatic, pre-incident (prevent, protect, or mitigate), incident (response), and post-incident (recovery). As previously discussed regarding CDC core public health capabilities (Situation Overview), these actions can apply to more than one mission area, and sometimes do so concurrently. Routine programmatic, pre-incident, and post-incident tasks can have an important impact on incident tasks performed during IMS activation, as the five mission areas are part of the whole-of-nation concept.

A. Task Matrices

CIO Directors should review their programs at the initial stages of an all-hazards incident to develop contingencies to provide assistance during a major public health response or support mission. CIO Directors are strongly encouraged to actively support requests for personnel detail assignments in support of the IMS response.

This section contains overarching routine programmatic tasks expected of all CIOs. Other programmatic tasks are addressed in Attachment A, while tasks that apply only to specific agent or threat responses are addressed in category-specific annexes and agent-specific appendices.

1. CDC CIOs and their respective programs that do not have primary responsibility during a response may be requested to provide support to the IMS.

2. All CIOs must ensure that all personnel information is updated at a minimum of every 6 months in CDC Neighborhood[21] to identify personnel for the Responder Readiness Program[22] and maintain access to the Preparedness Workforce Management System (PWMS).

3. Overall CDC Common Critical Tasks refer to those action steps that must be completed by all CDC CIOs and are outlined in the matrix below. For example, each CIO is required to develop supplemental standard operating procedures (SOPs) that identify actions to be taken to

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[21] The CDC Neighborhood, on CDC's Intranet (http://people.cdc.gov), is a database containing staff contact information. It provides authorized staff with rapid access to current and accurate information regarding CDC employees' skills and experience. Actual events/incidents and exercises have shown repeatedly that this database, used to match skills to areas of need, is a core resource in CDC preparedness and emergency response operations.

[22] The CDC/ATSDR Responder Readiness Clearance (RRC) Program provides mandatory civil service and Commissioned Corps requirements to increase readiness for all CDC responders, including medical clearance, respirator clearance, urgent responder readiness clearance, pre-deployment preparations for international travel clearance and for WHO clearance. The CDC/ATSDR RRC Guide provides more detailed information: http://intranet.cdc.gov/OSHE/dhsp/readinessPrep/guidanceChecklist.htm

accomplish the specific activities that will be performed by its organization during any all-hazards response.

Table 4: CDC Common Critical Tasks

CDC Common Overarching Routine Programmatic Tasks	Responsibility	Respective IMS Component	Prevent	Protect	Mitigate	Respond	Recover
Designate one or more Emergency Coordinators (ECs) to serve as primary POC	All CIOs	Operations Section				X	X
Pre-designate pools of individuals to fill IMS staffing roles	All CIOs	Emergency Personnel Staffing Section			X	X	X
Each CIO with primary lead for a particular hazard in coordination with the OPHPR Planning Team, will develop category-specific annexes and/or agent-specific appendices addressing response operations in support of the AHP	All CIOs	Planning Section			X	X	X
Develop a deployment roster for field deployments and personnel to augment the IMS structure	All CIOs	Emergency Personnel Staffing Section				X	X
Develop standard operating procedures that identify actions to be taken to accomplish the specific activities performed during a response	All CIOs	Planning Section		X	X	X	X
Maintain access to the Preparedness Workforce Management System (PWMS)	ECs			X		X	

CDC Common Critical Tasks: Pre-Incident	Responsibility	Respective IMS Component	Prevent	Protect	Mitigate	Respond	Recover
Ensure that all personnel enter and maintain their personal information in CDC Neighborhood to update PWMS	All CIOs	Operations Section			X	X	X
Develop an on-call/deployment roster for field deployments and personnel to augment the IMS structure for a potential incident response.	All CIOs	Emergency Personnel Staffing Section				X	X
CDC Common Critical Tasks: Incident	**Responsibility**	**Respective IMS Component**	**Prevent**	**Protect**	**Mitigate**	**Respond**	**Recover**
Obtain and implement the CDC Deployment Health and Safety Policy for all potential deployers	ESHCO	Safety		X	X	X	X
Provide subject matter expertise in the development of incident response coordination briefings as well as public health actions to reduce morbidity and mortality associated with the incident.		Operations Section		X	X	X	X
Prepare to provide functional area expertise and other assistance on a priority basis.	All CIOs	Operations Section		X	X	X	X
CDC Common Critical Tasks: Post-Incident	**Responsibility**	**Respective IMS Component**	**Prevent**	**Protect**	**Mitigate**	**Respond**	**Recover**
Provide subject matter expertise to the CDC IMS regarding demobilization of public health teams and other resources	All CIOs	Planning Section			X		X
At the direction of the Command Staff, develop a scalable demobilization and deactivation plan for the release of CDC personnel and assets	All CIOs	Planning Section					X
Monitor overall effectiveness of response activities to the states and of coordination with other federal responders	All CIOs	Planning Section			X		X

CDC Common Critical Tasks: Post-Incident (continued)	Responsibility	Respective IMS Component	Prevent	Protect	Mitigate	Respond	Recover
Provide feedback and recommendations for the incident-specific After Action Report developed by OPHPR in collaboration with others	All CIOs	Planning Section	X	X	X	X	X
Ensure the smooth transition or demobilization of CDC deployed personnel	All CIOs	Emergency Personnel Staffing					X

B. CIO-Specific Tasks - See Attachment A.

V. DIRECTION, CONTROL, AND COORDINATION

A general description and explanation of the CDC IMS structure was addressed in paragraph III. This paragraph addresses additional aspects regarding control and coordination of response operations under the IMS Support services as the general term for those actions taken in coordination with CDC administrative processes, resources, and funding. This includes the release of emergency funds, acquisition and replenishment of equipment and supplies, and deployment of personnel.

A. Task Tracking

All internal and external tasks are coordinated through a designated IMS Task Tracker. Tasks are assigned a number, responsible IMS section(s) for resolution, point(s) of contact, and suspense. Task statuses are displayed in the CDC EOC Operations Room,, are regularly briefed to the IM, and are sometimes included in the Director's Update Brief (DUB).

B. Personnel and Deployment

1. During an all-hazards event or incident, CDC strives to provide rapid and sustained public health assessments, leadership, expertise, and support by deploying personnel to the affected area and to staff the CDC EOC (for IMS activation) for technical and administrative mission support.

2. All CDC field deployments are conducted in response to requests from partners[23]. Response
    personnel are selected on the basis of the requester's need and the candidates' individual
    qualifications, training, and availability.

3. Deployment of personnel, supplies, and equipment is managed through the IMS Emergency
    Personnel Staffing Section's deployment coordination staff and the IMS Logistics Section staff.
    Response personnel reporting in the field are subordinate to the HHS IRCT leader. If an IRCT is
    not on-scene, CDC field deployed staff operates in coordination with the local ICS structure or
    partner agencies.

4. Before deployment, CDC responders receive a comprehensive briefing on the current mission and
    situation, country and security issues, and specific information and instructions concerning
    resiliency and the expected duration of the deployment.

5. The composition of a deployed team depends on the size of the event or incident and may include a
    core team of CDC staff (team lead, public health advisors, senior epidemiologists, press officers,
    and logisticians) and subject-matter experts from the Office of Infectious Diseases (OID), National
    Institute for Occupational Safety and Health (NIOSH), and other CIOs.

6. Predesignated field teams developed by HHS and staffed with CDC personnel may also be involved
    in a response depending on the scale of the event or incident. Many of these field teams are staffed
    with officers from the U.S. Public Health Service Commissioned Corps and include the following:

    a. Applied Public Health Teams (APHT)

    b. Rapid Deployment Force (RDF)

    c. Mental Health Teams (MHT)

    d. IRCT

    e. Capital Area Provider (CAP)

    f. Services Access Team (SAT)

    g. National Incident Support Team (NIST)

    h. Regional Incident Support Team (RIST).

7. Clear Mission Assignments are identified before personnel are deployed. Deploying CDC
    personnel are provided with the response objectives, their role on the team, logistical arrangements,

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[23] For the purposes of this document, "partners" is defined as international, federal, state, local, territorial, tribal and private-sector partners.

health and safety requirements, and prearranged contacts in the field that are prepared to meet with them and assist in coordinating their activities on arrival.

8. Deployment of CDC staff is in accordance with the CDC Deployment Health and Safety Policy by the Environment, Safety, and Health Compliance Office (ESHCO); applicable Division of Emergency Operations (DEO)/Emergency Personnel Staffing Section (EPSS) deployment procedures; and any established event- or incident-specific requirements.

9. The Logistic Section of the CDC IMS provides emergency travel support 24/7/365, by preparing orders, arranging airfare and lodging, and coordinating the deployment process. The Logistics Section provides

    a. Equipment for personnel deploying to the field, such as personal protective equipment (PPE), IT equipment and supplies, cellular telephones, satellite telephones, cameras, and BlackBerry® devices.

    b. Transport of CDC field responders by commercial ground or air transportation.

    c. Transport of supplies, equipment, medicines, diagnostic samples or specimens, and hazardous material by commercial air, ground, or other modes of transportation.

C. Demobilization of Resources

1. The demobilization of a response to an event or incident occurs when the CDC Director, in coordination with HHS, determines that sufficient progress has been made in restoring minimal functionality to the affected area and that the life-sustaining critical infrastructures are able to support reentry and repopulation. The demobilization of a specific response asset occurs when the specific task or Mission Assignment is completed or when state, the Federal Emergency Management Agency (FEMA), HHS, or international partners determine that the magnitude of the event or incident does not warrant continued use of the asset, the work effort is being duplicated by other agencies, or security issues warrant demobilization.

2. Deployed staff must ensure that activities regarding demobilization of assets in the states (including other federal agencies) are communicated to the IMS Command Staff through daily reports from the field in coordination with the on-site Incident Response Coordination Team (IRCT) and on-site Incident Commander.   The on-scene IRCT, through the HHS Secretary's Operations Center, approves demobilization of CDC assets.

3. The CDC response often occurs in conjunction with ongoing state, Joint Field Office (JFO), and ESF #8 responses. Demobilization occurs as critical services are reestablished at pre-event or pre-incident levels.

4. Specific procedures, including those maintained by the Logistics Support Team (LST), are provided to all deployed staff to ensure the recovery of deployed equipment and materials and proper recordkeeping.

5. CDC personnel are notified through direct contact and CDC reports (daily reports, situation reports (SITREP), and general e-mail traffic) as sections of the IMS begin to deactivate and how deactivation affects information flow or reporting requirements. Deployed CDC staff continue to receive demobilization guidance from the on-scene Incident Command System staff (if applicable) until returning to CDC.

D. Information Technology (IT) and Information Security

1. The IT Section of the CDC IMS coordinates the management and deployment of hardware and software, e-mail application servers, IT security hardware, and telecommunications and IT management technology.

2. Deployment of IT support or informatics management resources and personnel is coordinated through CDC's Information Technology Services Office (ITSO). ITSO provides the personnel, applications, and technology equipment required for a CDC response.

3. Classified information is maintained and managed by the CDC Office of Safety, Security, and Asset Management (OSSAM) Intelligence Branch.

4. Information security activities protect CDC's information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction by threats such as criminals, terrorists, and state-sponsored attackers.

5. CDC personnel must report unusual system behavior or events (Table 5: Examples of Information Security Events) to the Office of the Chief Information Security Office (OCISO), and ITSO as soon as possible as these events may indicate threat activity. Special attention must be given to systems, data, and information required for response to an emergency.

6. CDC's Computer Security Incident Response Team (CSIRT), under the direction of OCISO, leads CDC information security activities. The CSIRT integrates OCISO, ITSO, and other organizations' response activities through the Enterprise Incident Response Plan. The CSIRT

manager also serves as the information security Emergency Coordinator (EC). The CSIRT notifies the CDC EOC of any potential or actual computer security events or incidents and provides security planning and assessment support as needed during emergencies.

Table 5: Examples of Information Security Events

Information Security Events may include (but are not limited to)
• Programs that start slowly, run slowly, or do not run at all
• Deleted, corrupted, or inaccessible files
• Unusual dialog boxes or other items on the screen (e.g., odd messages, graphics, or overlaps)
• Antivirus software alerts of infected files
• Unexplained connection losses, unavailability, instability, restarts, shutdowns, or crashes
• Significant changes in expected resource usage (e.g., central processing unit [CPU], network activity, or file storage)
• Sudden increase in the number of e-mails being sent and received
• Unexplained account usage
• New administrative-level user account or group
• Unauthorized hardware or missing hardware
• Unexplained or unauthorized access attempts or modifications to critical files
• Unexplained or unauthorized access to systems (internally or externally reported)
• Threat by an attacker indicating he or she has attacked or will attack CDC information systems
• Actual or potential theft, loss, or unauthorized disclosure of personal identifiers

The CSRIT can be contacted through the Information Security EC, at the phone numbers below or by using information on the OCSIO Intranet site (http://intranet.cdc.gov/ociso/).

During regular work hours   770-488-8660

Emergency pager number   1-866-655-2246

7. CDC's OSSAM works closely with CDC staff at all levels to properly plan for, train for, mitigate, and ultimately prevent emergency incidents at CDC facilities nationwide. To facilitate this process, OSSAM:

a. Develops formal plans and teams that coordinate responses to actual or potential CDC emergencies.

b. Prepares, trains, and practices the CDC Continuation of Operations Plan (COOP).

c. Develops standard security briefings to present to potential deploying staff and their supervisors.

d. Prepares Situation Intelligence Reports and briefings.

e. Monitors and addresses security concerns within the CDC EOC or pertaining to responders while performing duties in the field.

VI. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

The flow of information internally within the CDC IMS during a response, the coordination and compilation of lessons learned after the response, and the external communication of information are all crucial to a successful CDC public health emergency response. Attachment E and the standard operating procedures for the Joint Information Center and the Operations Section provide more detail on information collection and dissemination.

A. General

1. The CDC EOC through the CDC IMS is the center of information flow to and from partners. Data collection and analysis and the execution of information flow and decisions are in accordance with the procedures outlined in the CDC EOC Desktop Handbook located on the Emergency Operations Management System portal (http://eoms.cdc.gov/).

2. The EOC Request System is used during an EOC IMS response to process, record, and track numerous internal and external Requests for Information and/or Requests for Action. The system enables the EOC to electronically process and track received Requests for Information and Requests for Action, ensuring accountability and completion. Both types of request can be received by e-mail or telephone or though verbal direction in meetings. Refer to Figure 7: CDC Emergency Response Internal Information Flow Model.

3. Information flow is determined during pre-event or pre-incident phase planning, when possible, and is directed during the event or incident by the Incident Manager (IM) with support from the Command Staff. The IM is briefed regularly based on the nature of the event or incident. This briefing is divided into two main components, an update of CDC's response and identification of critical decisions to be made by the Command Staff that affect response operations during the next operational period.

4. Operational decision makers convene on a daily basis to review CDC's response efforts and determine what decisions need to be made. Consultation regarding the allocation and deployment of resources is provided by the Logistics Section Chief.

Figure 7: CDC Emergency Response Information Flow Model
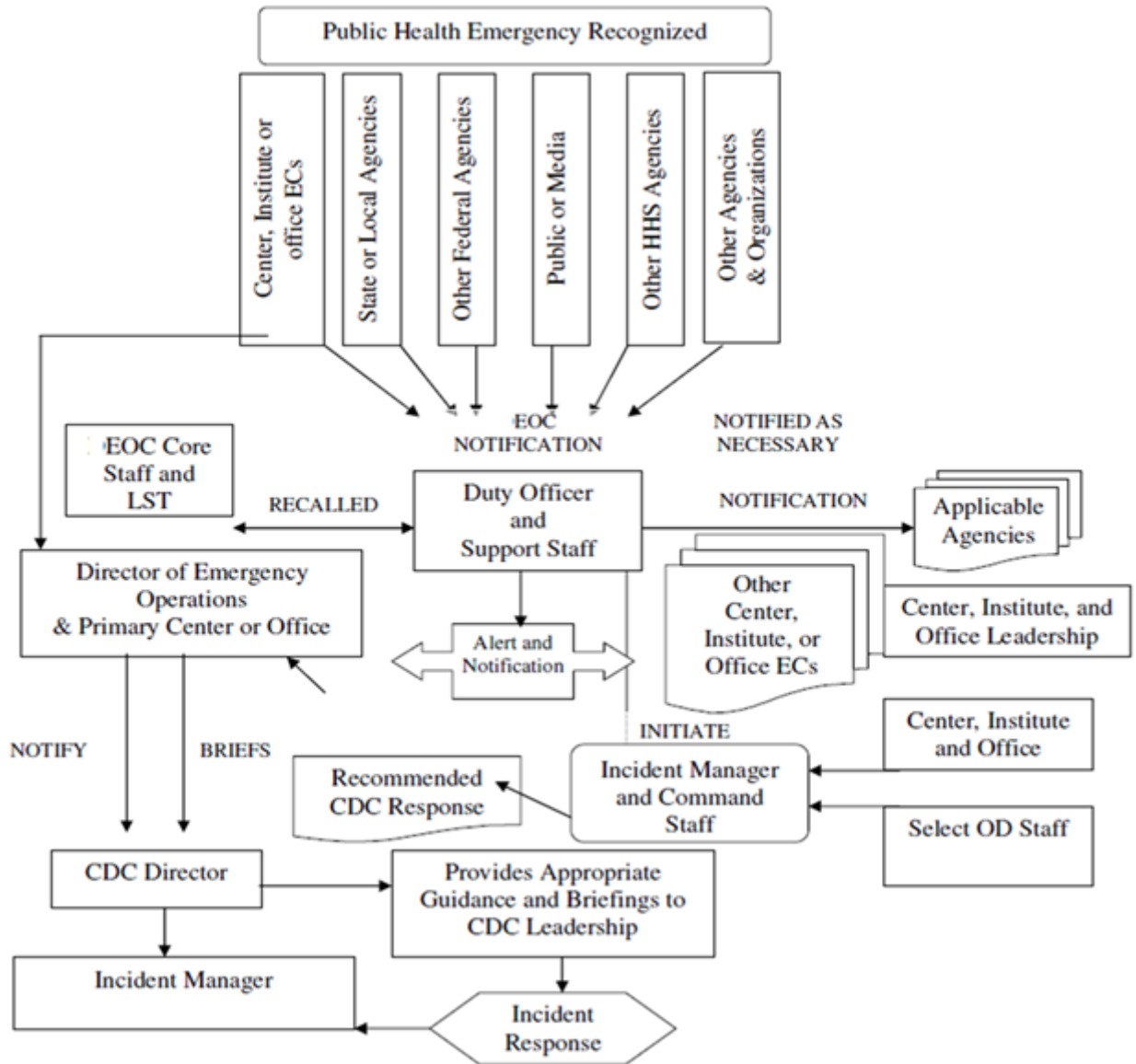
5. The Situational Awareness Section is responsible for coordinating partners and deployed teams to obtain information on the status of operations in these respective areas.

6. The Situational Awareness Section Chief assists the IM by providing full-spectrum management of Information Management resources including knowledge management tools such as DRS, the Emergency Operations Management System, and the CDC EOC Portal to facilitate information sharing.

B. Analysis

1. Situational Awareness (SA)

   The SA Section integrates public health information concerning all hazards from existing CDC programs, external stakeholders, and systems to improve SA, early event detection, and coordinated response management by delivering the right information at the right time to decision makers. The SA Section is responsible for defining information exchange requirements and system-required capabilities and infrastructure to support bidirectional exchange of all-hazards and biosurveillance data between public health agencies and partners. In addition, the SA Section is responsible for defining information exchange requirements responsible for monitoring, collecting, correlating, and analyzing health intelligence data to support CDC preparedness and response activities. SA is responsible for preparing the daily update briefing to the CDC Director or IM. This requires the SA team to coordinate across the functional sections of the CDC IMS (Finance, Log, Ops, Planning, the Joint Information Center, and the Scientific Response Section) to produce summary information for a response status briefing. The SA Section maintains the Common Operating Picture (COP) — the content management and file-sharing site established to support collaboration in the CDC EOC. The tool is located at http://www.eoms.cdc.gov

   The SA Section gathers and displays information of concern or influence on public health capacities, including social-demographic data and overlays (e.g., ethnic, socioeconomic, and language/cultural), critical infrastructure (e.g., communications, health facilities, and shelters), physical feature foundation (e.g., imagery, hydrology, and terrain), and public health indicators (e.g., morbidity/mortality, environmental, microbial, viral, biological signals/trends, and health care capacity).

During IMS activation, the SA Section:

a. Gathers, coordinates, and collaborates with others, as necessary, to notify key IMS leadership as well as local, state, federal, tribal, territorial, and other partners through mutual agreement and collaboration of essential public health information related to the event or incident.

b. Provides the IMS with a capability to gather, produce, and provide timely, actionable information to support faster identification of, reduced risk from, and more effective response to public health events and incidents.

c. Provides interoperable, secure, and adaptable systems for information to execute the IMS mission.

d. Coordinates collection and delivery of information to support emergency response and provides mutual, bidirectional information sharing between CDC and local, state, federal, territorial, and tribal entities; national international nongovernmental organizations; and other partners.

e. Collects, coordinates, processes, and analyzes disparate data to produce actionable information to support operational needs to maintain User-Defined Operational Products and transform data and information into decision-based knowledge products.

f. Gathers, analyzes, compiles, and disseminates comprehensive information and intelligence data based on their technical, science-based, and geospatial skill sets.

g. Ensures processes, tools, and information support the IMS and provide leadership the knowledge to observe, orient, and make informed decisions based on actionable knowledge and extrapolate or predict future actions based on empirical data and information.

2. After Action Report (AAR) and Improvement Plan (IP)

a. The After Action Review process begins as soon as an event or incident occurs and continues until IMS deactivation. The AAR identifies and analyzes strengths and weaknesses of the overall system and response effort and provides recommendations for improvement.

b. The Evaluation Team collects after action comments and suggestions from CDC staff and works with the lead CIO in developing the AAR/IP. The AAR/IP is reviewed by IMS response leadership, and the IM approves the document.

c. The Evaluation Team collects notes and comments from all hotwash (a performance review following a training exercise, event, or incident) discussions.

d. An electronic questionnaire is distributed to all participating CDC responders and consists of open-ended, yes/no, and Likert scale questions to evaluate the collective opinion of responders regarding the overall response effort (i.e., what went well and what needs improvement).

e. The Improvement Plan (IP) includes corrective actions identified during the AAR process.

f. After clearance, the AAR/IP is forwarded to affected CIO Directors for assignment of tasks to Action Officers, who will lead the effort to resolve each task. The IP addresses both short- and long-term goals, assigns responsibilities for specific improvements, and identifies a timeframe in which corrective actions should be completed.

C. **Dissemination**

Attachment E and the standard operating procedures for the Joint Information Center and Operations Section provide more detail on information collection and dissemination during IMS activation.

VII. COMMUNICATIONS

A. The CDC EOC's internal communications capabilities include the online incident management tool Web EOC; landline, secure (through OSSAM), and cellular telephones; video conferencing; high-frequency radio; satellite radio and telephone; and Federal Aviation Administration (FAA) Web-Based Situation Display access to track aircraft of interest. Externally, CDC can provide the following communication assets to deployed personnel: satellite radio and telephone, 800-MHz handheld radio, high-frequency radio, video teleconferencing.

B. The National Public Health Radio Network (NPHRN) is a high-frequency radio system maintained in the CDC EOC. It provides CDC and partners with a noninfrastructure-dependent redundant telecommunications capability—a "backup" method of telecommunication if basic systems fail. It provides the capability to transmit and receive vital information if traditional infrastructure-dependent communication media (telephone, Internet, and cellular) are damaged, overloaded, or destroyed. Specifically, the NPHRN permits CDC and partners to:

1. Provide backup or redundant communication capacity with a wide range of responders during an emergency.

2. Specifically reserve frequencies and ensure reliable, two-way telecommunications in times of crises.

3. Provide additional methods to gather event or incident intelligence and situational awareness.

4. Participate in national, state, and local disaster coordination.

5. Provide assistance to and receive assistance from other radio networks, such as FEMA's National Emergency Communications Network (NECN) and the National Communication System's (NCS) "SHARES" Network.

6. Test communication proficiency by participating in regular exercises with partners.

VIII. ADMINISTRATION, FINANCE, AND LOGISTICS

A. Administration

1. Established CDC and HHS administrative policies and procedures provide sufficient guidance for most situations arising during response operations. Each IMS Section has established standard operating procedures (SOPs) that provide further implementation directions for their specific needs. If unanticipated situations arise, the Chief of Staff can assemble Section Chiefs and staff from Office of the Chief Operating Officer programs (e.g., Office of the Chief Financial Officer [OCFO], Procurement and Grants Office [PGO], Human Capital and Resources Management Office, and Building and Facilities Office) to develop guidance, policies, or procedures appropriate for the situation.

2. The Operations Section Chief is responsible for tracking the status of Requests for Assistance and Information, Mission Assignments (MAs), Action Request Forms (ARF), and any tasks generated during the course of response operations.

B. Finance and Procurement

The mission of the Finance and Procurement Section is to provide financial and procurement support to the CDC IMS and programs' emergency response activities. This support includes funding, cost tracking, finance policy, procurement, and requisition management actions.

1. Responsibilities

a. The Logistics Section Chief also serves as the Finance and Procurement Section Chief. In this capacity, the Logistics Section Chief is responsible for the overall management of funds and procurement support during a CDC response; alerting OCFO and PGO staff of pending or actual CDC Emergency Operations Center (EOC) activation; and direct coordination with OCFO and PGO for support during pre- and post-incident activities when the Finance and Procurement Section is not activated.

b. The Finance Branch Director is responsible for providing direct management of funds associated with an event or incident, including incident MA subtasks, in accordance with federal appropriations law.

c. The Procurement Branch Director is responsible for the acquisition of event- or incident-related requirements in accordance with federal acquisition regulations.

2. Staffing: These branches will be staffed with subject matter experts from OCFO, preferably from the CDC program with primary responsibility for the response, and PGO, who also are trained in the National Incident Management System and the CDC Incident Management Structure.

3. Operational Mode Procedures

a. Watch and Alert Modes (Pre-Incident)

All deployments and procurements during these modes should be funded by the program or organization requesting support, except when another organization (e.g., the World Health Organization) provides the funding. The requestor will be asked to provide a Common Accounting Number (CAN) at the time support is requested.

b. Response Mode

1) When the CDC EOC transitions to Response mode and if MA subtask funding is assigned to CDC, the Finance Branch will process the reimbursable agreement associated with the MA subtask funding and will provide a CAN(s) for the response.

2) If no MA funding is provided, the Finance Branch will coordinate with the lead program(s) to use existing program funds until or unless funds are made available by CDC senior leadership and will manage the CANs associated with those respective funds.

3) The Finance Branch may also be responsible for preparing a Supplemental Budget Request. Guidance on that process will be provided by OCFO at the time the Supplemental Budget request is initiated.

4) The Cost Tracking Team will establish requirements for IMS Sections and Teams to project resource needs and report expenditures of funds to meet internal and external reporting requirements.

5) All incident-related deployments will be processed through the Logistics Section and will be funded centrally using the appropriate CAN(s).

6) All authorized incident-related purchases of supplies and equipment will be processed through the Procurement Section according to the Logistics Standard Operating Procedure and will be funded centrally using the appropriate incident CAN(s).

C. **Logistics**

1. The Division of Emergency Operations' Logistics Support Branch provides 24/7/365 emergency logistics support (e.g., material, supplies, travel, transportation, and equipment) to deploying CDC personnel and to the CDC EOC during emergency response activities. Upon activation of the CDC IMS, the Logistics Support Branch becomes the IMS Logistics Section.

2. The Logistics Section has primary responsibility for resource management (except personnel, which is managed by the Emergency Personnel Staffing Section during response and recovery operations. Because public health threats and consequences are unpredictable, the resources required to support CDC missions can often be described in only general terms in planning documents. Once response operations are initiated, the Logistics Section Chief coordinates with the Chief of Staff, General Staff, and Scientific Response Section to develop a prioritized list of resource needs, which serves as the basis for the response spend plan and supplemental budget request (if initiated), and is adjusted on a regular basis to ensure that CDC activities are adequately supported throughout the course of the response.

3. The Logistics Section conducts a gap analysis, in accordance with the section's SOP, to determine what resources are available internally and what additional resources are needed from external sources to meet mission requirements. The Logistics Section Chief develops a

plan, in coordination with the Finance and Procurement Branch directors, which will address resource shortfalls.

4. Resources are obtained using the existing CDC resource management system, governed by standing federal and agency directives, and augmented by emergency procurement procedures outlined in the Logistics Section SOP. The Finance Branch Director will assist in coordinating Interagency Agreements, Memorandums of Understanding, or similar agreements when resources are determined to be available externally from other government agencies. The Procurement Branch Director will assist in developing and executing contracts, cooperative agreements, grants, or other procurement actions to obtain resources from external commercial sources. Offers to donate resources will be referred to the CDC Foundation, which may also offer to fund or procure resources that cannot be obtained using appropriated funds.

5. The Logistics Section will conduct training, including "just-in-time" training, on a regular basis, to ensure that potential IMS staff and leadership are aware of section capabilities and procedures. Because SOPs may require adjustment to meet the needs of a specific response or recovery operation, the Logistics Section will publish and distribute updates as necessary.

IX. PLAN DEVELOPMENT AND MAINTENANCE

Development and maintenance of this plan, as well as supporting annexes, appendices, and attachments, will be in accordance with the CDC Framework for the Development of CDC Emergency Response Plans Policy (CDC Plans Policy).

X. AUTHORITIES AND REFERENCES

A. Authorities

The U.S. Department of Health and Human Services (HHS), under Emergency Support Function (ESF) #8[24] of the National Response Framework (NRF)[25], is designated the lead agency for providing management of public health, medical, mental health, and mass fatality management services. HHS also serves as a supporting agency for several other ESFs (refer to Attachment F).

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[24] Public Health and Medical Services Annex (January 2008).
http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf
[25] National Response Framework (January 2008) http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf

As an operating division (OPDIV) of HHS and under the direction of the HHS Assistant Secretary for Preparedness and Response (ASPR), during an emergency response CDC assists HHS in fulfilling its roles and responsibilities during an event or incident involving the National Frameworks. CDC has primary responsibility for the public health portion of ESF #8.

1. Public Health Service Act (PHS), as amended, 42 U.S.C. 201 et seq.

   http://www.fda.gov/opacom/laws/phsvcact/sec201.htm

   The PHS Act, as amended, forms the foundation of HHS' legal authorities to respond to public health and medical emergencies. Although most of these general authorities do not explicitly extend to international activities, in general such authorities can extend to international activities as needed to carry out an authorized activity and the department's mission to benefit or advance the health of the American people. The Office of the General Counsel (OGC) is available to advise on application of these authorities and those listed below to respond to an international emergency. HHS also may employ other federal-wide authorities to respond to emergencies (e.g., special international procurement authorities) and temporary hiring of emergency personnel. Through the PHS Act, CDC and other HHS components routinely respond to public health emergencies of medium to moderate scope and complexity, as consistent with their authorized activities.

   a. Interstate Quarantine (42 CFR 70)

      Whenever the CDC Director determines that the measures taken by health authorities of any state or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such state or possession to any other state or possession, he/she may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection. http://cfr.regstoday.com/42cfr70.aspx

   b. Foreign Quarantine (42 CFR 71)

      These regulations aim prevent the introduction, transmission, and spread of communicable disease from foreign countries into the states or possessions of the United States. http://cfr.regstoday.com/42cfr71.aspx

2. Pandemic and All-Hazards Preparedness Act, P.L. 109-417, December 2006.
   http://frwebgate.access.gpo.gov/cgi-
   bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ417.109.pdf

3. The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C.
   5195 et seq. http://www.fema.gov/library/viewRecord.do?id=3564

4. The Economy Act, 31 U.S.C. 1535. http://www.dol.gov/oasam/regs/statutes/antidef.htm

5. National Oil and Hazardous Substances Pollution Contingency Plan (40 CFR 300).
   http://www.access.gpo.gov/nara/cfr/waisidx_00/40cfr300_00.html

6. National Response Framework, January 2008: http://www.fema.gov/pdf/emergency/nrf/nrf-
   core.pdf

7. National Incident Management System, April 2004;
   http://www.fema.gov/emergency/nims/index.shtm

8. Assignment of Emergency Preparedness Responsibilities, E.O. 12656, as amended (Nov. 18,
   1988). http://www.fas.org/irp/offdocs/EO12656.htm

9. Management of Domestic Incidents, Homeland Security Presidential Directive/HSPD-5 (Feb.
   28, 2003). http://www.fas.org/irp/offdocs/nspd/hspd-5.html

10. Homeland Security Presidential Directive/HSPD-18. http://www.fas.org/irp/offdocs/nspd/hspd-
    18.html

11. Critical Infrastructure Identification, Prioritization, and Protection, Homeland Security
    Presidential Directive/HSPD-7 (December 17, 2003). http://www.fas.org/irp/offdocs/nspd/hspd-
    7.html

12. Public Health and Medical Preparedness, Homeland Security Presidential Directive/HSPD-21
    (October 18, 2007). http://www.fas.org/irp/offdocs/nspd/hspd-21.htm[26]

13. National Preparedness, Presidential Policy Directive/PPD-8 (March 30, 2011).
    http://www.dhs.gov/xabout/laws/gc_1215444247124.shtm

14. HHS Concept of Operations for Public Health and Medical Emergencies, June 2007.

15. Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (PL 107-188).

16. Select Agent Regulations (March 2005). www.selectagents.gov

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[26] HSPD #7 was rescinded; however existing plans developed under HSPD #7 (including those to which the AHP may refer) remain in effect until revoked or rescinded.

17. National Health Security Strategy (December 2009).

    http://www.phe.gov/Preparedness/planning/authority/nhss/strategy/Documents/nhss-final.pdf

18. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA; 1980), as amended, 1986, 1990. (42 USC 9601 et seq.)

19. Federal Radiological Emergency Response Plan (FRERP), 1996.

B. **References**

1. Comprehensive Preparedness Guide (CPG) 101, November 2010.

2. 62 FR 33081, Office of the Secretary, Office of Public Health and Science, Office of Emergency Preparedness: Statement of Organization, Functions, and Delegations of Authority, June 18, 1997.

3. Homeland Security Presidential Directive (HSPD) #1, "Organization and Operation of the Homeland Security Council."

4. HSPD #3, "Homeland Security Advisory System."

5. HSPD #4, "National Strategy to Combat Weapons of Mass Destruction."

6. HSPD #5, "Management of Domestic Incidents."

7. HSPD #7, "Critical Infrastructure Identification, Prioritization, and Protection."

8. HSPD #9, "Defense of United States Agriculture and Food."

9. HSPD #10, "Biodefense for the 21st Century."

10. HSPD #11, "Comprehensive Terrorist-Related Screening Procedures."

11. HSPD #12, "Policy for a Common Identification Standard for Federal Employees and Contractors."

12. HSPD #13, "Maritime Security Policy."

13. HSPD #14, "Domestic Nuclear Detection."

14. HSPD #15, "War on Terrorism."

15. HSPD #21, "Public Health and Medical Preparedness."

16. Presidential Policy Directive (PPD) #8, "National Preparedness", March 30, 2011.

17. Federal Preparedness Circular 65, Federal Executive Branch Continuity of Operations, June 15, 2004.

18. CDC Integrated Emergency Management Plan.

19. CDC Deployment Health and Safety Policy.

20. U.S. Department of Health and Human Services Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism.

21. ASPR Field Operations Framework.

22. ASPR/CDC Memorandum of Understanding.

23. HHS Field Operations Guide.

24. HHS IRCT CONOPs.

25. Executive Order 12580, Superfund Implementation.

26. Executive Order 12656, National Security Emergency Preparedness - Part 8.

27. Public Health Preparedness Capabilities: National Standards for State and Local Planning, CDC, March 2011.

28. Post-Katrina Emergency Management Reform Act, July 25, 2006.

29. Procedures and Public Release Policy for After Action Reports, Improvement Plans, and Corrective Action Programs.

ATTACHMENTS and ANNEXES

Support Attachments – The following Support Attachments are included with the AHP:
- A: Pre-scripted Subtasks that may be issued to CDC by HHS
    - o   Routine Programmatic Tasks by CIO
- B: CDC Incident Management System Structure
- C: CDC's Planning Cycle, Staff Rhythm, and Reporting
- D: CDC Organizational Chart
- E: Emergency Communication System (ECS) and Joint Information Center (JIC)
- F: Federal Overview
- G: CDC Field Assignees
- H: CDC Emergency Management Training Program
- I: Emergency Use Authorization (EUA) Operations Plan (published separately and available from the Emergency Operations Management System at http://eoms.cdc.gov/ [under "EOC Tools," select "CDC Plans"])
- J: International Response Operations (to be inserted during next annual update)
- K: At-Risk Individuals (to be inserted during next annual update)

- L: Acronyms, Abbreviations, and Glossary of Terms

Accompanying this AHP are category-specific annexes and agent-specific appendices that provide more detailed information regarding specific actions to support CDC IMS activation.

Hazard-, Threat-, or Incident-Specific Annexes – the following annexes and appendices are published separately:

- Human Pandemic
- Biological Incident
- Chemical Release
- Radiological Release
- Hurricane
- Earthquake
- Anthrax
- Plague
- Botulism

Attachment A: Prescripted Subtasks / Routine Programmatic Tasks

I. **Introductory Material**

Refer to the CDC AHP.

II. **Purpose, Scope, Situation Overview, and Assumptions**

A. **Purpose**

To capture anticipated missions and tasks that may be required to support program or agency responsibilities during a public health emergency.

B. **Scope**

Refer to the CDC AHP.

C. **Situation Overview**

Refer to the CDC AHP.

D. **Assumptions**

CDC Centers, Institute, and Offices will review task lists before, during, and after a public health emergency to ensure appropriate actions are taken to execute assigned missions and protect public health.

III. **Concept of Operations**

Refer to the CDC AHP.

IV. **Organization and Assignment of Responsibilities**

A. **General**

Action Request Forms (ARFs) and Mission Assignments (MAs) are used during Presidential Declarations for Domestic Emergencies and are used to document funding and activities for response and recovery actions. ARFs are often linked to requests for personnel or large quantities of materiel, and CDC receives taskings from Emergency Support Function (ESF) #8 when requests are to provide public health support.

B. **Pre-scripted Mission Assignments**

To support FEMA's mission of "More, Sooner, Faster, Safely," CDC collaborated with HHS and other ESF #8 partners to develop the following Pre-scripted Subtasks. By using the types of support requests received historically as a guide, HHS can outline the capabilities of each Operating Division (OPDIV) and prepare pre-scripted requests with standardized Statements of

Work (SOWs) that enable OPDIVs to pre-identify and roster the numbers and specialties of personnel likely to be requested during all-hazards events or incidents and discuss financial agreements with FEMA in advance of an event or incident.

When used, Pre-scripted Mission Assignments (PSMAs) allow for faster identification and deployment of resources and easier execution of pre- and post-incident financial and administrative requirements. The following CDC PSMAs have been developed and approved by FEMA and HHS:

1. Deploy epidemiologic surveillance teams (two personnel per evacuation center) to monitor conditions with partners[27]. Objective is to provide guidance and implement procedures to reduce the possibility of disease outbreaks.

2. Deploy one two-person team from the National Institute for Occupational Safety and Health (NIOSH) to provide guidance and technical assistance on the development of interim worker safety guidelines and occupational safety and health risk communication information distribution. Be prepared to deploy additional teams to the affected area to replace or expand team(s) capacity based on the scope, complexity, and specific hazards associated with the incident and the needs of the response and recovery organizations.

3. Deploy Federal Medical Stations in 250-bed configuration with medical supplies to support non-acute, nonsurgical, non-traumatic, non-chronic patients for a period of no less than 72 hours. Establish a medical resupply system to continue operations for a period not to exceed 60 days. Assist Office of the Assistant Secretary for Preparedness and Response (ASPR) Logistics and the IRCT to establish a medical resupply system to continue operations for a period not to exceed 60 days.

4. Deploy up to six two-person epidemiologic teams to support partners to monitor health care facilities. Working with local authorities, determine current status of health care facilities to conduct outpatient treatment, inpatient treatment, and surgical care. Assist the facilities and make recommendations to improve capabilities. Provide assistance for this requirement for no less than 60 days.

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[27] For the purposes of this document, "partners" is defined as international, federal, state, local, territorial, tribal, and private-sector partners

5. Deploy up to six two-person environmental health teams to evaluate, make recommendations, and provide assistance to reestablish water systems in the affected area.

6. Deploy up to six two-person environmental health teams to evaluate environmental conditions in the affected area. Provide consultation and recommendations to improve the situation and to return the area to normal, precautions to consider, and information to the public on potential hazards (chemical, radiological, sanitation, water quality, solid waste, and wastewater disposal). Work in collaboration with local authorities and the lead federal agency (the Environmental Protection Agency [EPA]).

7. Deploy up to six two-person surveillance teams (two personnel per team) to conduct vector surveillance and make recommendations to local authorities for vector control measures and techniques. Be prepared to coordinate aerial spraying. Be prepared to conduct pre-spraying population interviews and post-spraying interviews.

8. Deploy assets from the Division of Strategic National Stockpile (DSNS) and supporting personnel (e.g., a 12-hour Push Package with team of subject matter experts known as a Stockpile Service Advance Group [SSAG]).

9. Deploy epidemiology and surveillance teams to assess the public health consequences of the natural disaster, including risk assessment and available resources.

10. Deploy up to six two-person veterinary surveillance teams to support ESF #6 and ESF #11 authorities to evaluate, make recommendations, and provide assistance to temporary shelters and existing veterinary clinical care facilities. Determine whether existing veterinary facilities are able to conduct routine outpatient and inpatient treatment and surgical care. Assist the facilities and make recommendations to improve capability. Provide assistance to this requirement for a period not to exceed 60 days.

11. Deploy up to six two-person veterinary public health surveillance teams to rapidly determine and report event-related morbidity, mortality, and environmental exposures of service and companion animals to the local Incident Command and make recommendations for treatment and mitigation.

C. Center-, Institute-, and Office-Specific Tasks

Each Center, Institute, or Office (CIO) has designated roles and responsibilities that are executed in support of day-to-day activities. Some of these activities apply to public health emergency preparedness and response activities, while other identified tasks are an application of broader responsibilities and expertise found within programs. Tasks are provided by CIO, and are delineated by:

- Routine programmatic (overarching) tasks
- Critical pre-incident tasks
- Critical incident tasks
- Critical post-incident tasks

These are not meant to be all-inclusive. Incident-specific tasks may be identified in incident-specific plans (e.g., Pandemic Influenza or Nuclear/Radiological). In addition, many actions are taken daily by programs that may play an important role in supporting CDC Incident Management System (IMS) activities but are not considered critical activities.

1. Office of the Director (OD)

OD	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
OSSAM						
Develop standard security briefing to be presented to potential deployed staff				X	X	
Refine, maintain, train, and exercise CDC Continuity of Operation Plan (COOP) procedures			X	X	X	
Ensure COOP preparedness			X	X	X	
Manage and maintain classified and unclassified intelligence information			X	X	X	
Coordinate security for CDC campuses			X	X	X	
OCSO						
Provide internal and external coordination and collaboration on science-related and public health ethics information				X	X	
Oversee and coordinate the development and dissemination of identified scientific policies for CDC			X	X	X	X	X
Support OPHPR and OID in developing mechanisms to work with partners to track adverse events or incidents			X	X	X	X	X
Convene CDC's ethics committees to develop, review, recommend, and guide ethical aspects of agency incident response policies and activities				X	X	

ESHCO						
Ensure the CDC Deployment Health and Safety Policy is maintained and available to CDC staff					X	
Obtain and implement the CDC Deployment Health and Safety Policy for all potential deployers				X	X	X
Implement resilience approaches to train and prepare for the psychological, cognitive, and emotional challenges that staff may face during response operations					X	
Other OD Offices						
Provide legal interpretations of actions and laws to include counseling on issues related to patient protection and personal privacy	OGC				X	
Provide leadership, guidance, and advice on budgetary matters during an emergency response, to include financial tracking and reimbursement through FEMA's Mission Assignment process	OCFO				X	X	X
Ensure purchase agreements are in place to support rapid procurement of medical and nonmedical equipment and supplies	PGO			X	X	X	X
Provide support as part of the Emergency Communication System (ECS) through Communication Services, CDC-INFO, News Media Branch, CDC Connects, and other entities as necessary in preparing for incidents	OADC			X	X	X	X
Ensure that SOPs are in place to support deployed contracting officers	PGO				X	X	X
Provide consultation to the Secretary of HHS related to the determination and declaration of a public health emergency and guidance on whether a request for an Emergency Use Authorization (EUA)[28] is medically necessary	Director			X	X	X	X
Coordinate information security	OCISO	X	X	X	X	X
Collaborate with OPHPR to train, exercise, and develop cadres of personnel to improve preparedness and response capabilities	HCRMO				X	X	X
Monitor resiliency issues					X	
Establish health and safety countermeasures programs internally for CDC employees and contractors				X	X	X	X
Implement evidence-based resilience approaches to train and prepare for the psychological, cognitive, environmental, and emotional challenges that staff may face during response operations	Wellness Group				X	
Critical Tasks – Pre-Incident						
OSSAM						
Revise CDC Security posture according to threat level	Security	X	X	X		
Prepare Situation Intelligence Reports and briefings	Situation Awareness Unit	X	X	X	X	X
Provide COOP procedures to all CDC staff for situational awareness	Security		X	X	X	
Prepare to initiate activities to support CDC field staff assigned to affected area(s)	Security		X	X	X	X
Begin to prepare and provide security and intelligence briefings on the affected areas, as appropriate, to the CDC IMS Command Staff as well as staff deploying to those affected areas	Security	X	X	X	X	X
ESHCO						
Obtain and implement the CDC Deployment Health and Safety Policy for all potential deployers			X	X	X	X
Develop and disseminate guidance regarding CDC workers' protection			X	X	X	X

Determine pre-event vaccination requirements for potential CDC deployers[29]			X	X	X	X
Assist workers in completing elements of the state-of-readiness process including evaluation, personal protective equipment, training, and other protections deemed necessary by the Command Staff			X	X	X	X
Update roster of staff that can fill the Safety Officer role within the CDC IMS				X	X	X
Prepare to provide staff to fill Safety Officer role within the CDC IMS				X	X	X
Stand up Responder Resiliency Team				X		
Ensure that all externally deploying personnel have been medically cleared to travel and provide medical clearance information to Logistics Support Branch				X	X	X
OCISO/CSIRT						
Analyze and lead response to computer security incidents related to systems and information required for the emergency, in accordance with the CDC Enterprise Incident Response Plan		X	X	X	X	X
Provide warnings, assessments, and/or advice to CDC leadership and CDC Emergency Operations Center (EOC) with regard to information security threats to required systems		X	X	X	X	X
Other OD Offices						
Provide financial assistance in managing the Common Accounting Number (CAN) and all funded Mission Assignments (MAs)				X	X	X
Engage partners and enable their participation in organized responses at the state and local levels to mitigate adverse effects of incidents in racial or ethnic minority populations				X	X	X
Provide financial, administrative, and procurements actions related to incident				X	X	X
Collaborate with the ECS to provide and coordinate timely interactions with the media and release of public information	OADC		X	X	X	X
Conduct pre-deployment screening and clearance process to include physical examinations, health screenings, respirator clearance and fit testing, PPE, travel kits and medications, and other medical protections and interventions			X	X	X	X
<center>**Critical Tasks – Incident**</center>						
OSSAM						
Collect, analyze, distribute, and store classified documents used during response		X	X	X	X	
Determine any COOP actions for CDC facilities located in the affected areas		X	X	X	X	
Maintain Continuity of Operations		X	X	X	X	X
Coordinate periodic updates for senior leadership and other government, headquarter, or detailed officials during the incident				X	X	X
Provide security and intelligence briefings on the affected areas, as appropriate, to the CDC IMS Command Staff as well as staff deploying to those affected areas		X	X	X	X	X
Conduct personnel safety and security pre-deployment briefings for deploying staff			X	X	X	X
Coordinate with U.S. Marshals for security of SNS		X	X	X	X	X
Coordinate with the Operations Section to identify and contact CDC staff at risk			X	X		
Conduct location and transportation route threat analysis		X	X	X		
Establish a liaison to the family of deployed CDC personnel injured, ill, or deceased						X
Provide needed humanitarian assistance as required to CDC staff affected by the storm						X
Ensure proper authorities notify family/next of kin of severe illness and death of CDC employees						X
Provide technical consultation on responder security			X	X	X	

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[29] http://intranet.cdc.gov/OSHE/dhsp/index.htm

Provide benefits counselor to individuals and family for CDC personnel injured or ill						X
Monitor status of CDC staff displaced in the affected areas to address needs						X
ESHCO						
Monitor health and safety issues for deployed personnel and assist in reporting of all exposures, injuries, illnesses, and incidents			X	X	X	X
Train and prepare staff for the psychological, cognitive, environmental, and emotional challenges they may face during response operations				X		
Monitor, track, and provide status updates on demobilized personnel as needed and determine the need for post-event health screening of responders				X		
Be prepared to designate an event safety officer (or provide expertise) for deployment teams of sufficient size and composition to warrant such inclusion (these personnel will not necessarily be from ESHCO)			X	X	X	
Identify mental health issues for CDC staff affected by the response				X		
Coordinate and cooperate with the Operations Section to ensure that all health and safety requirements are identified and satisfied for CDC personnel deployed in response to the event or incident			X	X		
Provide consultation on medical issues during deployment including medical evacuation, Employee Assistance Program (EAP), mental health services, and other appropriate programs that encourage resiliency before, during, and after deployment of CDC employees[30]			X	X		
Provide technical consultation for CDC Workforce Protection			X	X		
Provide technical consultation on mental and behavioral health issues for CDC response workers				X		
Provide recommendations on PPE and other occupational health and safety issues for CDC staff			X	X		
Assist in the reporting of all exposures, injuries and illnesses and incidents or potential exposures without known injury occurring as a result of deployment with completion of an Incident Report (CDC 0.304 CDC Incident Report)[31] after occurrence			X	X		
Provide safety and health training before deployment			X	X		
Assist with occupational health assessments of CDC workers			X	X		
Other OD Offices						
Authorize the deployment and use of CDC resources	OD	X	X	X	X	X
Coordinate with HHS teams to provide legal counsel to appropriate parties regarding participation in emergency response (includes CDC Director and staff)	OGC			X		
Provide CAN or identification of funding source(s) for use during the initial phases of the response	OCFO			X	X	X
Provide financial assistance in managing the CAN and all funded MAs	OCFO			X	X	X
Provide procurement assistance in support of deployers including conducting resiliency debriefings for responders	PGO			X	X	X
Provide technical support in response to agency requests for interviews, on-site visits, and any other media-related requests	OEC			X	X	
Staff functional roles in the JIC with staff from Communication Services, CDC-INFO, News Media Branch, Electronic Media Branch, CDC Connects, and other entities as needed	OADC			X		X
Coordinate with JIC Lead to develop response communication	OADC		X	X		
Monitor activities of deployed staff			X	X		

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[30] In coordination with the Humanitarian Assistance Team (HAT) led by OSSAM.

[31] Form 0.304 can be found here: http://intraspn.cdc.gov/maso/EForms/PDF/0304.pdf

	Component	Prevent	Protect	Mitigate	Respond	Recover
Monitor resiliency issues to anticipate and address needs of personnel deployed to the field or support roles				X		
Train and prepare staff for the psychological, cognitive, environmental, and emotional challenges they may face during response operations	Wellness Group			X		
Conduct psychological hazards, self-care pre-deployment briefings and other readiness process services for deployers	Wellness Group			X		
Identify mental health issues for CDC staff affected by the response	Wellness Group			X		
Post-Event Critical Tasks						
Assist state health officials with the transition into a recovery and normalization of public health activities				X		X
Monitor health and well-being of returning deployed personnel	ESHCO			X		
Determine need for post-event health screening of CDC responders and initiate if necessary	Wellness Group		X	X		
Assist in the reporting of all exposures, injuries, illnesses. and incidents or potential exposures without known injury occurring as a result of deployment with completion of an Incident Report after occurrence	OCOO/ ESHCO			X		
Use Responder Resiliency team and EAP as necessary; encourage workers to make use of the program[32]	ESHCO			X		

2. Office of Public Health Preparedness and Response (OPHPR)

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
OD						
Provide strategic direction and coordination for CDC regarding prevention, preparedness, mitigation, response, and recovery to all-hazards events or incidents affecting public health		X	X	X	X	X
Ensure that the CDC EOC and the Incident Management System (IMS) structure are continuously maintained at a high level of readiness		X	X	X	X	X
Provide oversight to DSNS, DSAT, DSLR, DEO, and the Division of Business Services (DBS)		X	X	X	X	X
Ensure that CDC personnel are trained on response plans				X		
Ensure that CDC plans are exercised and evaluated			X	X	X	X
Ensure that plans are consistent with plans of other HHS agencies and other federal response agencies			X	X	X	X
Coordinate with the Procurement and Grants Office (PGO) to ensure contracts are in place to rapidly respond to requests from partners[33] to supply or deploy technical assistance or equipment			X	X	X	X
Ensure the scientific review and Good Manufacturing Practices of all medical assets			X	X	X	X
Conduct notification exercises to validate internal contact information for CIOs			X	X	X	

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[32] Information regarding the Employee Assistance Program and Responder Resilience Service can be found at http://intranet.cdc.gov/OSHE/dhsp/mentalHealth/

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Establish and maintain backup communications systems such as National Public Health Radio Network				X		
DSNS						
Order and store medical assets under applicable federal guidelines			X	X	X	X
Maintain a pool of trained personnel to deploy with and escort SNS materiel to ensure it is efficiently received and distributed			X	X	X	X
Provide assistance to public health, health care, and emergency management agencies in preparing local health care systems to prevent, protect against, quickly respond to, and recover from emergencies whose scale, timing, or unpredictability threaten to overwhelm routine capabilities			X	X	X	X
DEO						
Develop policies and procedures for data and information flow and management during emergency events			X	X	X	X
Provide administrative support to CDC staff assigned to the CDC EOC, (e.g., ordering office supplies, arranging card-key access, and maintaining accountability logs)				X		
Maintain external coordination and communications with other federal government partners through hardware and software processes to ensure that CDC is informed of incident reports in real time on a 24/7/365 basis			X	X	X	
Develop and maintain a database of deployable personnel identified by CIOs					X	X	X
Ensure all IMS personnel are familiar with CDC Continuity of Operations (COOP) procedures					X	X	X
Develop an on-call/deployment roster for field deployments and personnel to augment the IMS structure					X		
Serve as the focal point for coordinating receipt and distribution of public health information to partners in collaboration with other CDC centers and partners	JIC			X	X	X
Other OPHPR Offices						
Prepare state and local health officials through exercises and training to receive, distribute, and dispense SNS materiel	DSLR		X	X	X	X
Provide specific financial assistance and cooperative agreement guidance to partners regarding planning and exercise for event or incident response	DSLR			X	X	X
Critical Tasks – Pre-Incident						
DEO						
Provide a preliminary assessment of the situation	Command Staff				X	
Develop an incident-specific mission statement	Command Staff				X	
Provide assistance to CDC CIOs and partners on the development or use of information systems that support real-time situational awareness during an incident	Situation Awareness		X	X	X	
Ensure that an event or incident is created in WebEOC and all reports and tracking revert to event or incident reporting procedures to provide information to HHS for display on the Homeland Security Information Network (HSIN) portal	Operations Section				X	

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Monitor the event or incident, maintain situational awareness, and develop and update a common operating picture to better inform response decisions	Planning Section			X	X	
Provide routine updated status information to all appropriate Emergency Coordinators (ECs) as the emergency progresses	Operations Section			X		
Provide subject matter expertise to develop incident response coordination briefings	Operations Section			X	X	
Identify and maintain contact with Career Epidemiology Field Officers (CEFOs) in affected states for coordination of activities and resources	Operations Section			X	X	
Update database of deployable personnel identified by CIOs	Emergency Personnel Staffing Section			X		
Augment the IMS structure (e.g., Emerging Leaders or Presidential Fellows)	Operations Section			X		
Coordinate with the Division of Commissioned Corps Personnel Readiness (DCCPR) for the identification of U.S. Public Health Service (USPHS) Commissioned Corps personnel for field deployment and IMS augmentation if necessary	Emergency Personnel Staffing Section			X	X	X
Verify public health surge teams' readiness for deployment Rapid Needs Assessment team	Emergency Personnel Staffing Section				X	
Monitor weather conditions in the Atlantic, Pacific, and Caribbean; provide CDC senior leadership (including CEFOs and agency ECs) with information necessary to prepare for and respond to damage resulting from severe weather	Operations Section				X	
Develop demobilization strategies for response personnel; demobilization strategies will be derived from existing staffing plans provided by CIO ECs according to the status of the emergency response	Planning Section					X
Coordinate redeployment of CDC staff	Emergency Personnel Staffing Section					X
Monitor the HSIN and WebEOC for updated information from DHS, HHS, and other partners	Planning Section			X		
Provide technical support in response to agency requests for interviews, on-site visits, and any other media-related request	JIC				X	
Maintain networks for coordination for public communication with other partners through the Incident Communications Public Affairs Coordination Committee and the National Public Health Information Coalition	JIC		X	X	X	X
Develop and test risk communication plans for emergency message development, dissemination, and evaluation	JIC			X	X	
Maintain and update the CDC Emergency Preparedness and Response website, in coordination with communication staff and SMEs in CIOs	JIC	X		X	X	
Facilitate development, clearance, and dissemination of Health Alert Network (HAN) messages to public health workforce and partners	JIC		X	X	X	
Maintain system for and facilitate posting of provisional public health information related to emerging and urgent health information in secure channel, *Epidemic Information Exchange* (*Epi-X*)	SA		X	X		

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Staff and lead the Joint Information Center (JIC) when the CDC IMS is activated	JIC				X	
Prepare, catalog, and identify phases of release of health protection public information to relate to emergence of health hazards through possible extended response periods and identify and fill gaps in health topics, easy-to-read versions, and translations	JIC				X	
Serve as CDC liaison to National Incident Communication Coordination Line to ensure coordination of CDC public communication strategy and activities with interagency response	JIC				X	
Determine most efficient way to get public health messages to practitioners and the public during an emergency response (i.e., HAN or *Epi-X*)	JIC			X	X	
Develop mechanisms to request and facilitate support from private partners during an incident response	Partners[34] LNO			X	X	
Coordinate communications efforts with local and state public health departments	JIC			X	X	
Ensure that public information messages regarding pre-incident actions are being circulated (e.g., take medications and prescriptions to shelters)	JIC			X	X	
Coordinate and release public information messages pertaining to disaster preparations and evacuation through Public Affairs Office communication channels	JIC			X	X	
Work with NCHS to ensure that information pertaining to guidelines regarding death reporting are easily accessible on the CDC website to state/local partners as well as DMORT staff and other federal partners	JIC			X		X
Assist Emergency Support Function (ESF) #8 partners in the development of Pre-scripted Statements of Work (SOWs)	Planning Section			X	X	
Support training activities for CDC emergency response teams	Operations Section			X	X	X
Coordinate with DCCPR the potential deployment/IMS augmentation of USPHS Commissioned Corps personnel	Emergency Personnel Staffing Section			X	X	X
Ensure that standardized assessment tools and data collection instruments are available	Planning Section			X	X	
Maintain and provide accountability of quantities of functioning deployment equipment	Logistics Section			X	X	
Assist states in understanding Action Request Form (ARF) and Mission Assignment (MA) processes	Operations Section				X	
Develop guidelines on continuity of state/local public health services	Planning Section			X	X	
DSAT						
Oversee continuity of normal business functions for regulated entities such as review and process requests or notifications (e.g., amendments to registrations, transfers, and imports); coordinate information sharing with states to assist with emergency planning and intra-governmental agencies to assist in infrastructure protection		X	X	X	X	

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Receive and process reports of theft, loss, or release of select agents and toxins			X	X	X	
Monitor reports of identification of select agents and toxins			X	X	X	
Contact entities in affected areas to determine whether incident response procedures have been implemented			X	X	X	
Offer assistance in transferring select agents and toxins to registered entities outside of affected areas			X	X	X	X
Process requests for exemptions received from entities participating in public health emergency response activities			X	X	X	
Coordinate information sharing with intergovernmental and intra-governmental agencies		X	X	X	X	X
DSNS						
Stage Federal Medical Service (FMS) assets as required				X	X	X
Deploy other critical medical materiel as directed			X	X	X	X
Verify response posture of SNS and readiness status of FMS					X	
Coordinate requests for information regarding the status of SNS assets, monitor SNS deployments, and support SNS exercises			X	X	X	X
Critical Tasks – Incident						
OD						
Staff the Vulnerable Populations Desk in the CDC EOC				X	X	X
DEO						
Coordinate the use of CDC resources to oversee delivery of initial emergency management consultative services to partners experiencing public health emergencies or the federal or international agencies providing support; provide administrative support to CDC staff assigned to the CDC EOC (e.g., ordering office supplies, arranging card-key access, and maintaining accountability logs)	Command Staff			X	X	X
Provide a preliminary assessment of the situation	Command Staff				X	
Develop an incident-specific mission statement	Command Staff				X	
Monitor the event or incident, maintain situational awareness, and develop and update a common operating picture to better inform response decisions	Planning Section			X	X	
Coordinate potential surge support for Watch Staff	Operations Section			X		
Test communications infrastructure	Operations Section			X		
Alert and recall DEO core staff and other specialized personnel (i.e., Information Technology, Geographic Information Systems, and High-Frequency communication)	Operations Section			X	X	
Provide subject matter expertise to develop incident response coordination briefings	Operations Section				X	
Augment the IMS structure (e.g., Emerging Leaders or Presidential Fellows)	Operations Section			X		

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Coordinate with NCEH to assist ESF #8 partners in the development of pre-scripted MAs and SOWs to be used during environmental responses	Operations Section			X	X	
Coordinate with ESF partners on EOC support issues	Operations Section			X		
Coordinate for personnel to augment the IMS structure (e.g., Emerging Leaders or Presidential Fellows)	Operations Section			X		
Coordinate with DCCPR for the identification of USPHS Commissioned Corps personnel for field deployment and IMS augmentation	Emergency Personnel Staffing Section			X	X	
Maintain awareness of deployments, both current and pending, requests for information or assistance, tasks, MAs, situation status, and other activities involved in implementing CDC's response operation	General Staff Sections			X		
Receive and consolidate reports and information concerning deployed assets	Planning Section				X	
Prepare Incident Action Plans (IAPs)	Planning Section				X	
Maintain accurate and up-to-date incident files	Planning Section				X	
Coordinate planning for medical or health care, public health, and response issues related to the incident	Planning Section			X	X	
Monitor and track the response level of emergency operations as deployed personnel demobilize from on-scene support and provide a status report to the HHS Secretary's Operations Center (SOC)	Planning Section				X	
Develop scalable demobilization strategies for deployed personnel both in the field and to the CDC EOC	Planning Section			X	X	X
Coordinate all ARFs and MAs to include coordination with the Finance Section on MA requests	Operations Section	X	X	X	X	X
In conjunction with lead CIO and subject matter experts, perform a final review of pre-scripted MAs and requests for assistance for content clarity; develop demobilization strategies for deployed personnel both in the field and in the CDC EOC	Emergency Personnel Staffing Section			X	X	X
Execute pre-scripted MAs as directed by the HHS SOC	Operations Section			X	X	
Monitor status of deployed personnel in the affected area	Operations Section				X	
Coordinate travel and lodging for deploying personnel, including preparing and publishing travel orders	Logistics Section				X	
Provide essential services to all deploying personnel to ensure they are properly briefed, trained, medically screened (as appropriate), and equipped before being deployed into the affected areas; this will include mission, available resources, and data collection tools, standard reporting guidelines, and communication and information flow procedures	Logistics Section/ Operations Section			X	X	
Monitor status of evacuation efforts, including identification and physical location of any emergency shelters receiving evacuees	Situational Awareness			X	X	
Provide routine updated status information to all appropriate ECs as the emergency progresses	Operations Section				X	

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OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Evaluate state and/or federal requests for assistance/information (e.g., MAs)	Operations Section				X	
Track state and/or federal requests (e.g., MAs)	Operations Section				X	
Prepare situation intelligence reports and briefings	Situational Awareness			X	X	
Monitor status of deployed assets	Logistics Section				X	
Monitor activities of deployed staff	Operations Section				X	
Monitor overall effectiveness of response activities to the states and coordination with other federal responders	Planning Section				X	
Coordinate redeployment of CDC staff	Emergency Personnel Staffing Section			X	X	X
Provide leadership and primary staffing for the JIC in the CDC EOC	JIC				X	
Provide communication expertise and support for issues related to all public health needs	JIC				X	
Maintain communications with and facilitate interviews and other discussions with media representatives	JIC			X	X	
Execute a communication plan for rapidly disseminating health information to meet public information needs at each stage of response	JIC			X	X	X
Review and update HAN advisories	JIC			X	X	
Coordinate with partners to acquire and analyze U.S. health care and resource data specific to the incident	Situational Awareness		X	X	X	
Use National Public Health Radio Network to support public health message transmission and ESF #8	JIC			X	X	X
Ensure with partner leadership that public and private incident communication outreach is provided as long as needed; provide technical assistance as appropriate	JIC			X	X	X
Assist state and local public information officers (PIOs) and partner PIOs with emergency risk communication resources (messages and materials) and technical assistance	JIC			X	X	X
Coordinate CDC public communication strategy and messaging with the National Incident Communications Conference Line (support ESF #15)	JIC			X	X	X
Conduct communication surveillance to characterize public perceptions, knowledge, and behaviors reflected in media accounts, blogs, hotline calls, and other channels	JIC			X	X	X
Preload and initiate public information messages through HAN, and COCA	JIC			X	X	
Review and update advisories	JIC			X	X	
Maintain and update response web site	JIC		X	X	X	X
Prepare public health messages to be available for distribution	JIC			X	X	
Develop public health information messages to counter inaccurate media reports, particularly disease outbreak accounts in shelters	JIC			X	X	X

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
Develop public information messages regarding potential dangers (e.g., chainsaw injuries, injuries from handling debris, and exhaust fumes from generators) and protective actions (e.g., boil water and hand-washing)	JIC			X	X	X
Clear materials for external dissemination	JIC			X	X	X
Coordinate translation services (languages and literacy)	JIC			X	X	X
Perform media relations functions	JIC			X	X	X
Provide spokesperson training in crisis and emergency risk communication for CDC response staff	JIC with IM				X	
Identify communication needs of affected audiences	JIC			X	X	X
Identify information that will fill needs of affected audiences	JIC			X	X	X
Identify and segment affected audiences	JIC			X	X	X
Identify communication methods and channels to reach affected audiences	JIC			X	X	X
Develop and produce products and materials with the principles of risk communication	JIC			X	X	X
Conduct research of message effectiveness	JIC			X	X	
Disseminate messages, products, and materials through most effective channels to affected audiences	JIC			X	X	X
Provide surge capacity for disaster-affected state, local, tribal, or territorial communication efforts	JIC			X		
Continuously receive feedback on communication effectiveness	JIC			X	X	
Revise message products and materials using research findings	JIC				X	
Provide point of contact, coordination assistance, and information exchange between CDC and private partners	JIC			X	X	
Participate in teleconferences with HHS, international, federal, state, local, tribal, territorial, and private-sector partners throughout the affected area	Operations, Planning Sections			X	X	X
Coordinate cardkey access to CDC EOC 21 (Roybal Campus) for potential response staff	Operations Section		X		X	
Publish staff rhythm on EOC Audio Visual wall depicting scheduled teleconferences, meetings, and other Command Staff activities of interest to CDC staff working the response	Operations, Situational Awareness				X	
DSNS						
Deploy medical materiel and assets as directed				X	X	X
Provide technical assistance on the use of SNS materiel			X	X	X	X
Provide primary staffing for the Healthcare Systems and Response (HSR) desk in the CDC EOC and for the HSR Team in the Medical Care and Countermeasures Task Force, if activated for the response				X	X	X
Assist with coordination among federal (e.g., Regional Emergency Coordinators, Hospital Preparedness Program Project Officers, Critical Infrastructure Protection [CIP] Program), state, and local health care officials; state public health departments; and private partners (e.g., AABB) for special			X			X

OPHPR	Component	Prevent	Protect	Mitigate	Respond	Recover
needs assessments (e.g., kidney community emergency response coalition), facility capacity issues, situational awareness, and disease control related to health care delivery.						
Participate in HHS/CIP conference calls for health care and public health sector recovery				X		X
Other Offices						
Contact select agent registered entities in affected areas after event to determine whether containment of select agent and toxins inventory was compromised and provide Incident Manager with status of these entities	DSAT		X	X	X	X
Provide continuity of state/local public health services	DSLR		X	X	X	X
Provide technical assistance to distribute SNS materiel			X	X	X	X
Post-Incident Critical Tasks						
Continue public health information messaging to counter inaccurate media reports, particularly disease outbreak accounts in shelters	JIC			X		X
Continue to distribute public information messages regarding potential dangers and protective actions associated with initial recovery activities	JIC			X		X
Facilitate development of the incident-specific After Action Report (AAR)	Planning Section			X		
Initiate and conduct inventories for necessary recovery and resupply materiel and equipment	Logistics Section			X		
Generate certificates of participation for staff involved in the response	Operations Section					X
Monitor and track the response level of emergency operations as deployed personnel demobilize from on-scene support and provide a status report to the HHS SOC	Operations Section					X
Scale down IMS operations commensurate with field activities	Incident Manager					X
Maintain communications with the DCCPR regarding demobilization plans for USPHS Commissioned Corps personnel	Emergency Personnel Staffing Section					X
In accordance with the IRCT, state CEFO (if available), and other state officials, demobilize personnel as required in accordance with MA completion	Operations Section					X
Inventory and return nonessential equipment for reconstitution	Logistics Section			X		X
Demobilize CDC personnel	Operation Section					X
Provide demobilization briefing for CDC staff	Emergency Personnel Staffing Section			X		X

3. Office of Infectious Diseases (OID)

OID	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
OD						
Conduct surveillance for different types of illnesses using the Public Health Information Network (PHIN) and the National Electronic Disease Surveillance System (NEDSS)		X	X	X	X	X
Investigate and identify causative agents of diseases (e.g., foodborne or vector-borne)			X	X	X	X
Recommend vector and zoonotic control provisions			X	X	X	X
Monitor vaccine supply			X	X	X	X
Provide vaccine coverage surveillance			X	X	X	X
Conduct vaccine effectiveness investigations			X	X	X	X
Provide leadership for CDC's overall pandemic preparedness planning and response	ICU		X	X	X	X
Provide subject matter advice on the use of infectious disease medical countermeasures that may be used during an event or incident			X	X	X	X
Assist Regulatory Affairs with the development, revision, and maintenance of documents to support an Emergency Use Authorization (EUA) request			X	X	X	
Identify data-collection and record-keeping requirements for countermeasure use under an EUA			X	X	X	
Obtain fact sheets from Regulatory Affairs to distribute to state and local health departments				X	X	
Develop, review, and/or revise medical care guidelines for infectious diseases	NCIRD/ DBPR		X	X	X	X
Support Emergency Communication System through staffing of the Laboratory Outreach Desk (LOCS)	NCEZID/ DPEI/ LSDB		X	X	X	X
Work with ECS to maintain and update emergency web content related to OID subject matter	NCEZID/ NCIRD	X	X	X	X	X
Maintain full compliance with the International Health Regulations' (2005) requirements for ports of entry (POEs)		X	X	X	X	
Take regulatory responsibility for preventing the importation of disease at POEs	DGMQ		X	X	X	
Take regulatory responsibility for distribution of certain drugs from Quarantine Stations	DGMQ		X	X	X	
Critical Tasks – Pre-Incident						
Provide subject matter experts (SMEs) to support development of plans for distributing and tracking countermeasures, conducting epidemiological investigations, and performing surveillance activities at the human-animal interface	NCEZID/ NCIRD		X	X	X	
Assist ESHCO in the determination of pre-event vaccination recommendations for CDC responders	NCIRD		X	X	X	
Provide guidance on post-exposure vaccination recommendations for the public	NCIRD		X	X	X	
Develop, review, and/or revise medical care guidelines for infectious diseases	NCIRD/ DBPR		X	X	X	X

OID	Component	Prevent	Protect	Mitigate	Respond	Recover
Ascertain location, capability, and continuity of operations plans for Public Health Biological Laboratories for clinical specimens	NCIRD/ DBPR	X	X	X	X	X
Determine pre-event vaccination requirements for the public and provide this information to other federal partners	NCIRD		X	X	X	
Determine CDC's role in possible vaccination of the general population	NCIRD		X	X	X	
Identify appropriate incident spokespersons for national, regional and local media, as well as social media, clinical audiences and for public meetings	NCIRD/ NCEZID	X	X	X	X	X
Critical Tasks – Incident						
In conjunction with OID and SMEs, perform a final review of pre-scripted Mission Assignments (MAs) and Requests for Assistance for content clarity; develop demobilization strategies for personnel deployed to the field and to the CDC EOC	NCIRD			X	X	X
Perform an inventory of state vaccine stocks	NCIRD			X	X	
Alert the Public Health Laboratory Network	NCIRD			X	X	
Coordinate with external partners to provide public health laboratory support	NCIRD			X	X	
Assist state and local public health laboratories for coordination of Information Technology data systems	NCIRD			X	X	
Provide alerts and updates to public health and clinical laboratories	NCIRD		X	X	X	
Provide technical consultation on appropriate infection control practices in shelters	DHQP			X	X	X
Coordinate distribution of vaccines, therapeutics, and antivirals	NCIRD		X	X	X	X
Upon request from state/ local health authorities, procure and distribute vaccines	NCIRD		X	X	X	
Provide technical assistance to state and local officials in establishing communicable and vector-borne disease controls	NCEZID		X	X	X	X
Deploy Vector-Borne Surveillance Team	NCEZID			X	X	X
Provide communication staffing support for the Joint Information Center (JIC) in the EOC including the JIC Co-Lead, JIC SME, additional surge staff as needed, and other hazard-specific positions identified in the hazard annexes	NCEZID/ NCIRD			X	X	
Staff LOCS Desk in the JIC with staff from NCEZID/DPEI/LSDB	NCEZID/ DPEI/ LSDB			X		X
Determine status of cold chain system used for vaccine storage and transportation in the affected area(s)	NCIRD			X	X	
In conjunction with OPHPR/DSNS and FDA, ascertain status of materiel for critical care needs	DHQP			X	X	
In conjunction with NCEH/EHHE , assist states and health care/acute care facilities to collect and analyze data for surveillance	DHQP			X	X	X
Provide guidelines to NCEH/ATSDR/OD/OC for development of messages specific to signs and symptoms related to secondary infections	NCIRD/ NCEZID/ NCHHSTP			X	X	
Provide guidance and technical expertise on infectious disease issues related to evacuations, sheltering, and mass gatherings	DGMQ/ DHQP			X	X	X
Provide technical consultation on appropriate infection control practices in shelters	DHQP			X	X	X

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OID	Component	Prevent	Protect	Mitigate	Respond	Recover
Establish occupational health surveillance systems, including surveillance of workers in shelters, hospitals, emergency responders, and recovery workers in coordination with the overall CDC public health surveillance system	DHQP			X	X	X
Assist with the coordination of the review, development, and dissemination of guidelines and recommendations for the appropriate care of affected individuals, including infection control issues and strategies for health care delivery in the region of the public health emergency/disaster	DHQP			X	X	
In conjunction with NCBDDD and NCCDPHP, coordinate planning of medical care response to surge in pediatric and chronic disease-related outpatient and inpatient care through involvement of partners such as state and local public health agencies, the American Hospital Association , the American Cancer Society, the American Medical Association, hospital associations, and others in the affected region(s)	DHQP			X	X	X
Provide technical consultation on chronic diseases (e.g., kidney dialysis, end-stage renal disease, HIV, and hepatitis C), including the determination of preventive actions to reduce chronic disease-related morbidity and mortality	NCHHSTP /DHQP			X	X	X
Provide technical consultation on infectious diseases and disease controls related to the destruction of infrastructure in the affected area(s)	NCIRD/ NCEZID/ NCHHSTP			X	X	X
Provide guidelines for proper management for health care facility biohazard waste	DHQP			X	X	X
Provide guidelines for clinical sample collection, sampling plans, shipment, transport, analysis, and interpretation of results for biological agents	NCIRD/ NCEZID/ NCHHSTP			X	X	X
Establish mechanisms for infection control and prevention of disease outbreaks in affected facilities, to include deployment of Hospital and Health Facilities-Based Surveillance Teams	NCIRD		X	X	X	X
Determine CDC's role in possible vaccinations of the general population	NCIRD		X	X	X	
Determine pre-event vaccination requirements for the public and provide this information to other federal partners	NCIRD		X	X	X	
Assist ESHCO in the determination of pre-event vaccination recommendations for CDC responders	NCIRD		X	X	X	
Ascertain capabilities and continuity of operations for Laboratory Response Network facilities in the anticipated impact area(s)	DBPR			X	X	
Provide Entry and Exit screenings at POEs under direction of HHS Secretary			X	X	X	
Post-Incident Critical Tasks						
Determine requirements for post-event surveillance or investigation of infectious diseases related to destruction of infrastructure in the affected area(s)	NCIRD/ NCEZID/ NCHHSTP			X		X
Continue post-event monitoring of state vaccine inventory needs and of cold-chain system for vaccine storage and transportation	NCIRD			X		X
Determine post-event vaccination requirements for the public and provide this information to federal partners	NCIRD			X		X
Determine CDC's role in possible post-event vaccination of the general population	NCIRD			X		X
Determine requirements for post-event surveillance or investigation of infectious diseases related to the destruction of infrastructure in affected area(s)	NCIRD/ NCEZID/ NCHHSTP			X		X

OID	Component	Prevent	Protect	Mitigate	Respond	Recover
Continue post-event monitoring of state vaccine inventory needs as well as assessments of cold-chain system for vaccine storage and transportation	NCIRD			X		X
Participate in HHS/Critical Infrastructure Protection conference calls for health care and public health sector recovery	DHQP			X		X
Determine post-event vaccination requirements for the public and provide this information to federal partners	NCIRD			X		X
Monitor medical countermeasure-associated adverse events			X	X		

4. Office of Noncommunicable Diseases, Injury, and Environmental Health (ONDIEH)

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
NCEH/ATSDR						
Assist public health and emergency response partners in conducting public health surveillance in response to a chemical, radiological, or nuclear event or incident or natural disaster	NCEH/ EHHE		X	X	X	X
Assist public health and emergency response partners in conducting public epidemiologic assessments in response to a chemical, radiological, or nuclear event or incident or natural disaster	NCEH/ EHHE		X	X	X	X
Identify and prepare individuals to deploy as part of a federal assessment activity (to include community needs assessments)	NCEH/ EHHE			X	X	
Assist partner laboratories in the collection of clinical samples (e.g., human urine and human blood)	NCEH/ DLS			X	X	X
Assist partner laboratories in the analysis of clinical samples (e.g., human urine and human blood)	NCEH/ DLS			X	X	X
Ascertain location, capability, and continuity of operations plans for Public Health Chemical Laboratories; address 1) Operational Status, 2) Contingency Planning and Continuity of Operations for communications, transport of specimens, testing and staffing, and 3) Surge capacity planning	NCEH/ DLS			X	X	
Provide health consultation on medical treatment, countermeasures, and follow-up for individuals exposed to a nuclear or radiological event or incident	NCEH/ EHHE/ RSB		X	X	X	X
Develop standard reporting templates and provide guidelines for conducting public health surveillance	NCEH/ EHHE				X	
Provide consultation and technical assistance to public health and emergency response partners on issues related to consequence management of environmental public health services and infrastructure (e.g., food, water systems, indoor air, and shelters)	NCEH			X	X	X
Provide environmental health experts to support and/or serve on mandated federal and state field and technical support teams	NCEH/ ATSDR/ OEHE			X	X	
Serve as on-call Emergency Coordinators for NCEH/ATSDR	OEHE				X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide health consultation on medical treatment, countermeasures, and follow-up for individuals exposed to a chemical event or incident	ATSDR/ DTHHS			X	X	X
Develop, review, and/or revise medical care guidelines for persons with hazardous material (HAZMAT) exposure	ATSDR/ DTHHS			X	X	X
Coordinate with federal, state, and local public health and environmental agencies on the development of guidance on air quality issues	ATSDR/ DCHI			X	X	X
Develop guidelines on for HAZMAT response and decontamination	ATSDR/ DCHI			X	X	X
Coordinate with federal, state, and local public health and environmental agencies on the development of guidance on air quality issues	ATSDR/ DCHI			X	X	X
Provide Geographic Information Systems (GIS) analysis and services	ATSDR/ DTHHS			X	X	
Provide assistance to state health agencies on establishing and maintaining a registry of potentially exposed or contaminated individuals	ATSDR/ DTHHS			X	X	
Coordinate with federal, state, and local public health and environmental agencies on the development of guidance on water-related issues	ATSDR/ DCHI			X	X	X
Develop educational materials and training for shelter operations	NCEH/ EEHS			X	X	X
Develop guidelines for public health aspects of shelter operations	NCEH/ EEHS			X	X	X
Coordinate with federal, state, and local public health and environmental agencies on the development of guidance on water related issues	NCEH/ EEHS			X	X	X
Work with ECS to maintain and update emergency web content related to ONDIEH subject matter	NCEH/ ATSDR/ NCIPC/ NCBDDD/ NCCDPHP	X	X	X	X	X
NCIPC						
Assist public health and emergency response partners in conducting public behavioral interventions in response to a chemical, nuclear, or radiological event or incident or natural disasters				X		X
Provide expertise and information for injury prevention and blast injury awareness, care and treatment				X	X	X
Develop, review and/or revise medical care guidelines on dealing with persons with injuries and the prevention of injuries				X	X	X
Develop surveillance guidelines for recognizing and assessing the behavioral and mental health impacts on the affected communities				X	X	X
Review and revise guidelines on violence prevention				X		
NCCDPHP						
Plan, direct, and conduct epidemiological, behavioral, and laboratory investigations of maternal and child chronic diseases and disabilities				X	X	X
Lead development, evaluation, and dissemination of effective health promotion activities and risk-reduction programs				X		
Plan, develop, and maintain systems of surveillance for chronic diseases and conditions			X	X	X	X
Provide training and technical consultation and assistance to partners in developing, implementing, and maintaining chronic disease and condition programs			X	X	X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide expertise regarding vulnerable population activities (including pregnant women, women of childbearing age, and persons with chronic diseases and conditions)				X	X	X
Develop, review, and/or revise chronic disease care guidelines for persons with chronic illnesses that include determination of preventive actions to reduce chronic disease-related morbidity and deaths during the event				X	X	X
Critical Tasks – Pre-Incident						
Serve as a pre-deployment point of contact for coordination of public health issues (to include communications, epidemiology, and surveillance) between CDC's deploying personnel and all other agencies conducting activities in support of operations in the potentially affected area (s) (local, state, federal, or international)	NCEH/ ATSDR			X	X	X
Review and revise guidelines on preventing environmental injuries	NCIPC		X	X	X	X
Identify appropriate incident spokespersons for national, regional and local media, as well as social media, clinical audiences and for public meetings	NCEH/ ATSDR/ NCIPC	X	X	X	X	X
Work in collaboration with Prevention Research Centers to improve preparedness of populations vulnerable to natural and man-made incidents	NCCDPHP			X	X	X
Critical Tasks – Incident						
NCEH/ATSDR						
Assist partners in conducting case investigations, public health surveillance, epidemiological assessments, and behavioral interventions in response to a chemical, radiological, or nuclear incident or natural disaster; respond to external exercise directives and conduct internal exercises to test components of the CDC Emergency Operations Center communications and data systems				X	X	X
Participate in teleconferences with HHS and other Emergency Support Function (ESF) #8 partners				X	X	
Direct CDC public health needs assessments and public health surveillance systems, including surveillance of persons in shelters and those with special needs				X	X	X
Communicate with ESF #10 partners to determine situational awareness and perform threat analysis			X	X	X	
Provide health consultation on medical treatment, countermeasures, and follow-up for individuals exposed to a chemical, nuclear, or radiological event or incident				X	X	
Assist partner laboratories to collect and analyze clinical samples (e.g., human urine and human blood) and interpret results				X	X	
Provide consultation and technical assistance to partners on issues related to consequence management of environmental public health services and infrastructure (e.g., food, water, indoor air, and shelters)				X	X	
Support established or mandated federal and state field response and technical support teams with environmental health experts				X	X	
Provide GIS analysis and services for planning before and during an incident of public health significance				X		
Communicate with partners on issues related to but not limited to radioactive and chemical or HAZMAT; public health communication activities; injury prevention; laboratory support and health consultation; consequence management; and data collection, analysis, and reporting				X	X	

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide shelter-in-place recommendations for buildings that cannot be evacuated, if requested by the affected state				X	X	
Develop, in cooperation with other Public Health Service components, objectives for protecting the public, treating victims, and establishing public health controls and determine when those objectives have been achieved				X	X	
Deploy staff for Epi-Surveillance Teams, Environmental Sanitation and Health Officers, ATSDR Rapid Registry Team, Injury Surveillance Teams, and Public Health Rapid Needs Assessment Teams as requested by the affected state(s) and in coordination with the overall CDC public health surveillance system				X	X	
Provide education materials and training on water (to include drinking water, flood water exposure, and cleanup activities)				X	X	
Make recommendations to veterinary facilities to improve their capability to conduct out-patient and in-patient treatment and surgical care				X	X	
Provide technical assistance in handling environmental health hazards				X	X	
Ensure ongoing coordination with the state health agency to assist in data collection, response, and recovery decision making				X	X	X
Provide communication staffing support for the Joint Information Center (JIC) in the EOC including the JIC Co-Lead, JIC SME, additional surge staff as needed, and other hazard-specific positions identified in the hazard annexes	OD/OC			X	X	
Develop a scalable demobilization and deactivation plan to release CDC personnel and assets	OEHE			X		X
Coordinate with USDA APHIS as the lead for disposal of animal carcasses	OEHE			X		X
Coordinate with ASPR/DCCPR Response Teams (e.g., Applied Public Health Teams, Rapid Deployment Force, Incident Command Response Team, and Mental Health Team	OEHE			X	X	X
In conjunction with NIOSH, identify and recommend interventions for occupational safety and health issues, including mental health specific to animal response workers (including volunteers)	OEHE/ NIOSH			X	X	X
Monitor activities of deployed staff	OEHE			X	X	
Monitor overall effectiveness of response activities to the states and coordination with other federal responders	OEHE			X	X	X
Provide technical assistance to define companion-animal morbidity and mortality where companion animals may be proxies or sentinels for community exposure	OEHE			X	X	X
Provide technical consultation for evacuation and relocation	OEHE			X	X	X
Provide technical consultation for re-entry into affected areas	OEHE			X	X	X
Provide technical consultation on environmental health and epidemiologic and toxicological guidelines on issues related to companion animals	OEHE			X	X	X
Identify, review, and tailor guidelines on air quality issues for the specific event	ATSDR/ DCHI			X	X	X
Coordinate with federal and state health and environmental agencies on issues related to air quality	ATSDR/ DCHI			X	X	X
Provide guidelines on debris management	ATSDR/ DCHI			X	X	X
Assist with environmental exposure and health assessments	ATSDR/ DCHI			X	X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Assist federal, state, and local public health and environmental agencies in providing advisories	ATSDR/ DCHI			X	X	X
Coordinate with federal, state, and local health and environmental agencies on HAZMAT issues	ATSDR/ DCHI			X	X	X
Evaluate data provided by federal, state, and local public health and environmental agencies and provide science-based interpretation regarding health risks	ATSDR/ DCHI			X	X	
Provide communication support on public health issues	ATSDR/ DCHI			X	X	
Provide GIS mapping for areas affected by spraying	ATSDR/ DCHI			X		
Provide guidance on options to manage debris reduction	ATSDR/ DCHI			X	X	X
Provide technical assistance on health effects and regulatory aspects related to pesticide/rodenticide use	ATSDR/ DCHI			X	X	X
Provide technical consultation on debris management	ATSDR/ DCHI			X	X	X
Provide technical consultation on standing, potable, and waste-water issues	ATSDR/ DCHI			X	X	X
Assist the public health authorities in the affected area(s) to determine estimates for the affected population	ATSDR/ DTHHS			X	X	X
Coordinate with federal, state, and local public health and environmental agencies for GIS data	ATSDR/ DTHHS			X		
Provide GIS mapping services to support environmental epidemiology and HAZMAT exposure results related to companion animals	ATSDR/ DTHHS			X		
Provide guidelines for proper management of chemical waste	ATSDR/ DCHI			X	X	X
Provide guidelines for proper management of household products	ATSDR/ DCHI			X	X	X
Provide guidelines on debris management	ATSDR/ DCHI			X	X	X
Provide guidance on identifying chemical contaminants and providing recommendations to prevent, reduce, and/or control exposure in water	ATSDR/ DCHI			X	X	X
Assist federal, state, and local public health and environmental agencies in providing advisories	ATSDR/ DCHI			X	X	X
Assist with environmental exposure and health assessments	ATSDR/ DCHI			X	X	X
Coordinate and liaise with EPA, FDA, ESF #3, ESF #10, and partner programs having responsibility for standing and potable water	ATSDR/ DCHI			X	X	X
Coordinate the assessment of hazardous waste sites affected by hurricanes	ATSDR/ DCHI			X	X	X
Coordinate with federal, state, and local health and environmental agencies on solid waste issues	ATSDR/ DCHI			X	X	X
Coordinate with federal, state, and local health and environmental agencies on HAZMAT material issues	ATSDR/ DCHI			X	X	X
Coordinate with federal, state, and local public health, environmental, and public works agencies on issues related to debris management	ATSDR/ DCHI			X	X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide technical and medical consultation on HAZMAT response and decontamination	ATSDR/ DCHI			X	X	X
Evaluate data provided by federal, state, and local public health and environmental agencies and provide science-based interpretation regarding health risks	ATSDR/ DCHI			X	X	X
Provide guidelines for proper management of construction and demolition waste	ATSDR/ DTHHS			X	X	X
Provide guidelines for proper management of household products	ATSDR/ DTHHS			X	X	X
Provide guidelines for proper management of chemical waste	ATSDR/ DTHHS			X	X	X
Coordinate the assessment of hazardous waste sites affected by hurricanes	ATSDR/ DTHHS			X	X	X
Provide technical consultation on identifying chemical contaminants and providing recommendations to prevent, reduce, and/or control exposure in water	ATSDR/ DTHHS			X	X	X
Provide technical consultation on health effects and regulatory aspects related to pesticide/rodenticide use	ATSDR/ DTHHS			X	X	X
Provide technical consultation on HAZMAT	ATSDR/ DTHHS			X	X	X
Provide guidelines for clinical sample collection, sampling plans, transport, analysis, and interpretation of results for chemical agents	NCEH/ DLS			X	X	X
Ascertain location, capability, and continuity of operations plans for Public Health Chemical Laboratories and newborn screening laboratories working with clinical specimens	NCEH/ DLS			X	X	X
Assist state and local public health in collecting clinical samples for chemical measurements	NCEH/ DLS			X	X	X
Coordinate newborn screening proficiency testing for federal, state, and local public health laboratories	NCEH/ DLS			X	X	
Coordinate with external partners to provide public health laboratory support	NCEH/ DLS			X	X	X
Transfer technology of analytical methods to federal, state, and local laboratories during an event for measuring chemicals in clinical specimens	NCEH/ DLS			X	X	X
Provide guidelines on dealing with waste water	NCEH/ EEHS			X	X	X
Provide guidelines to state public health on amount of water needed to ensure the public's health (drinking, bathing, and cleanup activities)	NCEH/ EEHS			X	X	X
Provide guidelines for proper management of household products	NCEH/ EEHS			X	X	X
Provide guidelines for proper management of spoiled food	NCEH/ EEHS			X	X	X
Assist with environmental exposure and health assessments	NCEH/ EEHS			X	X	X
Provide education and training of response workforce and volunteers on waste water	NCEH/ EEHS			X	X	
Coordinate and liaise with EPA, FDA, ESF #3, ESF #10, and partner programs having responsibility for standing and potable water	NCEH/ EEHS			X	X	X
Assist with environmental exposure and health assessments	NCEH/ EEHS			X	X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide technical consultation on identifying biological contaminants and providing recommendations to prevent, reduce, and/or control exposure in water	NCEH/ EEHS			X	X	X
Provide technical consultation on identifying chemical contaminants and providing recommendations to prevent, reduce, and/or control exposure in water	NCEH/ EEHS			X	X	X
Provide just-in-time and/or comprehensive education and training of response workforce and volunteers on standing water issues	NCEH/ EEHS			X	X	X
Provide guidelines for proper management of radioactive waste	NCEH/ EHHE			X	X	X
Identify, review, and tailor guidelines on air quality issues for the specific event	NCEH/ EHHE			X	X	X
Assist states and health care/acute care facilities to collect and analyze data for public health surveillance	NCEH/ EHHE			X	X	X
Assist with community rapid health needs assessments	NCEH/ EHHE			X	X	
Assist with shelter morbidity and sanitation assessments	NCEH/ EHHE			X	X	X
Assist federal, state, and local public health and environmental agencies in providing advisories	NCEH/ EHHE			X	X	X
Coordinate rapid dissemination of epidemiology and surveillance data and information with state health authorities and response partners	NCEH/ EHHE			X	X	X
Coordinate with federal, state, and local health and environmental agencies on issues related to air quality	NCEH/ EHHE			X	X	X
Evaluate data provided by federal, state, and local public health and environmental agencies and provide science-based interpretation regarding health risks	NCEH/ EHHE			X	X	X
Provide support to ESF #6 authorities to evaluate, make recommendations, and provide assistance to temporary shelters	NCEH/ EHHE			X	X	X
Provide technical assistance in handling environmental health hazards	NCEH/ EHHE			X	X	X
Provide technical consultation on air quality	NCEH/ EHHE			X	X	X
Provide technical consultation on environmental injury prevention	NCEH/ EHHE			X	X	X
Provide technical consultation to assure that shelters are safe and healthy within	NCEH/ EEHS			X	X	X
Provide technical consultation on standing, potable, and waste-water issues	NCEH/ EEHS			X	X	X
Provide technical assistance in handling environmental health hazards	NCEH/ EHHE			X	X	X
Verify that public health rapid needs assessment tools and personnel are prepared and available for deployment	NCEH/ EHHE (DSWG)			X	X	X
Provide technical assistance on pest and vector control	NCEH/ EEHS/ EPHRB			X	X	X
Provide technical assistance on pest and vector control	NCEH/ EEHS/ EHSB		X	X	X	X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
NCIPC						
Provide expertise and technical consultation for injury (including blast injury) prevention, awareness, and care				X	X	
Address psychosocial or behavioral health issues as they pertain to injury resulting from the disaster				X		X
Provide technical assistance and health or education communication about environmental health and injury issues related to the disaster				X	X	X
Provide technical consultation on mental and behavioral health issues for the affected communities				X	X	X
Provide technical consultation on unintentional injury prevention				X	X	X
Provide technical consultation on dealing with violence prevention				X		X
Provide epidemiology and surveillance assistance to define the magnitude and nature of mental health morbidity/mortality in the affected community				X		X
Identify and ensure currency of high- and low-tech delivery systems for health protection messages and communication materials in anticipation of power outages and need for extended networks of broadcasting communication messages				X	X	X
Provide technical consultation on dealing with injured persons				X	X	X
Provide public health and safety guidelines on driving through standing water and drowning prevention in areas with standing water				X	X	X
Provide technical consultation on emergency medical services				X	X	X
Provide clinical guidelines on prevention and control of water-related injuries				X	X	X
Determine burden of injury or environmentally related disease in affected community				X	X	X
Identify and recommend interventions to support mental and behavioral health and resilience for community				X	X	X
Identify mental health issues for the affected communities				X	X	X
Coordinate with SAMHSA and other federal, state, and local response partners in dealing with issues related to mental and behavioral health and community resilience				X	X	X
Monitor status of CDC staff displaced in the affected areas to address needs				X		
Identify, review, and tailor guidelines on air quality issues for the specific event	DSWG			X	X	X
Provide communication staffing support for the Joint Information Center JIC) in the EOC including the JIC Co-Lead, JIC SME, additional surge staff as needed, and other hazard-specific positions identified in the hazard annexes	OD			X		X
Coordinate rapid dissemination of epidemiology and surveillance data and information with state health authorities and response partners	DSWG			X	X	X
Other Offices						
Provide support to ESF #11 to evaluate, make recommendations, and provide technical assistance to temporary shelters and existing veterinary clinical care facilities	NCEH/ ESF-8 veterinary PH team			X	X	X
Provide subject matter expert (SME) assistance for development of environmental health, epidemiologic, and toxicological guidelines on dealing with issues related to companion animals	NCEH/ ESF-8 veterinary PH team			X	X	X

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ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide SME assistance for development of integrated and coordinated CONOPS and PSMAs to support FEMA in dealing with issues related to companion animals	NCEH/ ESF-8 veterinary PH team			X	X	X
Provide advice and recommendations to FEMA to coordinate toxicological laboratory services with EPA and the network of veterinary diagnostic laboratories (one in each state) recognizing pets as sentinels for community-level exposures	NCEH/ ESF-8 veterinary PH team			X	X	X
Assist with companion animal needs assessment	NCEH/ ESF-8 veterinary PH team			X	X	
Post-Incident Critical Tasks						
Continue monitoring of chronic disease-related outcomes through surveillance systems such as telephone and household surveys (include mental health and coping behaviors as outcomes of interest)	DACH			X		X
Involving partners in chronic disease prevention and health promotion (e.g., the American Hospital Association and the American Cancer Society), help plan local recovery efforts to1) restructure health care delivery to the chronically ill, 2) mitigate the mental health distress and management of chronic diseases and conditions, 3) enhance policy and environmental changes conducive to healthier life style and prevention of chronic disease- related outcomes	OD			X		X
Coordinate with state, local, and tribal environmental health departments to ascertain anticipated needs for technical assistance, consultation, and support	NCEH			X		X
Determine requirements for long-term post-event surveillance or investigation	NCEH ATSDR/ DTHHS			X		X
Continue assistance to states regarding surveillance efforts including outbreak reports of abnormal disease or injury or disease or injury rates in the affected areas	NCEH/ ATSDR NCIPC			X		X
Determine need for technical assistance to partners	NCCDPHP NCBDDD			X		X
Provide expertise about and messaging to populations with disabilities and chronic diseases, pregnant women, women of childbearing age, the elderly, the homeless, migrants, emigrants, and the rural poor	NCCDPHP NCBDDD			X		X
Provide technical expertise in epidemiology, surveillance, communication, and medical issues	NCCDPHP NCBDDD			X		X
Coordinate planning of medical care response to surge in chronic disease-related outpatient and inpatient care through involvement of partners such as state and local public health agencies, AHA, ACS, the American Medical Association, hospital associations, and others in the regions affected by the event in conjunction with OID/DHQP	NCCDPHP			X		X
Determine the burden of chronic disease in the affected community; anticipate needs, and ensure availability of needed equipment (e.g., dialysis machines) for the community and locations where evacuees have relocated	NCCPHP			X		X
Monitor chronic disease-related outcomes through surveillance systems such as telephone and household surveys (include mental health and coping behaviors as outcomes of interest)	DACH			X		X

ONDIEH	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide technical consultation on chronic diseases including the determination of preventive actions to reduce chronic disease-related morbidity and deaths during an event	NCCDPHP /OD			X		X
Ascertain essential medical materiel status not in SNS including materials for special and emerging special needs	NCCDPHP			X		X

5. National Institute for Occupational Safety and Health (NIOSH)

NIOSH	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
Develop, provide, and maintain risk communication and health information about occupational safety and health on the CDC Workplace Safety and Health Topics web page			X	X	X	X
Represent NIOSH and provide occupational health expertise to national-level workgroups and steering committees and during exercises. Facilitate partnerships with the Occupational Safety and Health Administration (OSHA), HHS, and emergency coordinators (ECs) across CDC CIOs			X	X	X	X
Provide guidance on exposure limits for response and recovery workers during incidents taking into consideration the different limits established by various federal agencies and health organizations			X	X	X	X
Provide technical consultation to CDC ESHCO on CDC workforce protection and personal protective equipment (PPE) for all hazards as requested				X	X	X
Coordinate NIOSH subject matter expert (SME) interactions between CIOs, DEO, and federal partners				X	X	X
Work with ECS to maintain and update emergency web content related to ONDIEH subject matter		X	X	X	X	X
Critical Tasks – Pre-Incident						
Collaborate with OSHA to support and facilitate the protection of response and recovery worker safety and health by using the Worker Safety and Health Annex			X	X	X	X
Promote emergency responder health monitoring and surveillance measures (including medical screening) that focus on assessment of fitness and ability to safely and effectively deploy during a response and on training regarding hazards to be anticipated and the protective measures to mitigate them			X	X	X	X
Maintain NIOSH EC schedule, SME on-call roster, and NIOSH ready roster of trained deployers				X	X	
Coordinate deployment medical readiness and PPE clearance for NIOSH SMEs located outside Atlanta			X	X	X	
Identify appropriate incident spokespersons for national, regional, and local media, as well as for social media, clinical audiences and public meetings		X	X	X	X	X
Critical Tasks – Incident						
Provide NIOSH ECs and SMEs to support activation of the IMS				X	X	

NIOSH	Component	Prevent	Protect	Mitigate	Respond	Recover
Coordinate communication of occupational health and safety needs with federal, state, and local agencies responsible for occupational issues (e.g., OSHA, Environmental Protection Agency [EPA], and National Institute of Environmental Health Sciences) through the Worker Safety and Health Annex	OD/EPRO			X	X	X
Develop and disseminate concise and timely information and guidance regarding worker protection (non-CDC), including PPE during disaster mitigation and recovery activities	OD/EPRO			X	X	X
Collaborate with federal, private, and labor partners to ensure response workers receive appropriate safety and health training before commencement of work, in partial fulfillment of responsibilities under the Worker Safety and Health Annex of the National Response Framework	OD/EPRO			X	X	X
Provide technical assistance to state and local officials in establishing occupational health and safety controls for common hazards such as electrocution, carbon monoxide poisoning, and drowning	OD/EPRO			X	X	X
Deploy Hazard Evaluation Teams to the affected area to assess hazards to response and recovery workers and obtain objective exposure data to identify problem areas	OD/EPRO			X	X	X
Develop and implement strategy for disseminating guidance and information to protect workers conducting remediation work	OD/EPRO			X		X
Provide technical assistance for worker safety and physical health[35]	OD/EPRO			X	X	X
Provide technical assistance on mental and behavioral health issues for non-CDC response workers	OD/EPRO			X	X	X
Identify and recommend interventions for occupational safety and health issues, including mental health, specific to animal response workers (including volunteers)	OD/EPRO			X	X	X
Provide technical assistance to the Joint Information Center in communicating about response-specific worker safety and health issues.			X	X		X
Evaluate the specific worker health, exposure, injury, and safety risks of potential deployment locations for general workers in the affected areas (i.e., for non-CDC employees)	OD/EPRO			X	X	X
Coordinate needed specialized industrial hygiene field equipment or other equipment	OD/EPRO			X	X	X
Coordinate with appropriate partners on assessment and guidance issues related to non-CDC worker health and safety	OD/EPRO			X	X	X
Coordinate pest- and vector-control activities with epidemiologic surveillance of workers applying pesticide/rodenticide	OD/EPRO			X	X	X
Monitor worker safety and health issues	OD/EPRO			X	X	X
Provide education and training material to workers on poisonous/dangerous pests and displaced animals	OD/EPRO			X	X	X
Provide recommendations on PPE and other occupational safety and health issues in conjunction with OID/DHQP	OD/EPRO			X	X	X
Provide guidelines for worker safety related to standing water	OD/EPRO			X	X	X
In conjunction with agent-specific SMEs from ONDIEH or OID, provide guidelines for environmental specimen collection, sampling plans, transport, analysis, and interpretation of results for environmental agents	OD/EPRO			X	X	X

35 NIOSH has the responsibility under the Annex to characterize complex, unknown and multiple-containment worker exposures. NIOSH and OSHA collaborate in all areas to ensure that consistent, vetted advice is provided.

NIOSH	Component	Prevent	Protect	Mitigate	Respond	Recover
In conjunction with OID/DHQP, establish occupational health surveillance systems, including surveillance of workers in shelters or hospitals, emergency responders, and recovery workers in coordination with the overall CDC public health surveillance system	OD/EPRO OID/ DHQP			X	X	X
Determine the appropriate responsible agency(s) and facilitate development and implementation of a roster of response workers in partnership with the cooperating agencies of the Worker Safety and Health Annex	OD/EPRO			X	X	X
Provide technical assistance concerning worker registries	OD/EPRO			X	X	X
Assist OSHA in collecting environmental samples	OD/EPRO			X	X	X
Address concerns of non-CDC workers in the affected area(s) regarding potential hazardous exposures, including chemical, radiological, biological, and physical hazards	OD/EPRO			X	X	X
Assist with occupational health assessments for non-CDC workers	OD/EPRO			X	X	X
Evaluate data provided by the EPA Water Quality Division and provide science-based interpretation regarding health risks (in coordination with NCEH)	OD/EPRO			X		
Contact CDC-deployed field personnel to obtain information on occupational issues and priorities	OD/EPRO				X	X
Coordinate with partners on epidemiology and surveillance issues related to health and safety for non-CDC responders	OD/EPRO			X	X	X
Deploy Risk Assessment Teams to the affected areas to address non-CDC worker safety and health issues				X	X	
Address non-CDC worker concerns regarding potential hazardous exposures, including chemical, radiological, biological, and physical hazards				X	X	X
Provide recommendations on PPE and other occupational safety and health issues	OD/EPRO			X	X	
Post-Incident Critical Tasks						
Develop, in collaboration with federal partners, occupational safety and health guidance for businesses regarding resumption of operations	OD/EPRO			X		X
Determine the appropriate responsible agency(s) and facilitate development and implementation of a roster of response workers in partnership with the cooperating agencies of the Worker Safety and Health Annex	OD/EPRO			X		
In support of and in cooperation with OSHA, provide technical assistance concerning protection of health and safety of recovery workers for all hazards.			X	X		
Promote emergency responder health monitoring and surveillance measures, which include out-processing assessments on completion of response duties and promote follow-up surveillance or monitoring for potential delayed chronic or long-term adverse effects of the deployment experience.			X	X	X	X
Perform dose reconstruction for response and recovery workers as requested by federal partners and response stakeholders.			X	X		

6. **Center for Global Health (CGH)**

CGH	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
Provide leadership, coordination, and support for CDC's global health activities in collaboration with CDC's global health partners			X	X		
Support CDC staff traveling internationally by providing services related to obtaining passports, visas, and country clearance					X	X
Coordinate interactions between CIOs, the Office of International and Refugee Health, and other key governmental entities on global health issues			X	X		
Assess evolving global health issues, and in cooperation with the Ministries of Health and other appropriate institutions, identify and develop activities to which CDC's technical expertise would be of maximum benefit		X	X	X		
Enforce the International Health Regulation (IHR)			X	X	X	X
Use the Global Outbreak Alert and Response Network (GOARN)[36]			X	X	X	X
Administer CDC's Global Disease Detection Program	GDDOC	X	X	X	X	X
Work with the Emergency Communication System (ECS) to maintain and update emergency web content related to CGH subject matter	OD	X	X	X	X	X
Support ECS through staffing of the Global Desk	OD		X	X	X	X
Critical Tasks – Pre-Incident						
Assist in the building of international capacity to contain biological incidents			X	X	X	X	X
Coordinate and foster the use of bilateral and multilateral partnerships, collaboration and capacity to prevent and control diseases			X	X	X	X	X
Identify appropriate incident spokespersons for national, regional, and local media, as well as for social media, clinical audiences and public meetings			X	X	X	X	X
Critical Tasks – Incident						
Provide guidance and consultation to the CDC Incident Manager during a response to an international event or incident						X	
Identify special travel processing requirements for deployers, if any (e.g., VISAs, NFTs, or passports)	OGPSS				X	
Determine any special training requirements for deployers (e.g., UN Training)	OGPSS		X	X	X	
Facilitate the coordination required for passports, visas and country clearances, in collaboration with the World Health Organization (WHO) and the Logistics Section, for any personnel deploying outside the United States to provide assistance in response to a hurricane.	OCDPC				X	
Assist in coordination of relief assistance for foreign Ministries of Health (MOH), if applicable.	OCDPC				X	
Provide communication staffing support for the Joint Information Center (JIC) in the EOC including the JIC Co-Lead, JIC SME, additional surge staff as needed, and other hazard-specific positions identified in the hazard annexes	OD			X		X
Staff Global Desk in the JIC with staff from OD Office of Communication	OD			X	X	
Post-Incident Critical Tasks						
Continue to provide support for any international efforts underway, to include passports, visas, and country clearance as well as any coordination of relief assistance for foreign Ministries of Health (MoHs)	OGPSS		X	X		X

7. Office of Surveillance, Epidemiology and Laboratory Services (OSELS)

OSELS	Component	Prevent	Protect	Mitigate	Respond	Recover
Routine Programmatic Tasks						
Assure the provision of scientific consultation, training and technical assistance to CDC laboratories and program staff.	LSPPPO		X	X	X	X
Serve as a laboratory point of contact for agencies and organizations external to CDC.	LSPPPO		X	X	X	X
Assist CDC subject matter experts in developing and delivering emergency training for laboratory testing procedures, using video/audio capability to stream training and critical updates live via the internet for rapid national and international dissemination.	LSPPPO		X	X	X	X
Collaborate with states and U.S. territories to obtain integrated information on disease, risk behavior, and health for use by state and local public health authorities and CDC programs.	PHISPO		X	X		
Conduct specialized surveys to support CDC programs and obtain data on important emerging health issues.	PHISPO		X	X		
(BioSense) Provide ongoing, systematic collection, management, analysis, interpretation, and dissemination of health-related data.	PHISPO		X	X	X	X
Coordinate the assignment and deployment of EIS officers, Public Health Informatics fellows, Prevention Effectiveness fellows, and Preventive Medicine and Epidemiology Elective Students in response to public health Residents/fellows, CDC Experience fellows, emergencies.	SEPDPO			X	X	X
(Countermeasure Tracking System) Electronically track the management and distribution of medical countermeasures using the newly-developed Inventory Management and Tracking System (IMATS).	PHISPO			X	X	X
Provide in depth, on-the-job, experiential learning for CDC fellows placed in state and local public health agencies and CDC programs	SEPDPO		X	X	X	
Epi-Info: Developing innovative methods for the collection, analysis and communication of public health surveillance information	EAPO		X	X	X	
Library Service: Delivering credible, timely information for scientific and health literature to CDC scientists by delivering reference services and access to published resources and making available knowledge resources and services (i.e., Public Health Library and Information).	EAPO		X	X		
MMWR: Developing, coordinating, producing the Morbidity and Mortality Report (MMWR) series, including MMWR Recommendations and Reports, CDC Surveillance Summaries, and the Annual Summary of Notifiable Diseases.	EAPO		X	X		
Vital Signs: Provide consultation regarding plain language, message development, and assistance in identifying high priority data points for critical messaging opportunities.	EAPO		X	X	X	
Community Guide: Examine existing Community Guide information so recommendations for applicability to a public health response can be provided to assist in implementing relevant evidence-based strategies.	EAPO		X	X	X	
Provide quality, easily accessible public health learning products, resources, and training for all health professionals through the CDC Learning Connection.	SEPDPO		X	X		
Critical Tasks – Pre-Incident						
Provide state-based health surveillance data on health-related risk behaviors and events, chronic health conditions, behavioral and mental health conditions, and use of preventive services for baseline comparison.	PHISPO		X	X		

OSELS	Component	Prevent	Protect	Mitigate	Respond	Recover
Provide standard contact information on the Vital Statistics Cooperative Program Project Directors and identify individuals who volunteer to be emergency contacts.	NCHS			X		
Contact Vital Statistics Cooperative Program Project directors for complete emergency contact information and locations of COOP sites.	NCHS		X	X	X	
Critical Tasks – Incident						
Coordinate with federal, state, and local partners to conduct specialized surveys on public health issues for affected populations.	PHISPO			X	X	X
Monitor state-based health-related risk behaviors and events, chronic health conditions, behavioral and mental health conditions, and use of preventive services.	PHISPO			X	X	X
Coordinate the assignment and deployment of EIS officers, Public Health Informatics fellows, Prevention Effectiveness fellows, Preventive Medicine Residents/fellows, CDC Experience fellows, and Epidemiology Elective Students in response to public health emergencies.	SEPDPO			X	X	X
Provide instructions for medical examiners, coroners, and Disaster Mortuary Operational Response Teams (DMORT) to use to complete death certificates for deaths related to the response	NCHS			X	X	X
Post-Incident Critical Tasks						
Coordinate with federal, state, and local partners to conduct specialized surveys on public health issues for affected populations.	PHISPO			X		X
Continue to monitor state-based health-related risk behaviors and events, chronic health conditions, behavioral and mental health conditions, and use of preventive services.	PHISPO			X	X	X
Continue to provide instructions for medical examiners, coroners, and DMORT teams to use to complete death certificates for deaths related to the response	NCHS			X		X

V. Direction, Control, and Coordination

Refer to the CDC AHP.

VI. Information Collection, Analysis, and Dissemination

Refer to the CDC AHP.

VII. Communications

Refer to the CDC AHP.

VIII. Administration, Finance, and Logistics

Refer to the CDC AHP.

IX. Plan Development and Maintenance

Refer to the CDC AHP.

X. Authorities and References

Refer to the CDC AHP.

Attachment B: CDC Incident Management System Organizational Structure

I. Introductory Material

Refer to the CDC AHP.

II. Purpose, Scope, Situation Overview, and Assumptions

A. Purpose

The CDC Incident Management System (IMS) structure provides for a fully scalable approach to the provision and execution of public health assistance to partners. Through their individual mission statements, CDC CIOs use the IMS to provide respective subject-matter expertise in the response to and recovery from events or incidents affecting public health. Based on the Incident Command System (ICS), the CDC IMS allows for only those functions required to support an incident to be activated and allows for gradual decreases in staffing as missions are completed.

B. Scope

CDC will utilize IMS to conduct centralized management and control of agency public health responses whenever the CDC IMS is activated.

C. Situation Overview

Refer to the CDC AHP.

D. Assumptions

1. CDC will utilize IMS to conduct centralized management and control of agency public health responses whenever the CDC IMS is activated.
2. The IM and Scientific Staff leads usually come from the lead CIO responsible for the hazard (refer to AHP, Table 2).

III. Concept of Operations

A. Once activated, the CDC IMS operations are based on the following concepts:

1. Modular Organization. The IMS structure is developed based on top-down organization, and is flexible, scalable throughout the activation to accommodate size, complexity and type of emergency. It also provides for each element to have one person in charge to effect span of control. In alignment with the NIMS standardized organizational structure, the CDC IMS is organized by function rather than by the existing CDC organizational structure. This simplifies the management and reporting structure and provides stability. The Emergency Personnel Staffing Section coordinates with IMS staff to identify positions to be filled; and, coordinates

recruiting efforts with CIO emergency coordinators to select potential candidates for review and approval.

2. Unified Command. The designated IM and staff establish a common set of incident objectives and strategies by which to manage CDC's support to an emergency response. This provides all participants, whether assigned in the CDC EOC or to the field, the focus for their efforts.

3. Multi-Agency Coordination. Daily IMS activities inherently involve coordinating with a multitude of partner agencies. From a Multi-Agency Coordination System (MACS) perspective, CDC established an EOC to achieve efficient and effective collaboration, communication, direction, and support during the response. Some of the partner organizations that CDC coordinates activities with include: federal agencies (U.S. Department of Health and Human Services [DHHS], Federal Emergency Management Agency [FEMA], U.S. Department of Homeland Security [DHS], U.S. Department of Defense [DoD], U.S. Department of Energy [DOE], U.S. Aid for International Development [USAID], Food and Drug Administration [FDA], U.S. Department of Agriculture [USDA], National Weather Service [NWS]), operating divisions of federal agencies (HHS Emergency Management Group [EMG] and Secretary's Operations Center [SOC], HHS Division of Commissioned Corps Personnel and Readiness [DCCPR], HHS Incident Response Coordination Team [IRCT]), international agencies (World Health Organization [WHO], Ministry of Health of foreign countries), state/local/tribal government activities. Depending on the response, CDC can be tasked or makes a recommendation to deploy CDC liaison officers (LNOs) to identified agencies, or embed agency LNOs (for example FDA, USDA, DoD) into CDC's IMS structure.

4. Span of Control. The IMS structure is organized so one supervisor controls three to seven participants, with five being optimal, and each participant should report to only one designated person.

5. Common Terminology. All participants supporting an IMS structured response are given guidance to use standard and consistent terms (clear text) that will aid defining organization functions, incident facilities, resource descriptions, and position titles. Additionally, Attachment L of this AHP provides a list of acronyms, abbreviations, and glossary of terms.

6. Action Planning. CDC's IMS planning process is documented in Attachment C of this AHP, and addresses activities such as establishing objectives, and preparing the Incident Action Plan (IAP), Situation Reports (SITREPS), staff rhythm.

7. Comprehensive Resource Management. The IMS Logistics Section manages and accounts for deployment resources (ordered, delivered, and distributed). Additionally, the section provides travel related services (pre-departure, while deployed, when demobilized) to response participants deploying to the field. The IMS Finance and Procurement Section manage financial requirements, contractual needs, and managing donated goods under the direction of the IM during a response. Donated goods are provided/managed through the CDC Foundation.

8. Integrated Communications. The CDC IMS Communications Plan addresses the use and maintenance of CDC EOC equipment to include communication systems tests and dissemination of alerts and warnings. Additionally, the plan covers communicating internal and external to CDC. Public information messaging and clearance are addressed in Attachment E: Emergency Communication System and Joint Information Center Plan.

9. Pre-designated facilities. The CDC Emergency Operations Center facility, located on the Roybal Campus, serves as the central incident management and control facility for CDC during public health responses. During a centralized IMS response, all Agency response activities are supported by and coordinated within the CDC EOC. The CDC EOC is a secure, state-of-the-art facility that serves as the central location for coordinating and supporting staff, information, communications, and security issues associated with CDC's response to public health emergency responses.

10. The CDC EOC has space for 228 personnel assigned to specific functional roles with the Incident Management System.

11. The CDC EOC operates 24/7/365 and is constantly staffed by the Division of Emergency Operations (DEO) within OPHPR. The CDC EOC is the central contact (770-488-7100) for state health agencies to report potential public health threats, discuss potential public health events, and be linked with subject matter experts as needed. Should the CDC EOC be rendered inoperable or a multiple response situation occurs, other designated facilities and procedures to sustain uninterrupted response operations are addressed in the Continuity of Operations Plan (COOP) documentation.

B. Key IMS activities include the following:

1. Receiving, analyzing, and distributing incident information to enable decision-making by CDC leadership.

2. Locating, prioritizing, deploying, and tracking critical CDC resources.

3. Coordinating requests related to specimens, equipment, and personnel field deployments by tasking internal IMS functions.

4. Collaborating with CDC CIOs, external agencies, and partners to expedite and enhance response.

IV. **Organization and Assignment of Responsibilities**

An Incident Management Structure generally consists of an Incident Manager, Command Staff, General Staff, Scientific Staff and Specialty Staff.

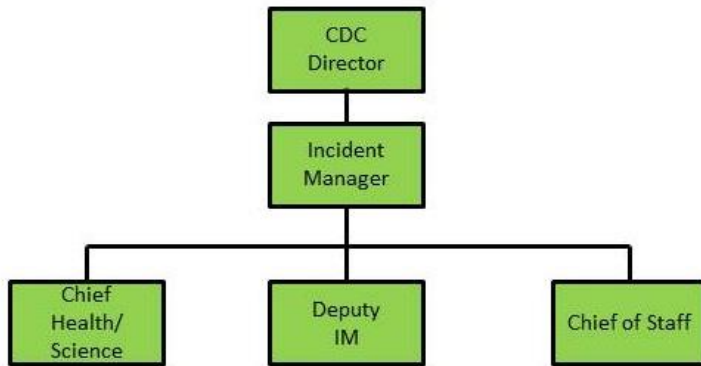**Figure B-1: Generic CDC IMS Structure**
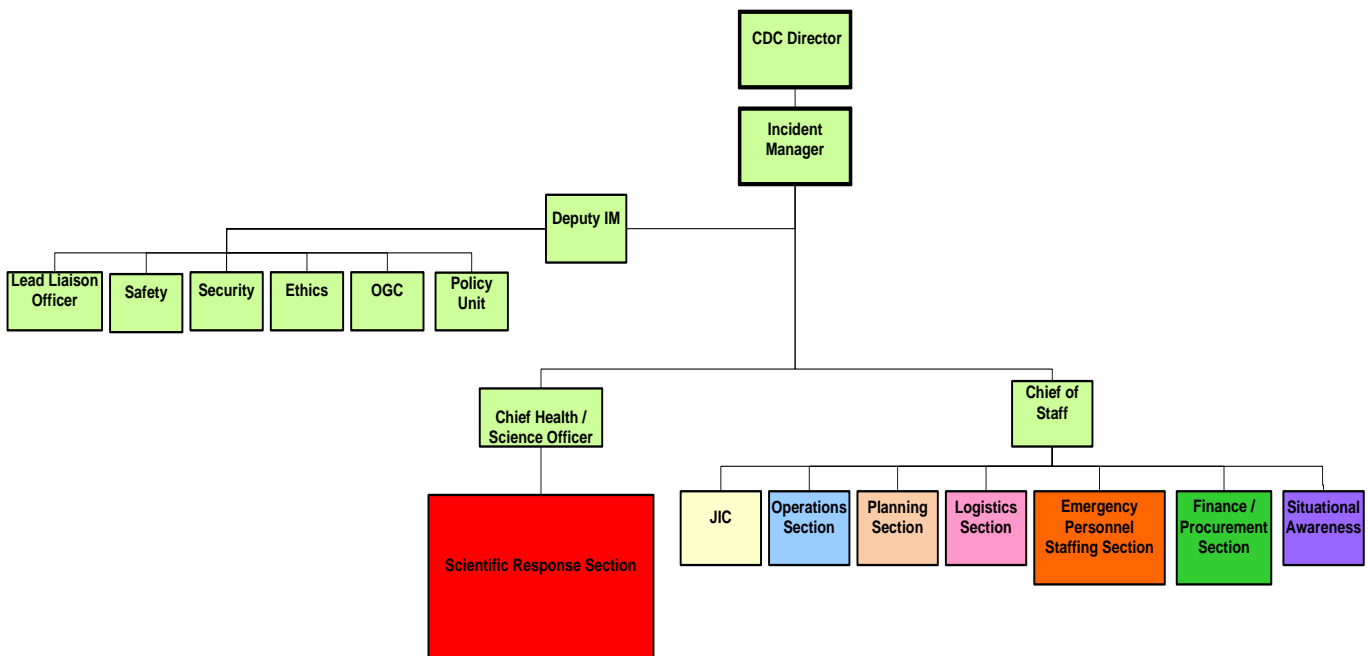
A. **Command Staff**

 1. The function of the Command Staff is to provide strategic leadership and management for the incident response.

Figure B-2: Command Staff

 2. Role and responsibilities of the Incident Manager (IM):

 a. Obtains approval to activate the Incident Management Structure

 b. Ensures relevant positions to support the level of response are filled with qualified personnel

 c. Maintains overall situational awareness of the event and all deployed CDC resources

 d. Obtains briefings on the incident and approves briefings to be presented to the agency Director

 e. Approves the incident-specific Director's Critical Information Requirements (DCIRs)

 f. Briefs the agency Director and key staff as required

 g. Approves the staff rhythm to be used during the event

 h. Establishes incident priorities; approves incident objectives and the Incident Action Plan

 3. Role and responsibilities of the Deputy Incident Manager (when assigned):

 a. Steps in for the IM when he/she is otherwise not available

 b. Assists with IM decisions and supervises the specialty staff

 c. Ensures that all relevant positions to support the level of response are filled with qualified personnel

 d. Maintains overall situational awareness of the event

e. Briefs the IM and key staff as required

f. Provides input to the staff rhythm

g. Assists the Command Staff, section chiefs, unit leads and consultants with developing an Incident Action Plan (IAP) for a defined period of time, establishing priorities

4. Role and responsibilities of the Chief Health Officer/Senior Science Officer (when assigned):

a. Oversees the Scientific/Technical Response

b. Advises the IM on scientific and health issues

c. Defines qualifications for various types of CDC staff that may be deployed to fulfill a Mission Assignment to assure that scientific qualifications are met prior to deployment

d. Reviews media releases and other documents in the clearance process for scientific accuracy

e. Receives reports of scientific information from SMEs in the Scientific Response Section (SRS) and from CDC field teams

f. Provides additional health and science advice to the command staff as required

5. Role and responsibilities of the Chief of Staff:

a. Supervises and coordinates the details of the CDC IMS response

b. Ensures the staff provides the IM updated estimates and plans for future actions

c. Supervises the staff's synchronization

d. Supervises information flow in and out of the staff

e. Oversees the General Staff support sections

B. General Staff:

1. The function of the General Staff (led by the Chief of Staff) is to support the needs and requirements of the IMS staff throughout the public health emergency response.

Figure B-3: General Staff
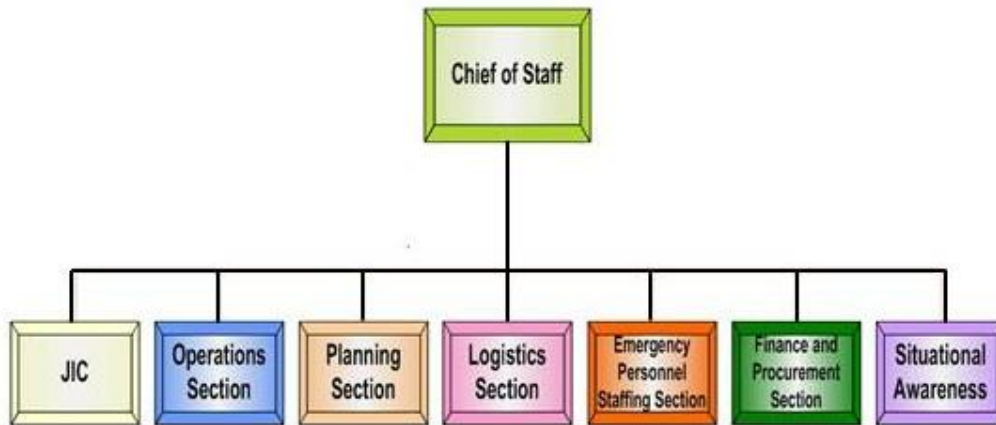
2. Role and responsibilities of the Operations Section:

   a. Manages the CDC's management center (EOC) for coordinating emergency responses to domestic and international public health threats

   b. Core Staff 24/7/365 to provide worldwide situational awareness

   c. Coordinates CDC's preparedness, assessment, response, recovery, and evaluation for public health emergencies

   d. Coordinate with states, federal agencies, international partners, and deployed staff to obtain information on status of operations in these respective areas

   e. Monitors Critical Information requirements

   f. Coordinates and develops event staff rhythm

   g. Receives, monitor, tracks and distributes internal and external tasks

   h. Ensures event-related documentation is disseminated appropriately

   i. Coordinates meeting schedules and distributes calendar invitations to participants

   j. Coordinates space requirements and provide needed administrative support

   k. Coordinates CDC synchronization efforts and resources

   l. Oversees and facilitates information management on behalf of the Incident Manager

Figure B-4: Operations Section
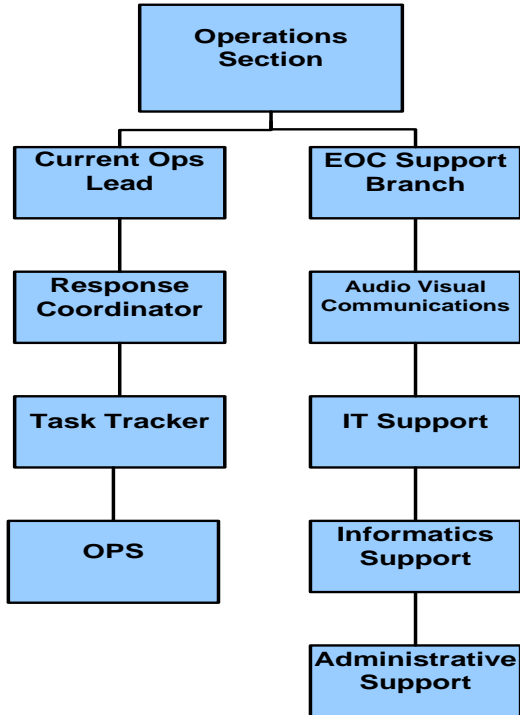
3. Role and responsibilities of the Planning Section:

   a. Develops, writes, coordinates and publishes CDC deliberate and crisis action/contingency plans for all-hazard responses

   b. Develops the individual, staff and collective training requirements for response plans and IMS activations

   c. De-conflicts, integrates and synchronizes the scheduling, design, development, and conduct of CDC preparedness exercises

   d. Provides for effective analytical assessments and evaluations of the agency's exercise and response operations; conducts in-progress and after action reviews; develop improvement plans

Figure B-5: Planning Section
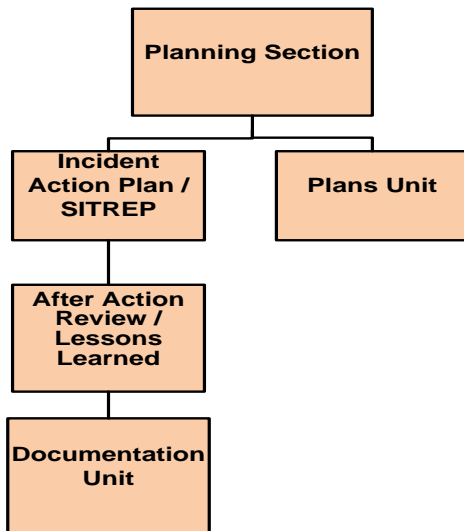
- e. Coordinates and produces agency response situation reports (SITREPs)
- f. Coordinates and develops agency incident action plans (IAPs); facilitates the development of Agency response objectives and coordinate with the Scientific Response Section (SRS) to develop science-based objectives
- g. Coordinates and develops event-specific courses of action, short- and long-range response planning, contingency planning, and response transition planning
- h. Collaborates across government planning sections
- i. Ensures event-related documentation is maintained for post-response investigations, inquiries, and reviews

4. Role and responsibilities of the Logistics Section:
   - a. Provides 24/7/365 logistics support (materiel, transportation, travel and equipping of deploying CDC personnel as well) as procurement and financial management in the CDC EOC, in support of emergency response activities
   - b. Provides resource management system and planning support to the IMS
   - c. Coordinates additional Space/Facility requirement

d. Coordinates shipments of supplies, equipment, and specimens, as well as contract aircraft to support operations

e. As needed, deploys staff to provide logistical support, including communications, to CDC staff in the field

Figure B-6: Logistics Section
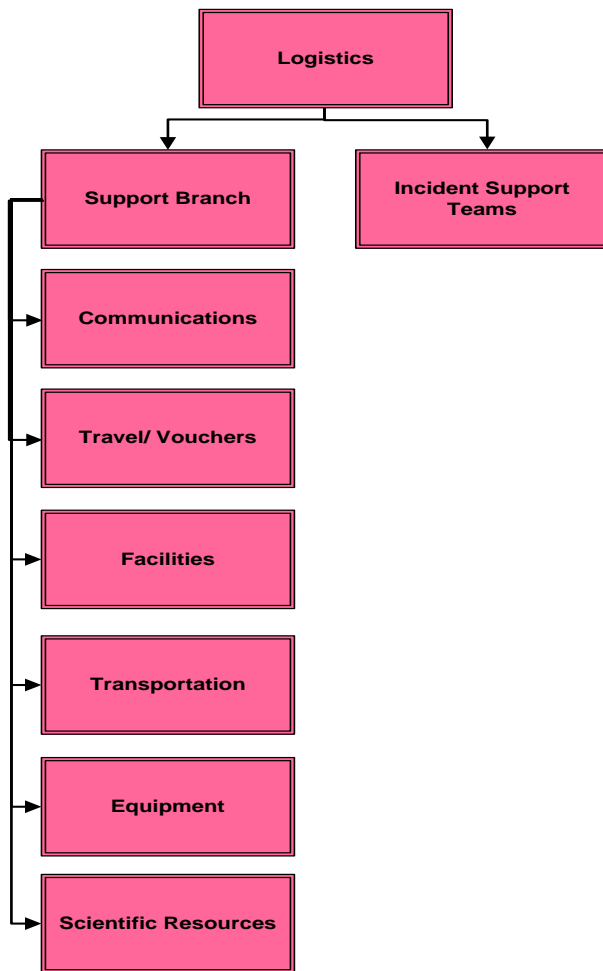
5. Role and responsibilities of the Joint Information Center (JIC):

   a. Ensures the coordinated release of information and public health messaging to the public under ESF #15

   b. Designated to handle public information and Public Health Information

c. Designed to work equally well for large or small situations expanding as needed

d. Gathers incident / event data

e. Analyzes public perceptions of the response

f. Informs the public serving as the source of accurate and comprehensive information about the incident and the response to a specific set of audiences

g. Provides communication counsel and strategy to the Incident Manager

h. Develop and execute emergency risk communications strategy and plan

i. Coordinate clearance and distribution of communication products through the Web or other communication channels

Figure B-7: Joint Information Center (JIC)
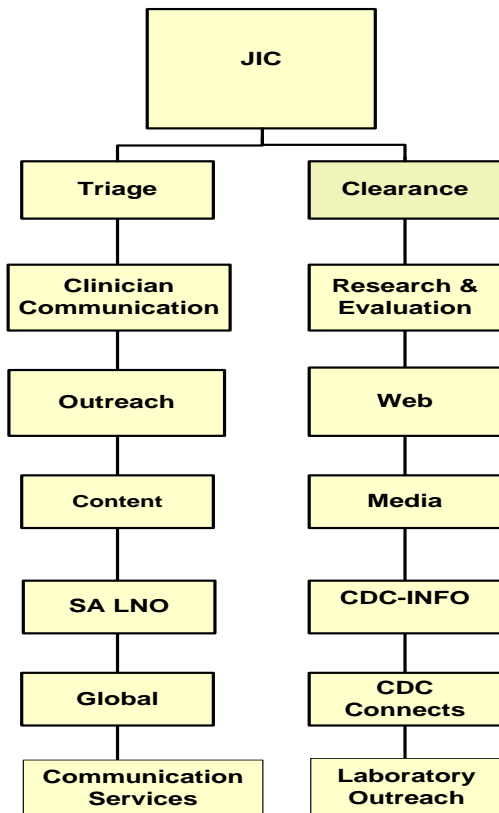
6. Role and responsibilities of the Emergency Personnel Staffing Section (EPSS):

    a. Resources, coordinates and ensures compliance with CDC instructions for field deployments

    b. Organizes deployment briefings

    c. Market IMS personnel mission requirements

    d. Recruit responders from across CDC to fill IMS and field deployment positions during a public health emergency response

    e. Conduct meetings with CDC Emergency Coordinators and IMS staff to discuss status of filling responder requirements

    f. Coordinate with the CDC Commissioned Corps Office to ensure responders that are Commissioned Corps officers are available to participate, and resolve related issues with the HHS Division of Commissioned Corps Personnel Readiness (DCCPR)

Figure B-8: Emergency Personnel Staffing Section (EPSS)
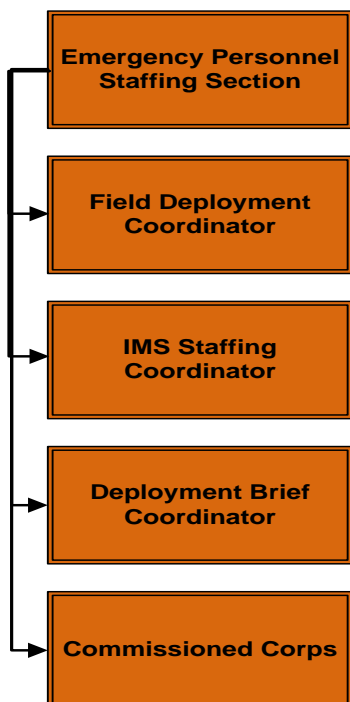
7. Role and responsibilities of the Situational Awareness (SA) Section:

   a. Improves vertical and horizontal information sharing

   b. Provides support and collaboration to CDC IMS personnel

   c. Provides analytical and geospatial information products

   d. Develops and maintains Knowledge Management and social-networking capabilities

   e. Collects, coordinates, processes and analyzes disparate data to produce actionable information to support operational needs, and

   f. Monitors worldwide "All Hazard" conditions for possible CDC domestic or international public health operations

Figure B-9: Situation Awareness Section (SA)
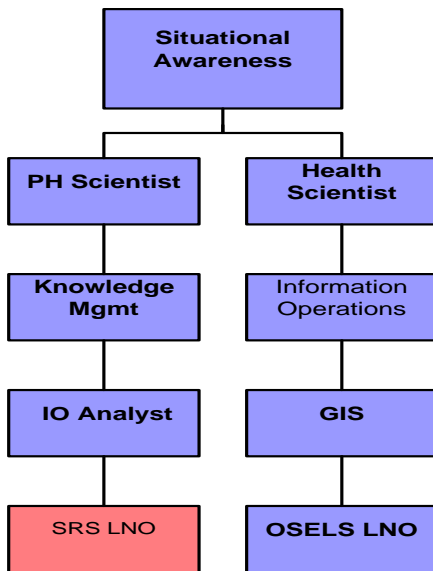
8. Role and responsibilities of the Finance and Procurement Section:

   a. The Finance Branch staffed by OCFO, provides: finance policy, cost tracking, and Common Accounting Number (CAN) control for both Stafford Act and Non-Stafford Act response and recovery operations.

   b. The Procurement Branch, staffed by PGO, provides procurement, cooperative agreement, and grants related support for response and recovery operations.

C. **Scientific Response Section:**

1. The function of the Scientific Response Section (SRS) staff is to provide the scientific competency in support of the public health emergency response

2. Role and responsibilities of the SRS:

   a. Provide subject matter expertise to address the public health concerns

   b. Provide technical guidance to IM in response to information requests

   c. Coordinate and ensure response operations are scientifically based

   d. Prepare data and reports for the Incident Action Plan

   e. Develop and conduct scientific interventions, courses of action

Figure B-10: Finance and Procurement Section
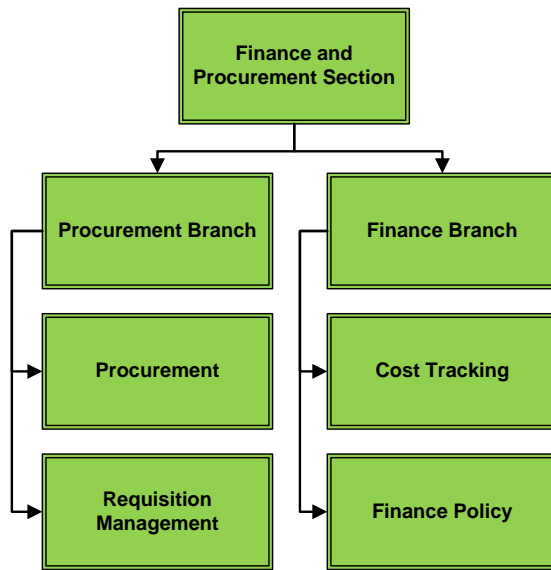
Figure B-11: Science Staff*

*- Task Forces can be tailored to the response (e.g., Vaccine, Immunizations, Clinical, or Infection Control)

D. Command Specialty Staff:

1. The function of the Command Specialty Staff is to support the IM and other IMS staff related to safety and health environment, liaison activities, ethics, legal, and the strategic national stockpile.

2. Role and responsibilities of Safety, Health, and Environment:
   a. Ensures the health, safety, and well-being of CDC deployed and activated personnel
   b. Provides immunizations, vaccines and other prophylaxis for deploying individuals
   c. Provides mental health and resiliency services for returning field deployers and the IMS staff

Figure B-12: Command Specialty Staff
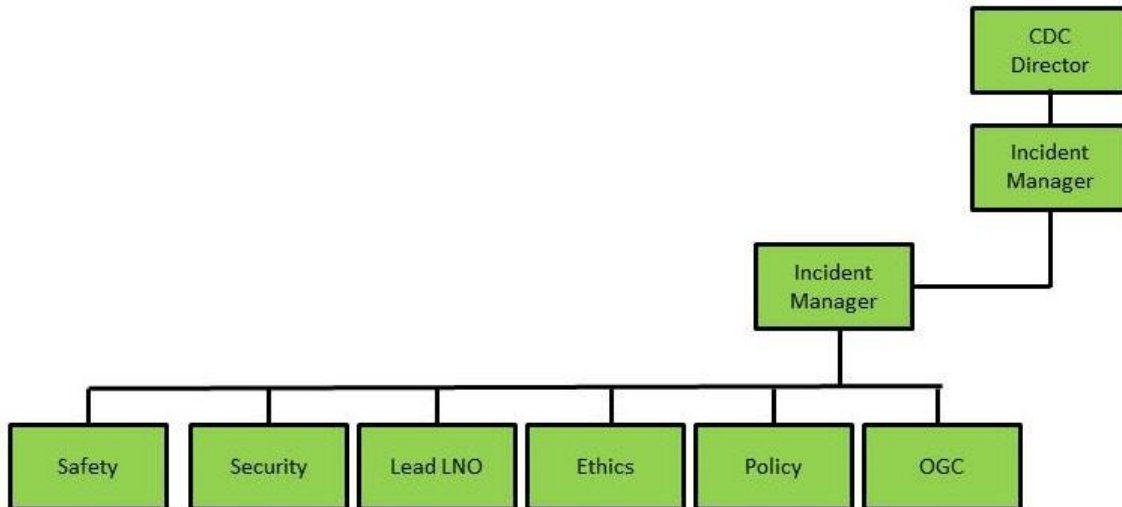
3. Role and responsibilities of the Security Officer:

   Ensures the security of CDC responders through coordination with other law enforcement entities and through the provision of intelligence to appropriate decision makers in the agency.

4. Role and responsibilities of the Liaison Officers (LNOs):

   a. Coordinate emergency response activities of federal and other partners with CDC and maintain communication between the CDC IMS Command Staff, federal and other partners, and other CDC response action officers in the CDC EOC

   b. Lead LNO makes recommendations to the IM on needed LNO representation and coordinates with the providing organization

   c. LNOs represent and coordinate with their parent organization to support the IM and staff

   d. LNOs from CDC can be assigned to entities such as the DoS, DoD, ARC, FDA, International agencies, and HHS, or be assigned to CDC from these entities, or both

5. Role and responsibilities of Ethics:

   a. Helps to build and maintain credibility and public trust in public health recommendations

   b. Fosters consensus and resolves values conflicts in an atmosphere of respect

   c. Guides decision making when there is scientific uncertainty and many opinions about how to proceed

     d. Increases awareness of the moral claims and values of community stakeholders, particularly of those most affected by the public health recommendations.

   6. Role and responsibilities of Policy:

     a. Provide policy guidance to IMS leadership

     b. Coordinate communication between CDC IMS staff and outside agencies or groups associated with the public health emergency response

     c. Log, track, develop, coordinate and clear responses to emergency response-related policy requests, including controlled correspondence, FOIA, GAO and Congressional requests

   7. Role and responsibilities of the General Counsel:

     a. Provides legal, technical and professional advice and recommendations to the IM and staff

     b. Studies and interprets laws associated to the response

     c. Manages the relationships with outside counsel

V. Direction, Control and Coordination

Refer to the CDC AHP.

VI. Information Collection, Analysis, and Dissemination

Refer to the CDC AHP.

VII. Communications

Refer to the CDC AHP.

VIII. Administration, Finance and Logistics

Refer to the CDC AHP.

IX. Plan Development and Maintenance

Refer to the CDC AHP.

X. Authorities and References

Refer to the CDC AHP.

Attachment C: CDC's Planning Cycle, Staff Rhythm, and Reporting

I. Introductory Material

Refer to the CDC AHP.

II. Purpose, Scope, Situation Overview, and Assumptions

A. Purpose

During an IMS activation, CDC will ensure accurate and timely execution of key decision items through the efficient use of NIMS in the CDC IMS. An important aspect of effective management is the proper use of planning.

B. Scope

The CDC Planning P outlines the components of the cycle with which CDC will support an all-hazards response.

C. Situation Overview

The Staff Rhythm for a CDC Response captures the scheduling of activities and facilitates the information gathering and decision-making process.

Figure C-1: The CDC Planning P
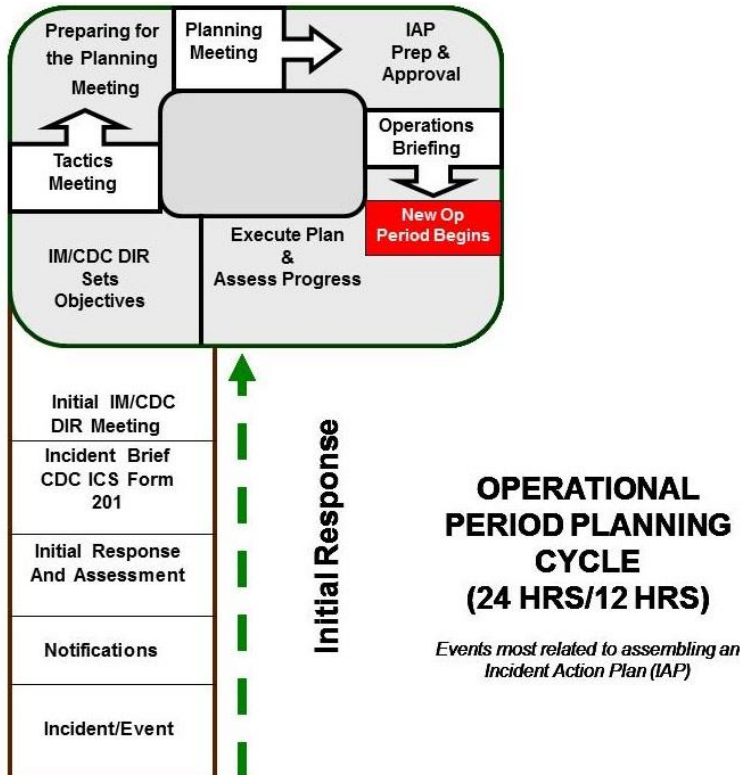
III. Concept of Operations

A. Planning

The CDC Planning P and Incident Action Planning cycle allows the Command and General staff to make informed decisions regarding the use of CDC resources in support of an all-hazards response. The cycle consists of eight sequential steps:

1. **Understanding the Situation.** The CDC IMS will use information received from state authorities, as well as other information gathered both internally and externally (e.g., weather conditions and HHS directives) to develop a situation overview for the Incident Manager.

2. **Establishing Incident Objectives.** Based on situational information and recommendations received from the IMS Command and General Staff, the Incident Manager, with the support of Command and General Staff, will develop initial incident objectives.

   An example of an initial incident objective might be to identify and account for all CDC personnel within a defined area surrounding the incident. Another objective might be to locate all laboratories containing select agents in a defined area surrounding the incident.

3. **Developing Tactical Direction and Resource Assignments.** Incident objectives established by the Incident Manager are used during the Tactics Meeting to develop strategies and assign resources. This includes how the objectives are to be accomplished and the assignment of resources needed to accomplish the objectives.

   A strategy may be to contact by e-mail and phone all CDC staff assigned or on travel to the affected areas. Resources required would consist of persons to pull staff information from travel databases as well as persons to e-mail and call all identified staff and follow up on those who are not accounted for.

4. **Conducting a Planning Meeting to Address Development of the Incident Action Plan (IAP).** The objectives, strategies, tactics, and resource identification information gathered during the Tactics meeting along with the initial situation information provided by the IMS Command and General Staff will be used to develop the IAP. A *draft* IAP will be developed for distribution during the Planning Meeting to ensure that all Command and General Staff agree with the plan that CDC is to follow over the next operational period.

5. **Preparing the Incident Action Plan for the next Operational Period (OPeriod).** Once the Command and General Staff are in agreement regarding the way ahead, the IAP is finalized for presentation to all response personnel. This presentation occurs through a verbal Operations Briefing as well as posting the IAP on the CDC EOC Portal.

6. **Conducting an Operations Briefing.** The Operations Briefing is the mechanism by which all CDC staff participating in the response are provided the objectives, strategies, and tactics to be accomplished during the next OPeriod. It is during the Operations Briefing that staff are afforded the opportunity to ask questions of their Team Leads to ensure that all staff are working to support the same objectives.

   Questions might include requests for clarification on the timeframe in which CDC personnel are expected to report in before staffs make additional attempts to contact. Another could be to provide all types of contact information that could be used to attempt contact (i.e., is it appropriate to contact emergency contacts in CDC Neighborhood if contact is not achieved in the next 3 hours?).

7. **Implementing the Plan.** Once the plan is briefed to CDC staff and the new OPeriod begins, the plan is implemented. At that time, CDC staff will begin working the actions provided by their team leads in response to the objectives and strategies identified in the IAP.

8. **Evaluating the Plan.** As a response is flexible, the IAP must be flexible as well. The IAP is under constant evaluation during the OPeriod and can be modified as needed without waiting until the next IAP is implemented. Evaluation also occurs when reviewing Section Reports submitted after each OPeriod.

B. **CDC Staff Rhythm**

The event-specific staff rhythm displays the schedule of strategic and operational activities undertaken by the CDC IMS Command and General Staff to ensure that inter- and intra-agency coordination is achieved and correct information is consistently available for all CDC staff participating in the response. The staff rhythm extends one Operational Period, identifying those activities that directly affect the IMS Command or General Staff, require action by the IMS Command or General Staff, or identify a deliverable to be provided by the IMS Command or General Staff.

The following is an example of an event-specific staff rhythm for an all-hazards response, based on a 24-hour Operational Period (07:00am to 07:00am):

Figure C-2: The CDC IMS Staff Rhythm

Staff Rhythm (example)
Monday, 1 February 2010

Time	Activity	POC	# and Passcode	Location
0800	SITREP Input to HHS	Ops		N/A
0900	CDC Internal Conference Call	Ops	866-615- = x —	Bldg 21, ECR
1000	ESF #8 Conference Call	HHS SOC	877-700- = x —	Bldg 21, ECR
1200	HHS Haiti Response Strategy	HHS SOC	Invitation Only	Conference Call
1500	Input to IAP/SITREP	Plans		N/A
1500	FEMA Conference Call	HHS SOC	800-320- = x —	Bldg 21, Plans Room

TO ADD MEETINGS TO STAFF RHYTHM CONTACT:
VOICE: (770) 488-7100. EMAIL: eocrep@cdc.gov
NOT FOR PUBLIC DISTRIBUTION-INTERNAL INFORMATION ONLY

C. Reporting

Reporting frequency will be based on the Operational Period and reporting requirements of external partners. Reporting frequency will be provided to Section Chiefs at the initial Command Staff meeting. IMS Sections will use the automated reporting tool located on the CDC EOC Portal (http://eoms/). The following sections are required to submit daily reports:

1. Operations

2. Logistics (will include Finance and Administration information)

3. Planning

4. JIC

5. Scientific Response Section

6. SNS

Any functions other than those listed above should provide their reports to their respective section using the format requested by their Section Chief.

Reports, spreadsheets, or other documentation developed in support of the Section Reports will be used by Section Chiefs in response to any questions that may arise at the Objectives Meeting, as not all information provided by sections will be included in the daily IAP (Figure C-3: The Flow of Information through the Reporting Phase).

All information used as support documentation should be saved in Section folders for archiving purposes on the CDC EOC Portal (http://eoms/).

IV. Organization and Assignment of Responsibilities

Refer to AHP and Attachment B.

V. Direction, Control and Coordination

Refer to AHP and Attachment B.

VI. Information Collection, Analysis, and Dissemination

Figure C-3: Flow of Information through Reporting Phase

Reporting Process
Completed each Operational Period
(OPeriod)

CDC IMS Personnel (briefing)

Release IAP for next OPeriod

CDC Personnel (via EOC Portal)

Planning P Process Begins (for next OPeriod)

Director Briefing Developed by Situation Unit

CDC Director (briefing)

HHS EMG (via WebEOC)

IAP tasks completed during the Operiod and the status of pending tasks will be used by Section Chiefs to develop the Section Reports.

Reports Provided to The IMS Planning Section for distribution to the Technical Specialty Unit (TSU) and Situation Awareness Unit (SA)

Joint Information Center (JIC) Report

Operations Section Report

Logistics Section Report

Planning Section Report

Strategic National Stockpile (SNS) Report

Types of Information to be Reported each OPeriod

JIC: Public Information messages distributed (including HAN Advisories/Alerts); media requests; status of document clearance
Operations: Status of deployed/pending personnel, ARFs/MAs, and RFAs/RFIs; task tracking
Logistics: Status of deployed CDC equipment and requests for procurement; cost tracking and unmet needs
Planning: Epi/Surveillance data, field team reports, future planning considerations, demobilization status
SNS: Push Package status, FMS availability, pending equipment deployment, unmet pharmaceutical needs, types of supplies and equipment being requested

VII. Communications

Use of emergency response communications systems and protocols is provided in targeted training (EOC 101) provided for IMS personnel. This training is provided both on a regularly scheduled basis, as well as special sessions available for "just-in-time" training.

VIII. Administration, Finance and Logistics

Refer to AHP and Attachment B.

IX. Plan Development and Maintenance

Refer to AHP.

X. Authorities and References

Refer to AHP.

Attachment D: CDC Organization Chart

Each Center, Institute, and Office (CIO) within CDC performs an integral role in emergency preparedness and response to public health events or incidents. The following organizational chart represents the Centers, Institute, and Offices (CIOs) that compose CDC. More granular organizational charts for the programs and divisions within each CIO can be found on the official CDC interactive organizational chart: http://www.cdc.gov/maso/pdf/CDC_Official.pdf.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Procurement and Grants Office
Buildings and Facilities Office
Financial Management Office
Human Capital and Resources Management Office
Office of the Chief Financial Officer
Office of the General Counsel (HHS)
Office of Safety, Health and Environment
Office of Security and Emergency Preparedness
CIMS Program Management Office
Enterprise Information Technology Portfolio Office
Freedom of Information Act Office
Information Technology Services Office
Management Analysis and Services Office
Management Information Systems Office
Office of the Chief Information Security Officer

Office of the Chief Operating Officer

Office of the Chief of Staff

Office of Diversity Management and Equal Employment Opportunity

OFFICE OF THE DIRECTOR

Office of the Associate Director for Program — Office of Women's Health

Office of the Associate Director for Science — Office of Science Quality and Translation / Office of Scientific Integrity

Office of the Associate Director for Communication — Division of Communication Services / Division of Community Engagement / Division of News and Electronic Media

Office of the Associate Director for Policy — Office of Policy Research, Analysis and Development / CDC Washington Office

Division of Executive Secretariat
Division of Management, Analysis and Coordination

Office of Minority Health and Health Equity

Division of State and Local Readiness
Division of Strategic National Stockpile
Division of Select Agents and Toxins
Division of Emergency Operations

Office of Public Health Preparedness and Response

Office for State, Tribal, Local and Territorial Support

Division of Public Health Performance Improvement

Office of Surveillance, Epidemiology and Laboratory Services

Office of Noncommunicable Diseases, Injury and Environmental Health

Office of Infectious Diseases

Influenza Coordination Unit

National Institute for Occupational Safety and Health

Division of Applied Research and Technology
Division of Respiratory Disease Studies
Division of Safety Research
Division of Surveillance, Hazard Evaluations & Field Studies
Division of Compensation Analysis and Support
Education and Information Division
Health Effects Laboratory Division
National Personal Protective Technology Lab
Office of Mine Safety and Health Research

Office of Surveillance, Epidemiology and Laboratory Services
Office of Public Health Genomics
Laboratory Science Policy and Practice Program Office
Division of Laboratory Policy and Practice
Division of Laboratory Science and Standards
Public Health Surveillance and Informatics Program Office
Division of Behavioral Surveillance
Division of Notifiable Diseases and Healthcare Informatics
Division of Informatics, Practice, Policy and Coordination
Division of Informatics, Solutions and Operations
Epidemiology and Analysis Program Office
Division of Library Sciences and Services
Division of Epidemiologic and Analytic Methods for Population Health
Scientific Education and Professional Development Program Office
Division of Applied Sciences
Division of Leadership and Practice

National Center for Health Statistics

Division of Analysis and Epidemiology
Division of Vital Statistics
Division of Health Care Statistics
Division of Health Interview Statistics
Division of Health Nutrition and Examination Surveys

National Center on Birth Defects and Developmental Disabilities

Division of Birth Defects & Developmental Disabilities
Division of Human Development and Disability
Division of Blood Disorders

National Center for Chronic Disease Prevention and Health Promotion

Division of Oral Health
Division of Community Health
Division of Population Health
Division of Diabetes Translation
Division of Nutrition, Physical Activity, & Obesity
Division of Reproductive Health
Office of Smoking and Health
Division of Heart Disease and Stroke Prevention

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry*

Division of Emergency and Environmental Health Services
Division of Environmental Hazards and Health Effects
Division of Laboratory Sciences
Division of Community Health Investigations
Division of Toxicology and Human Health Sciences

National Center for Injury Prevention and Control

Division of Violence Prevention
Division of Unintentional Injury Prevention
Division of Injury Response
Division of Analysis, Research, and Practice Integration

National Center for Immunization and Respiratory Diseases

Influenza Division
Division of Viral Diseases
Division of Bacterial Diseases
Global Immunizations Division
Immunization Services Division

National Center for Emerging and Zoonotic Infectious Diseases

Division of Foodborne Waterborne, and Environmental Diseases
Division of Preparedness and Emerging Infections
Division of Global Migration and Quarantine
Division of Scientific Resources
Division of Healthcare Quality Promotion
Division of Vector-Borne Diseases
Division of High-Consequence Pathogens and Pathology

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Division of HIV/AIDS Prevention
Division of Viral Hepatitis Prevention
Division of STD Prevention
Division of Tuberculosis Elimination

Center for Global Health

Division of Global HIV/AIDS
Division of Parasitic Diseases and Malaria
Division of Global Disease Detection & Emergency Response
Division of Public Health Systems & Workforce Development

*ATSDR is an OPDIV within DHHS but is managed by a common director's office.

Updated 04/3/2013

Attachment E: Emergency Communication System (ECS) and Joint Information Center (JIC) Plan

I. Introductory Material

Refer to the CDC AHP.

II. Purpose, Scope, Situation Overview, and Assumptions

A. Purpose

Coordinate CDC emergency communication across all programs and channels to ensure consistency and that CDC speaks with <u>one voice</u>.

B. Scope

This plan guides all external communications for the agency related to emergency risk communications associated with a potential or declared public health emergency. It provides communications guidance for the CDC IMS.

C. Situation Overview

Upon recognition of a public health emergency, attack, or outbreak, or at the discretion of the CDC Director, the Emergency Communication System (ECS) becomes activated. ECS provides primary leadership and staffing for the JIC and communication surge capacity to the appropriate CIO(s) or division(s) for the communication response, message development, and cross clearance of communication materials. ECS/JIC is responsible for all communication during an activation. It is a resource for communication but relies on the home program(s) and its subject matter experts that are engaged in the response. The JIC serves as the primary point of coordination and leadership for CDC's communication response related to an event or incident. Working closely with CDC response and investigation teams, ECS/JIC staff members assess and identify emergency risk communication needs, develop, translate, and disseminate key messages, and conduct other relevant communication activities with other CIOs. The JIC ensures that messages are accurate, consistent, and timely.

In the event of a public health emergency, attack, or outbreak, the appropriate CIO(s) will designate a lead communication staff person who serves as Co-Lead in the JIC. The Co-Lead is usually the Center's Associate Director of Communication Science and serves as a liaison between JIC teams and SMEs in lead CIOs collaboratively develops communication strategy with

the JIC Lead during the event and identifies existing materials and drafts materials that can be used in response to queries and messages to a variety of audiences.

III. Concept of Operations

A. JIC Goals

The goals of communication staff in the JIC during a public health emergency, attack, or outbreak are to:

1. Respond with timely, accurate, clear, consistent, credible, and easily accessible information relevant to the information needs of all stakeholders (the public, healthcare providers and response staff, the media, and policy makers, in coordination with the IMS Policy Unit).

2. Coordinate CDC emergency communication across all programs and channels to ensure consistency and that CDC speaks with <u>one voice</u>.

3. Provide health information to support informed decision making for public health recommendations.

4. Eliminate or reduce detrimental health behaviors and encourage appropriate health behaviors.

5. Minimize undue public fear and stress.

6. Perform and evaluate message monitoring to quickly address and respond to rumors, inaccuracies, and misperceptions.

7. Fulfill information requests from local or state health departments, the media, public, deployed CDC staff, partners, congressional partners, and other stakeholders.

8. Coordinate communication efforts across public and private sector organizations to maintain consistency and avoid duplication of effort.

9. Be a consistent and credible public health resource.

B. The Four Stages of ECS Emergency Response

1. Watch (Pre-Incident) Mode (As ECS)

   a. Maintain standard operating procedures and staffing in preparation for activation at any time in response to a public health emergency or threat.

   b. Maintain public health situational awareness while planning, preparing, and training for contingencies.

   c. Scan the environment to keep apprised of current situation and possible threats.

    d. Develop and test communication plans for likely emergency scenarios.

    e. Facilitate health alert messages to public health workforce through secure (Epi-X) and public systems (HAN).

    f. Support and provide emergency risk communication technical assistance to key partners (e.g., NPHIC and NVOADs) as they plan, prepare, and train for contingencies.

    g. Communicate with clinicians about topics related to clinical preparedness, public health emergencies, and emerging issues of concern and interest.

    h. Develop and maintain staffing rosters for activation periods.

2. Leaning Forward (Pre-Incident) (As ECS)

    a. Identify possible approaching threat.

    b. Prepare for approaching threat.

    c. Establish contact with the ADC and other key communication staff in the appropriate CIO(s).

    d. Assess current information needs and existing resources related to the potential threat and determine additional communication needs.

    e. Identify immediately available ECS assets and resources, as well as those outside of the ECS that may be needed to respond to the emerging threat.

    f. Determine communication staff that could be detailed or deployed in response to the event or incident.

    g. Begin monitoring emergency communication channels for information needs and exchanges related to the approaching threat.

3. Engaged (Pre-Incident) (As ECS)

    a. Take action relevant to ECS emergency functioning.

    b. Engage regularly with the ADC and other key communication staff in the appropriate CIO(s).

    c. Finalize rostering for activation of the Joint Information Center.

    d. Receive regular updates about the emergency situation.

    e. Review, create or update information related to the situation.

    f. Assess partner organizations' level of preparedness.

4. Activated (Incident) (JIC)

   a. ECS is activated any time the CDC IMS is activated or as directed by the CDC Director.

   b. Full emergency functioning mode.

   c. Staff JIC as needed (up to and including 24/7 staffing) and recruit additional resources for the response.

   d. Provide technical assistance and risk communication materials and messages to state, local, and partner public information officers for coordinated messaging.

   e. Develop, tailor, and disseminate public health information to support decision-making and protect health

   f. Monitor communication channels for information about public perceptions, knowledge, and behaviors related to health emergencies and incorporate information into communication planning.

   g. Coordinate CDC emergency communication activity with ESF 15 interagency communication group.

IV. Organization and Assignment of Responsibilities

A. JIC Functional Roles

   1. JIC Lead

      a. Develops and executes an overarching strategy and tactics for emergency communication based on the specific nature of a public health emergency, attack, or outbreak.

      b. Serves as a member of the response leadership team and advises CDC and IMS Leadership about emergency risk communication strategy and issues.

      c. Coordinates with the JIC Co- Lead, the Associate Director of Communication Science, and other designees from the CIOs and programs staffing the Scientific Response Section. Coordinates with OADC about overarching CDC communication strategy.

      d. Collaborates with HHS ASPA, HHS ASPR Communication other HHS OPDIVs, DHS, and other federal agency communication POCs on joint strategy

      e. Serves as CDC liaison to ESF 15, Public Affairs interagency communication coordinating group.

 f. Apprises ECS/JIC team leads of the emergency so they can organize their activities and activate their teams.

 g. Implements a 24/7 schedule if necessary.

 h. Participates in JIC and CDC EOC briefings, providing updates about the communication response strategy, activities, and issues. Participates in discussions about emergency risk communication needs identified at the briefings, as well as those identified by the various ECS/JIC teams.

 i. Provides immediate guidance about emergency risk communication issues and concerns.

 j. Ensures that response and investigation teams have continuous access to communication expertise.

 k. Quickly addresses and anticipate emerging risk communication issues related to CDC's emergency response.

 l. Provides communication review as part of the IMS Clearance process and identify when additional reviews from OADC are necessary.

 m. Coordinate deployment of staff for health communication, public affairs, public information, and other communication-related missions with the CDC EOC.

 n. Designate staff to maintain ongoing contact with deployed communication staff to identify education or information needs.

2. JIC Operations

 a) Triage

  1) Triages and tracks emergency communication tasks and inquiries to any one of the appropriate ECS/JIC teams.

  2) Prepares reports, maintain status of CDC JIC activities and provide updates and information to JIC and IMS leadership.

  3) Develops and maintains staffing roster and operational rhythm for activated staff.

   a) Serves as liaison between ECS/JIC and the CDC IMS structure providing situational awareness guidance and coordination of the ECS teams in the JIC and IMS structure during exercises and activations.

   b) Provides orientation and training to IMS and JIC surge staff during activations.

b) Clearance Desk

   1) Coordinates rapid clearance of emergency communication products.

   2) Manages CDC EOC clearance system (Documentum) for oversight and clearance of all documents originating in the CDC EOC during activation.

   3) Coordinates emergency communication materials with subject matter expert (SME) review.

   4) Informs JIC and IMS leadership of delays and other issues with the clearance process.

   5) Serves as the liaison with CDC's Division of the Executive Secretariat to secure clearance from the Department of Health and Human Services and other USG agencies when required.

   6) Maintains a log of all cleared communication materials.

3. Content Desk

a) Work with the appropriate CIOs to coordinate and oversee emergency risk communication content development.

   1) Collaborates with SMEs and programs to develop health messages that are consistent with emergency risk communication science and principles.

   2) Translates complex health and risk communication information into messages for a variety of audiences.

   3) Uses response communication strategy to create content such as web copy, fact sheets, social media messages, and responses to CDC-INFO.

   4) Ensures that messaging meets federal plain language requirements.

   5) Ensures that emergency health messages are timely, consistent, targeted, and actionable.

b) Assesses repurposed material for intended use and determine when re-clearance is required.

c) Works closely with Leadership and the Outreach team to devise and implement strategies for reaching specific audiences.

d) Provides technical assistance in risk communication theory and science to other JIC or IMS teams developing materials. Manages social media engagement for public health emergencies, including maintenance of current channels (e.g., Twitter and Facebook),

establishment of new channels as appropriate, and coordination of emergency social media postings across the agency.

4. Research and Evaluation Desk

    a) Conducts daily domestic and international scanning of the media environment (print, television, Internet news, and social media) to identify key themes, important message gaps, rumors or misinformation, and relevant emerging issues.

    b) Collects and analyzes data on information dissemination activities (CDC websites and social media outlets) to identify critical patterns for response.

    c) Collects and analyzes data on public, partner, and stakeholder inquiries (including policymaker inquiries and CDC-INFO) to identify systematic information gaps or needs.

    d) Creates regular Communication Surveillance Report based on activities above to inform JIC strategy.

    e) Collects and analyzes survey information to measure trends in the knowledge, attitudes, beliefs, and perceptions of the public and select audience segments about emergency health issues and concerns.

    f) Conducts applied communication research that leads to the development of model messages, strategies, or interventions.

    g) Conducts evaluation research to enhance the effectiveness of communication efforts.

    h) Establishes a basic and applied communication research agenda to enhance the theoretical and practical underpinnings of communication.

    i) Ensures that communication strategies and messages are based on the most up-to-date scientific knowledge from theory and research in emergency risk communication and related disciplines.

5. Outreach Desk

    a) Gathers information from affected communities to evaluate efforts and provide feedback to CDC leadership.

    b) Coordinates with faith-based, community-based, tribal, and racial or ethnic or minority organizations to help identify and respond to education or information needs for their stakeholders and audiences.

c) Coordinates with external partner organizations, including the National Public Health Information Coalition (NPHIC) and the Society for Public Health Education (SOPHE) among others, to identify and rapidly disseminate messages and resources to assist in responding to the education or information needs for at-risk populations[37].

d) Identifies gaps in education messages and assess or respond to needs for education materials in multiple languages.

   1) Works with the Communication Services Team's MLS Section and Operations Team Triage Section when translation is required.

e) Ensures that education products are being adapted or developed and accessible as necessary for priority audiences.

f) Tailors information strategy to specific audiences to enhance knowledge and skills, promote and protect health, strengthen trust, and minimize misinterpretation.

g) Provides strategic guidance to JIC Leadership Team on working with partners for a particular response.

h) Maintain vital partnership with National Public Health Information Coalition (NPHIC) and the Society for Public Health Education (SOPHE) by providing timely, updated and credible information as it pertains to public health emergencies, terrorist attacks, or disease outbreaks.

6. Clinician Communication Desk

   a) Develops health communication materials (e.g., fact sheets, brochures, and presentations, targeted to clinicians) as necessary.

   b) Coordinates with CIOs or division clinician teams to develop Clinician Outreach Communication Activity (COCA) calls, webinars, satellite broadcasts, podcasts, and others as needed.

   c) Monitors inquiries and requests from partner organizations and clinicians through the COCA mailbox to assist in development of communication strategy and activities.

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[37] For the purposes of this document, at-risk populations includes populations whose circumstances and conditions require distinct, special, and additional attention to ensure safety and well-being within the context of a particular emergency setting. See page 24 of the AHP for the definition of at-risk individuals.

d) Provides liaison support for CDC-Info surge capacity to answer telephone and e-mail inquiries in the event of a large-scale public health emergency.

e) Provides partners with information and materials and identifies subject-matter experts related to the specific health threat.

f) Manages the COCA membership and identifies additional partners who should be included.

g) Reviews existing products for consistency and determine if they are up-to-date.

h) Identifies gaps in information for clinicians on CDC's Web site and assist the Emergency Web and Social Media Team and SMEs with development of clinician-specific Web pages.

7. Media Desk

a) Media LNO

1) Works closely with ECS/JIC Leadership and representatives with CDC's News Media Branch to develop media strategy as part of overall communication plans.

2) Manages all event-related interactions with media, in coordination with the News Media Branch, OADC, and the partner CIO.

3) Provides media relations support and consultation during response periods.

4) Serves as clearinghouse for CDC messages and talking points for media response.

5) Collaborates with ECS/JIC leadership to develop and distribute key messages, media fact sheets, and news releases, as needed, to appropriate audiences (e.g., media and internal staff).

6) Supports the overall media relations function by working to identify and prepare CDC spokespersons for media interviews.

7) Assists Communication Surveillance and Evaluation Team's (CSET) research on media message evaluation; works with the News Media Branch to correct inaccuracies with media and rework key messages based on evaluation.

8) Collaborates with the News Media Branch to acquire necessary HHS clearance for news media interviews, press conferences and related press materials such as talking points, media advisories and press releases.

9) Facilitates training and background sessions to subject matter experts (SMEs), as needed.

10) Provides just-in-time communication and media training to staff deploying to the field from the CDC EOC.

b) News Media Branch

1) Collaborates with the Media LNO to develop press materials such as releases, talking points, media advisories and content for social media applications.

2) Ensures rapid clearance – Director and/or HHS level – of media inquiries and press materials related to the response.

3) Coordinates and schedules CDC Director's involvement with media inquiries, news conferences and other press events.

4) Provides input on media relations strategy specific to the response.

5) Shares information with the JIC Lead, Incident Manager, Media LNO and others that may be pertinent to the communication strategy of the response.

6) Participates in key meetings including JIC All, Director's Updates, media strategy development and others, as needed.

7) Provides just-in-time media training to SMEs, as needed.

8) Serves as weekend on-call representative during response.

9) Offers back-up support to the Media LNO, if required.

8. Emergency Web Desk

a) Provide 24/7 staff coverage for web maintenance and posting.

b) Manages the CDC Emergency website: http://emergency.cdc.gov/.

c) Manages the event-specific web site, which is generally hosted on emergency.cdc.gov (with limited exceptions).

d) Manages updates, designs, and plans for emergency-related websites.

e) Develops and implements applications of new media, gaming, and other emerging technologies to increase the impact of health marketing and communication of health promotion and education

f) Designs websites based on specific needs of the response.

g) Maintains quality control through usability tests, audience surveys, public inquiries, and analysis of website usage statistical trends and patterns.

h) Ensures the accessibility of electronic content through user-specific language, attention to literacy needs, and 508 compliance.

i) Define Web responsibilities between DHS, HHS, and CDC on what will be posted and where both pre- and post-event and communicate this information to external partners.

j) Update existing Web materials as needed.

9. Global Desk

a) Establishes two-way communication with global partners, stakeholders, field staff and deployed staff to identify and adapt relevant information and to identify gaps. Examples of global partners include World Health Organization (headquarters and regional offices), Ministries of Health in other countries, and European CDC.

b) Develops and adapts health communication messages and health education materials for partners in affected countries.

c) Reviews and makes recommendations about CDC emergency communications for relevance to partners in affected countries.

d) Provides information to overseas staff as well as locally-employed staff and their families to help them remain safe and healthy.

10. CDC Connects Desk

a) Oversees internal communication for all CDC audiences by using e-mail, CDC Connects, and other channels.

b) Provides technical expertise on issues related to communication to the CDC workforce.

11. CDC-INFO Desk

a) Provides Log Call Prepared Responses using cleared communications on disease, outbreak, surveillance, risk mitigation, and travel/quarantine information for US residents traveling abroad, people entering the United States, and US communities.

b) Delivers health information to consumers, providers, and professionals calling or e-mailing on a wide variety of disease prevention and health promotion topics.

12. Communication Services Desk

a) Graphic Services

Provides products and services ranging from print design and animation, to posters, conference materials and electronic newsletters.

b) Broadcast Services

Produces CDC′s audio and video productions for broadcast on television, radio, or the Internet. Also provides oversight for broadcast delivery mechanisms.

c) Photography Services

Provides support for historically significant events to CDC, scientific photography, and official CDC portraits.

d) Multilingual Services (MLS)

Provides translation, adaptation, and interpretation services; works with more than 100 languages other than English (including sign language); maintains in-house certified translators on staff for English to Spanish translations.

13. Laboratory Outreach Desk

a) Standardizes messaging through clinical laboratory organizations.

b) Facilitates exchange of laboratory-related information between CDC and others in the laboratory community.

A. IMS Clearance

1. JIC Operations, Clearance Desk

The mission of JIC Operations is to provide 24/7 functional resources to the ECS and its members, and to support a structural framework for the development and dissemination of emergency risk communications.

Duties of the Clearance Desk during IMS activation:

a) Develop emergency response clearance process and flow.

b) Work with Documentum help desk to build the response review matrix.

c) Provide rapid clearance of communication materials.

d) Report status of all documents in clearance.

e) Assist response staff with clearance process and tool (Documentum).

f) Work with Executive Secretariat liaison to track status of elevated levels of review.

2. Request for IMS Clearance

Requests for IMS clearance should be sent to CDC IMS JIC Clearance (eocjicclear@cdc.gov). Please see Table 1 for additional information about which materials are cleared through the IMS Clearance Process. During an activation, do not send requests for assistance or clearance to individual team members. If you have questions, concerns, or suggestions please contact the CDC EOC 24/7 at 770-488-7100 and ask for a member of the JIC Clearance Section.

V. Direction, Control, and Coordination

Table E-1: Communication Materials Cleared through an IMS Clearance Process

IMS Scientific Clearance Process	IMS Press Materials Clearance Process	IMS Policy Clearance Process
• Web content • Q&A documents • Fact sheets • Print materials (e.g., brochures, flyers, & posters) • Radio and television public service announcements • Pictograms • Hotline scripts and standard responses • Checklists • Guides • Reports • Presentations	• Talking points • News Releases • Media Advisories • Responses to media inquiries • "CDC Responds" updates	• Congressional inquires • Controlled correspondence • Documents for CDC Director's signature • Memos to Executive Branch agencies • Review/Clear for other federal agencies & partners* • Budget information for external release* • OMB Communications related to funding needs, decisions, or performance • Response related strategic plans, objectives, or performance measures for external release • Policy recommendations

*Depending on content and audience, these documents may need to meet the requirements of more than one clearance process.

Note: This list is representative (but not exhaustive) of the types of materials produced during a response. Materials created using previously cleared content should be sent to (eocjicclear@cdc.gov). The JIC Lead, the Policy Unit Lead, and the IMS ADS will determine whether further clearance is required.

> **Note**: JIC Clearance maintains a repository of all materials cleared through the IMS Clearance Process in the JIC section of the Emergency Operations Management System

Refer to the CDC AHP and ERCB/JIC SOP for additional information.

VI. **Information Collection, Analysis, and Dissemination**

ECS/JIC uses a variety of communication channels to disseminate messages to the appropriate audiences, including the public, clinicians, public health workers, laboratory workers, state public health departments, response workers, at-risk populations, the media, and elected officials. Audiences can be reached through multiple channels and types of materials.

VII. **Communications**

Internal communications are conducted in accordance with the ERCB/JIC SOP

VIII. **Administration, Finance and Logistics**

Refer to the CDC AHP and ERCB/JIC SOP.

IX. **Plan Development and Maintenance**

CDC risk communications plans will be reviewed and updated as required based upon:

    A. Lessons learned during responses

    B. Changes to agency procedures or organizational changes.

X. **Authorities and References**

Refer to the CDC AHP and ERCB/JIC SOP.

Table E-2: Channels and Audiences

Audiences	Channels								
	Web	Social Media	COCA	Community Health Partnerships	CDC-Info	Epi-X	HAN	Media	Paper-based materials*
General public and targeted audiences	X	X			X			X	X
Vulnerable Populations†				X					
Elected officials	X	X					X	X	
Global audiences	X	X			X			X	
Clinicians	X	X	X			X	X	X	
Public health **workers** (including State health depts.)	X	X	X			X	X	X	
Laboratory workers	X	X	X			X	X	X	X
Response workers	X	X		X			X	X	X

COCA = Clinician Outreach and Communication Activity
Epi-X = Epidemic Information Exchange
HAN = Health Alert Network
*Paper-based materials include fact sheets, flyers, posters, and checklists
†Vulnerable populations include populations whose circumstances and conditions require distinct, special, and additional attention to ensure safety and well-being within the context of a particular emergency setting. Some of those recognized as particularly at-risk include children, senior citizens, and pregnant women, as well as those who may need additional response assistance such as those with disabilities, limited English proficiency, chronic medical disorders, or a pharmacological dependency.

Figure E-1. General IMS Clearance Flow Chart for CDC-Authored Documents

Last updated: July 18, 2012
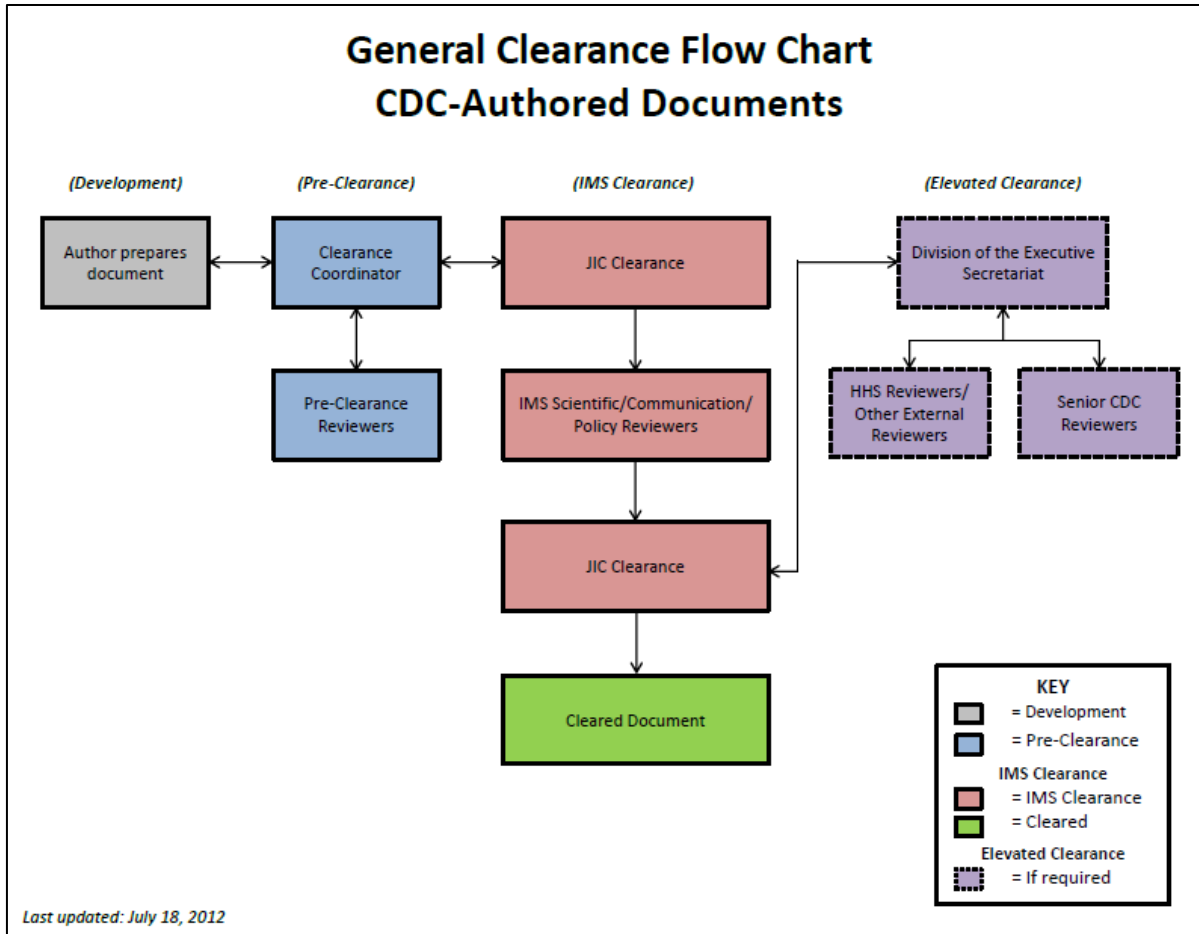
Refer to the CDC AHP and ERCB/JIC SOP for additional information.

<p style="text-align:center">Attachment F: Federal Overview</p>

I. Introductory Material

The federal government uses the National Incident Management System (NIMS) to structure responses to natural and man-made disasters. NIMS is based on the premise that utilization of a common incident management framework will give emergency management/response personnel a scalable and flexible but standardized system for emergency management and incident response activities. NIMS is flexible because the system components can be utilized to develop plans, processes, procedures, agreements, and roles for all types of incidents; it is applicable to any incident regardless of cause, size, location, or complexity. Additionally, NIMS provides an organized set of standardized operational structures, which is critical in allowing disparate organizations and agencies to work together in a predictable, coordinated manner. NIMS represents a core set of doctrines, concepts, principles, terminology, and organizational processes that enables effective, efficient, and collaborative incident management.

II. Purpose, Scope, Situation Overview, and Assumptions

A. **Purpose-** To strengthen National preparedness and response through an integrated, all-of-Nation, capabilities-based approach.

B. **Scope**

Presidential Policy Directive 8 (PPD#8): National Preparedness was released in March 2011 with the goal of strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the nation. It defines five preparedness mission areas in which the nation must be prepared to act—Prevention, Protection, Mitigation, Response, and Recovery. PPD#8 required the development of National Planning Frameworks and supporting Federal Interagency Operational Plans (FIOPs). This revision in the nation's approach toward national preparedness, while significant, did not change some of the foundational principles upon which the federal government has based preparedness activities over the past decade- namely NIMS and common plan formatting. One major change in the federal approach is the move away from National Planning Scenarios (NPS) and towards a focus on an integrated, all-of-nation, capabilities-based approach to preparedness. While the NPS are no longer

a controlling factor behind federal emergency response planning, they still exist within the Strategic National Risk Assessment (SNRA) as National Level Events (Table 1), below).

Table F-1: National Level Events (Threats)

Threat/ Hazard Group	Threat/Hazard Type	National-level Event Description
Natural	Animal Disease Outbreak	An unintentional introduction of the foot-and-mouth disease virus into the domestic livestock population in a U.S. state
	Earthquake	An earthquake occurs within the U.S. resulting in direct economic losses greater than $100 Million
	Flood	A flood occurs within the U.S. resulting in direct economic losses greater than $100 Million
	Human Pandemic Outbreak	A severe outbreak of pandemic influenza with a 25% gross clinical attack rate spreads across the U.S. populace
	Hurricane	A tropical storm or hurricane impacts the U.S. resulting in direct economic losses of greater than $100 Million
	Space Weather	The sun emits bursts of electromagnetic radiation and energetic particles causing utility outages and damage to infrastructure
	Tsunami	A tsunami with a wave of approximately 50 feet impacts the Pacific Coast of the U.S.
	Volcanic Eruption	A volcano in the Pacific Northwest erupts impacting the surrounding areas with lava flows and ash and areas east with smoke and ash
	Wildfire	A wildfire occurs within the U.S. resulting in direct economic losses greater than $100 Million
Technological/ Accidental	Biological Food Contamination	Accidental conditions where introduction of a biological agent (e.g., Salmonella, E. coli, botulinum toxin) into the food supply results in 100 hospitalizations or greater and a multi-state response
	Chemical Substance Spill or Release	Accidental conditions where a release of a large volume of a chemical acutely toxic to human beings (a toxic inhalation hazard, or TIH) from a chemical plant, storage facility, or transportation mode results in either one or more offsite fatalities, or one or more fatalities (either on- or offsite) with offsite evacuations/shelter-in-place
	Dam Failure	Accidental conditions where dam failure and inundation results in one fatality or greater
	Radiological Substance Release	Accidental conditions where reactor core damage causes release of radiation
Adversarial/ Human-Caused	Aircraft as a Weapon	A hostile non-state actor(s) crashes a commercial or general aviation aircraft into a physical target within the U.S.
	Armed Assault	A hostile non-state actor(s) uses assault tactics to conduct strikes on vulnerable target(s) within the U.S. resulting in at least one fatality or injury
	Biological Terrorism Attack (non-food)	A hostile non-state actor(s) acquires, weaponizes, and releases a biological agent against an outdoor, indoor, or water target, directed at a concentration of people within the U.S.
	Chemical/Biological Food Contamination Terrorism Attack	A hostile non-state actor(s) acquires, weaponizes, and disperses a biological or chemical agent into food supplies within the U.S. supply chain
	Chemical Terrorism Attack (non-food)	A hostile non-state actor(s) acquires, weaponizes, and releases a chemical agent against an outdoor, indoor, or water target, directed at a concentration of people using an aerosol, ingestion, or dermal route of exposure
	Cyber Attack against Data	A cyber attack which seriously compromises the integrity or availability of data (the information contained in a computer system) or data processes resulting in economic losses of a Billion dollars or greater
	Cyber Attack against Physical Infrastructure	An incident in which a cyber attack is used as a vector to achieve effects which are —beyond the computer (i.e., kinetic or other effects) resulting in one fatality or greater or economic losses of $100 Million or greater
	Explosives Terrorism Attack	A hostile non-state actor(s) deploys a man-portable improvised explosive device (IED), Vehicle-borne IED, or Vessel IED in the U.S. against a concentration of people, and/or structures such as critical commercial or government facilities, transportation targets, or critical infrastructure sites, etc., resulting in at least one fatality or injury
	Nuclear Terrorism Attack	A hostile non-state actor(s) acquires an improvised nuclear weapon through manufacture from fissile material, purchase, or theft and detonates it within a major U.S. population center
	Radiological Terrorism Attack	A hostile non-state actor(s) acquires radiological materials and disperses them through explosive or other means (e.g., a radiological dispersal device or RDD) or creates a radiation exposure device (RED)

Each of the National Level Events is to be supported by an Incident Annex. CDC is tasked with specific mission requirements in several of the FIOPs and Incident Annexes.

C. Situation Overview

1. Core Capabilities

The federal planning and preparedness effort focuses on 31core capabilities across five mission areas, with three core capabilities spanning all five mission areas: Planning, Public Information and Warning, and Operational Coordination (see Table 2, below).

Table F-2: Core Capabilities by Mission Area

Prevention	Protection	Mitigation	Response	Recovery
Planning				
Public Information and Warning				
Operational Coordination				
Forensics and Attribution	Cybersecurity	Community Resilience	Critical Transportation	Economic Recovery
	Access Control and Identity Verification	Long-term Vulnerability Reduction	Environmental Response/Health and Safety	Health and Social Services
Intelligence and Information Sharing		Risk and Disaster Resilience Assessment	Fatality Management Services	Natural and Cultural Resources
	Physical Protective Measures	Threats and Hazard Identification	Mass Care Services	Housing
	Risk Management for Protection Programs and Activities		Mass Search and Rescue Operations	
Screening, Search, and Detection			On-scene Security and Protection	
	Supply Chain Integrity and Security		Operational Communications	
Interdiction and Disruption			Public and Private Services and Resources	
			Public Health and Medical Services	
			Situational Assessment	
			Infrastructure Systems	

These common core capabilities serve to unify the mission areas and, in many ways, are necessary for the success of the remaining core capabilities. Each of the mission areas will be represented by a national framework. These five mission areas serve as an aid in organizing our national preparedness activities, and do not constrain or limit integration across mission areas and core capabilities, which by their nature are highly interdependent and applicable to any threat or hazard. These mission areas exist along a continuum, and there is a dynamic interplay between and among them and even some commonality in the core capabilities essential to each.

2. Risk Assessment

As part of the effort to develop the National Preparedness Goal, the Secretary of Homeland Security led an effort to conduct a SNRA. National preparedness is to be based on core capabilities that support "strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the nation, including acts of terrorism, cyber-attacks, pandemics, and catastrophic natural disasters." The SNRA helped identify the types of incidents that pose the greatest threat to the nation's homeland security.

D. Assumptions

1. During a response CDC will normally expect to support ESF#8, ESF# 6, ESF# 10, and ESF# 15.

2. For large-scale responses, CDC may deploy and receive LNOs:
   a. To the IRCT, SOC, EMG, other partners and stakeholders.
   b. From HHS, FDA, ARC, other partners and stakeholders.

3. CDC actions in support of the Prevent, Protect and Mitigate Frameworks will occur either under normal programmatic activities or in conjunction with Response (including pre-incident actions) and Recovery operations.

III. Concept of Operations

A. Response Operations

Federal response operations are generally conducted using the Emergency Support Function (ESF) construct. ESFs provide the structure for coordinating USG interagency support for a federal response to an incident. They are mechanisms for grouping functions most frequently used to

provide federal support to states and federal-to-federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. They allow for a common understanding of pre-coordinated agency responsibilities, ensuring that they are ready to act and can do so independently but collaboratively. (Table 3, below)

On behalf of the Secretary of HHS, the Assistant Secretary for Preparedness and Response (ASPR) directs and coordinates all federal public health and medical assistance provided under ESF #8. The ASPR also acts as the senior-level HHS LNO to DHS and other federal departments and agencies.

ASPR coordinates the federal ESF #8 response through the HHS Emergency Management Group (EMG), which operates from the Secretary's Operations Center (SOC) at HHS headquarters in Washington, D.C. The EMG is always operational at a baseline level and in times of nonresponse maintains surveillance and monitoring activities. The EMG's organizational structure is based on Incident Command System (ICS) principles.

DHS, HHS, and CDC each use a central incident management facility from which their agencies strategic response activities are managed. DHS has a centralized management facility called the National Operation Center (NOC), HHS has the Secretary's Operation Center (SOC), and CDC has the Emergency Operations Center (EOC).

The SOC is the focal point for command and control, communications, specialized technologies, and information collection, assessment, analysis, and dissemination for all HHS components under nonemergency and emergency conditions to support a common operating picture. It is continuously staffed and maintains operations 24 hours a day, 7 days a week (24/7).

CDC maintains daily contact with the SOC to ensure situational awareness. Reports of incidents with potential public health or medical consequences are provided to the SOC Duty Officer, who then alerts HHS senior staff as necessary. Critical public health and medical requirements are brought to the attention of ASPR. During an event, ASPR may deploy HHS liaisons to the CDC EOC.

Table F-3: Emergency Support Functions (ESFs) and ESF Coordinators

ESF #1 – Transportation   ESF Coordinator: Department of Transportation
• Aviation/airspace management and control   • Transportation safety   • Restoration and recovery of transportation infrastructure   • Movement restrictions   • Damage and impact assessment
ESF #2 – Communications   ESF Coordinator: DHS (National Communications System)
• Coordination with telecommunications and information technology industries   • Restoration and repair of telecommunications infrastructure   • Protection, restoration, and sustainment of national cyber and information technology resources   • Oversight of communications within the federal incident management and response structures
ESF #3 – Public Works and Engineering   ESF Coordinator: Department of Defense (U.S. Army Corps of Engineers)
• Infrastructure protection and emergency repair   • Infrastructure restoration   • Engineering services and construction management   • Emergency contracting support for life-saving and life-sustaining services
ESF #4 – Firefighting   ESF Coordinator: Department of Agriculture (U.S. Forest Service), DHS/FEMA, US Fire Administration
• Coordination of federal firefighting activities   • Support to wild land, rural, and urban firefighting operations
ESF #5 – Information and Planning   ESF Coordinator: DHS (FEMA)
• Coordination of incident management and response efforts   • Issuance of Mission Assignments   • Resource and human capital   • Incident action planning   • Financial management
ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services   ESF Coordinator: DHS (FEMA)
• Mass care   • Emergency assistance   • Disaster housing   • Human services
ESF #7 – Logistics   ESF Coordinator: General Services Administration and DHS (FEMA)
• Comprehensive, national incident logistics planning, management, and sustainment capability   • Resource support (facility space, office equipment and supplies, contracting
ESF #8 – Public Health and Medical Services   ESF Coordinator: Department of Health and Human Services
• Public health   • Medical   • Mental health services   • Mass fatality management
ESF #9 – Search and Rescue   ESF Coordinator: DHS (FEMA)
• Life-saving assistance   • Search and rescue operations
ESF #10 – Oil and Hazardous Materials Response   ESF Coordinator: Environmental Protection Agency
• Oil and hazardous materials (chemical, biological, radiological, etc.) response   • Environmental short- and long-term cleanup
ESF #11 – Agriculture and Natural Resources   ESF Coordinator: Department of Agriculture
• Nutrition assistance   • Animal and plant disease and pest response   • Food safety and security   • Natural and cultural resources and historic properties protection   • Safety and well-being of household pets
ESF #12 – Energy   ESF Coordinator: Department of Energy
• Energy infrastructure assessment, repair, and restoration   • Energy industry utilities coordination   • Energy forecast
ESF #13 – Public Safety and Security   ESF Coordinator: Department of Justice/BATFE
• Facility and resource security   • Security planning and technical resource assistance   • Public safety and security support • Support to access, traffic, and crowd control
ESF #14 – Long-Term Community Recovery   Replaced by the National Disaster Recovery Framework
• Social and economic community impact assessment   • Long-term community recovery assistance to States, tribes, local governments, and the private sector   • Analysis and review of mitigation program implementation
ESF #15 – External Affairs   ESF Coordinator: DHS
• Emergency public information and protective action guidance   • Media and community relations   • Congressional and international affairs   • Tribal and insular affairs

B. Recovery Operations

One of the most significant changes under PPD #8 is the expansion of the structure for recovery operations (Recovery Support Functions or RSFs): Community Planning and Capacity Building; Economic; Health and Social Services; Housing; Infrastructure Systems; and Natural and Cultural Resources. RSFs are similar to ESFs and the design of the Federal Disaster Recovery structure is intended to minimize the shift of responsibilities in the transition between response and recovery.

Table F-4: Recovery Support Functions

	RSF	Mission	Coord Agency	Primary Agencies	Supporting Organizations
1	Community Planning & Capacity Building	Supporting and building recovery capacities and community planning resources of SLTT governments needed to effectively plan for, manage and implement disaster recovery activities in large, unique or catastrophic incidents.	FEMA	DHS/FEMA and HHS	Corp for National and Community Service, DHS, Dept of Commerce, Dept of Interior, DoJ, Dept of Transportation, EPA, GSA, HUD, SBA, Dept of Treasury and Dept of Agriculture
2	Economic Development	Integrate the expertise of the USG to help SLTT governments and the private sector sustain and/or rebuild businesses and employment, and develop economic opportunities that result in sustainable and economically resilient communities after large-scale and catastrophic incidents	U.S. Dept. of Commerce	DHS/FEMA, Dept of Commerce, Dept of Labor, SBA, Dept of Treasury and Dept of Agriculture	Corp for National and Community Service, Dept of Interior, EPA and HHS
3	Health, Social & Community Services	USG assists locally-led recovery efforts in the restoration of the PH, health care and social services networks to promote the resilience, health and well-being of affected individuals and communities	HHS	Corp for National and Community Service, DHS (FEMA/National Preparedness and Protection Directive and Civil Rights and Civil Liberties), Dept of Interior, DoJ, Dept of Labor, Education Dept and VA	Dept of Transportation, SBA, Dept of Treasury, Dept of Agriculture, VA, American Red Cross, National Organizations Active in Disasters
4	Housing	Address pre- and post-disaster housing issues and coordinate and facilitate the delivery of USG resources and activities to assist SLTT governments in the rehabilitation and reconstruction of destroyed and damaged housing, whenever feasible, and development of other new accessible, permanent housing options	HUD	DHS/FEMA, DoJ, HUD and Dept of Agriculture	Corp for National and Community Service, Dept of Commerce, Dept of Energy, EPA, HHS, SBA, U.S. Access Board, VA, American Red Cross, National Organizations Active in Disasters
5	Infrastructure Systems	Facilitate the integration of the capabilities of the Federal Government to support local, State and Tribal governments and other infrastructure owners and operators in their efforts to achieve recovery goals relating to the public engineering of the Nation's infrastructure systems	U.S. Army Corps of Engineers	Department of Homeland Security (Federal Emergency Management Agency/National Preparedness and Protection Directive), United States Corps of Engineers, Department of Energy and Department of Transportation	Department of Homeland Security, Department of Commerce, Department of Interior, Education Department, Environmental Protection Agency, Federal Communications Commission, General Services Administration, Health and Human Services, Department of Treasury and Department of Agriculture
6	Natural & Cultural Resources	Integrate Federal assets and capabilities to help State and Tribal governments and communities address long-term environmental and cultural resource recovery needs after large-scale and catastrophic incidents	U.S. Dept. of Interior	DHS/FEMA, Dept of Interior and EPA	Advisory Council on Historic Preservation, Corporation for National and Community Service Council on Environmental Quality, Dept of Commerce, Institute of Museum and Library Services. Dept of Interior, Library of Congress National Endowment for the Arts. National Endowment for the Humanities, USACE and Heritage Preservation

Recovery activities will be coordinated by a Federal Disaster Recovery Coordinator (FDRC). The FDRC will monitor response operations and offer advice when those operations may have cascading effects or impacts on recovery. The FDRC will work to ensure that recovery activities do not impede ongoing response operations. The Recovery and Response operations will be closely coordinated with the SLTT and insular area partners to prevent duplicative activities and promote efficient leveraging of resources. The FDRC will utilize existing protocols established by the Unified Coordination Group (UCG). Additionally, the FDRC will use the IAP process in use by the UCG to track short-term priorities and progress toward longer term milestones later outlined in the Recovery Support Strategy (RSS).

Figure F-1: Federal Disaster Recovery/Recovery Support Function Management Structure
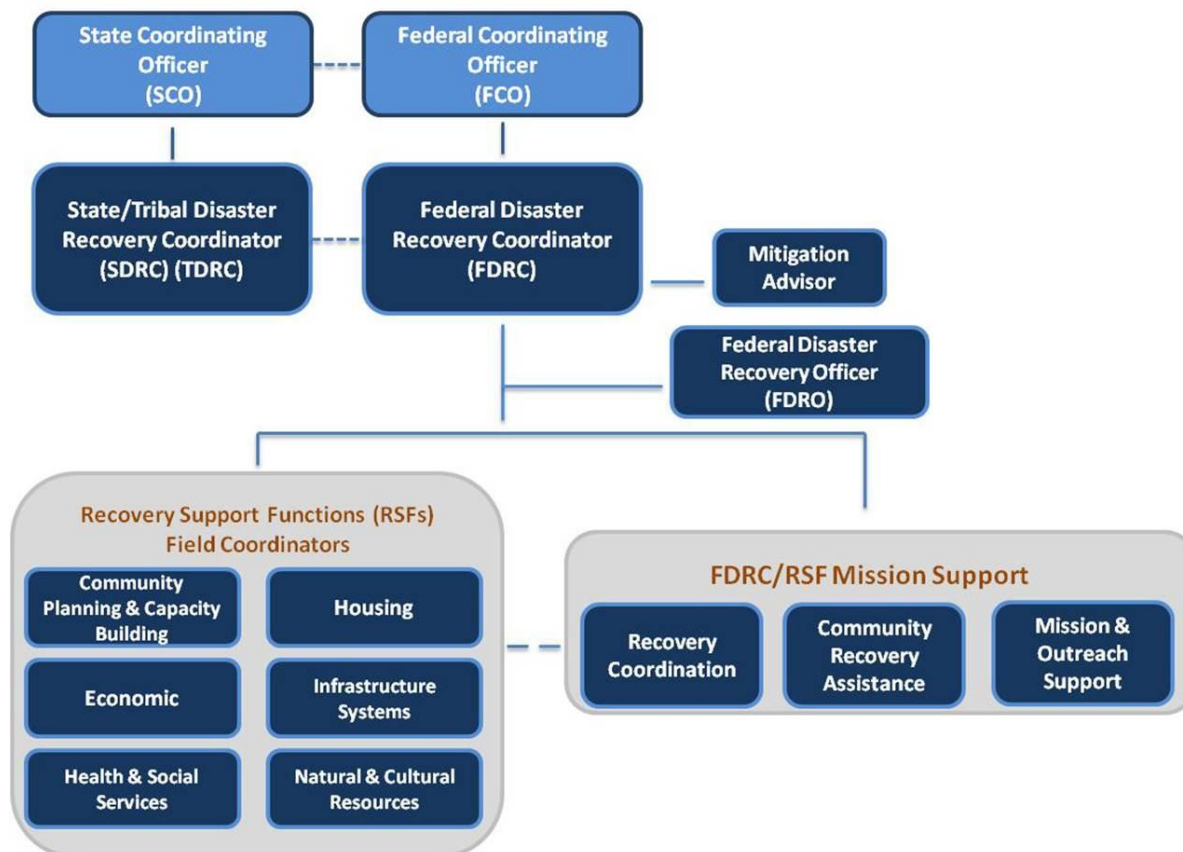
IV. Organization and Assignment of Responsibilities

A. General

1. DHS is responsible for managing the United States Government (USG) response to an event or incident.

2. The U.S. Department of Health and Human Services (HHS) supports the overall federal response to an event or incident through the five national Frameworks. HHS is the lead agency for a Public Health and Medical Services (ESF #8) response in support of DHS during an event or incident or presidentially-declared emergency. Thus, an ESF #8 response to an event or incident is directed by HHS/Office of the Secretary in support of the DHS responsibility to manage the USG response.

3. With HHS designated as the primary agency for ESF #8, CDC/ATSDR as an operating division of HHS and under the direction of the HHS ASPR, may be required to assist HHS in fulfilling specific roles and responsibilities during an emergency response and in providing supplemental assistance partners in the core functional areas of assessment of public health/medical needs.

   a. Primary ASPR responsibilities include the following:

      1) ESF #8 policy development and implementation; coordination across HHS OPDIVs

      2) Integration of federal ESF #8 assets during a public health emergency.

      3) Serves as ESF #8 Incident Manager

      4) Manages federal medical assets.

   b. Primary CDC responsibilities include the following:

      1) Health monitoring and surveillance

      2) Epidemiology and assessment

      3) Laboratory diagnostics, confirmation, support and staffing

      4) Public health response

         a) Health needs assessment

         b) Outbreak investigation/control

         c) Vector control

         d) Environmental assessment and intervention

         e) Support medical teams with CDC personnel (clinical staff as needed and appropriate, infection control, safety)

f) Worker safety

g) Stockpile procurement, management and technical assistance

5) State and local public health department financial, technical and direct assistance for preparedness and response.

6) Other specified responsibilities pertaining to DSNS operations and the Cities Readiness Initiative (CRI).

B. Response Operations

During a presidentially-declared disaster, USG response operations are guided by the National Response Framework (NRF).

1. HHS response operations are guided through the following planning documents:

   a. HHS Concept of Operations for Public Health and Medical Emergencies

   b. ASPR Field Operations Framework

   c. HHS IRCT Field Operations Guide

   1) The IRCT is an HHS forward-deployed field command and control element that will be located as close as practical to the HHS/CDC deployed resources during emergency response operations.

   2) The IRCT is a scalable organization that adjusts to the demands of an incident. The activation of the IRCT is directed by the ASPR.

   3) The IRCT is made up primarily of United States Public Health Service (USPHS) commissioned officers and augmented with permanent full-time and temporary civil service employees.   All ESF #8 assets deployed to the disaster theater of operations fall under the command and control of the IRCT.

   d. HHS IRCT CONOPs

   a) Upon deployment of an IRCT, CDC deploys (when appropriate) a CDC liaison(s) officer (LNO) and a CDC Public Health Functional Team Lead (PHFTL)

   b) The PHFTL is selected with the skills appropriate for the nature of the response (PHFTL generally provided by the lead CIO for the response). The PHTL manages federal Public Health assets operating in the disaster theater, and reports to the IRCT Operations Chief.

   c) The CDC LNO supports the IRCT leader with reach back capabilities through the CDC EOC for technical assistance from within CDC. The CDC LNO reports to the CDC EOC

and serves as the CDC IMS "eyes and ears" in the field for the response. The CDC LNO can be an Emergency Management Specialist or an SME from the lead CIO.

    d) An SNS LNO can also be deployed in support of the IRCT, as required.

2. CDC provides resources as directed by HHS or the CDC Director. Tasking details are generally found on Action Request Forms (ARFs) and Mission Assignments (MAs) issued by the Disaster Field Office (DFO) or Joint Field Office (JFO). MAs are generally routed to CDC from the HHS Incident Response Coordination Team (IRCT) through the HHS Secretary's Operations Center (SOC). Refer to Figure F-2, Federal Mission Assignments/Subtask Flow.

Figure F-2: Federal Mission Assignments/Subtask Flow
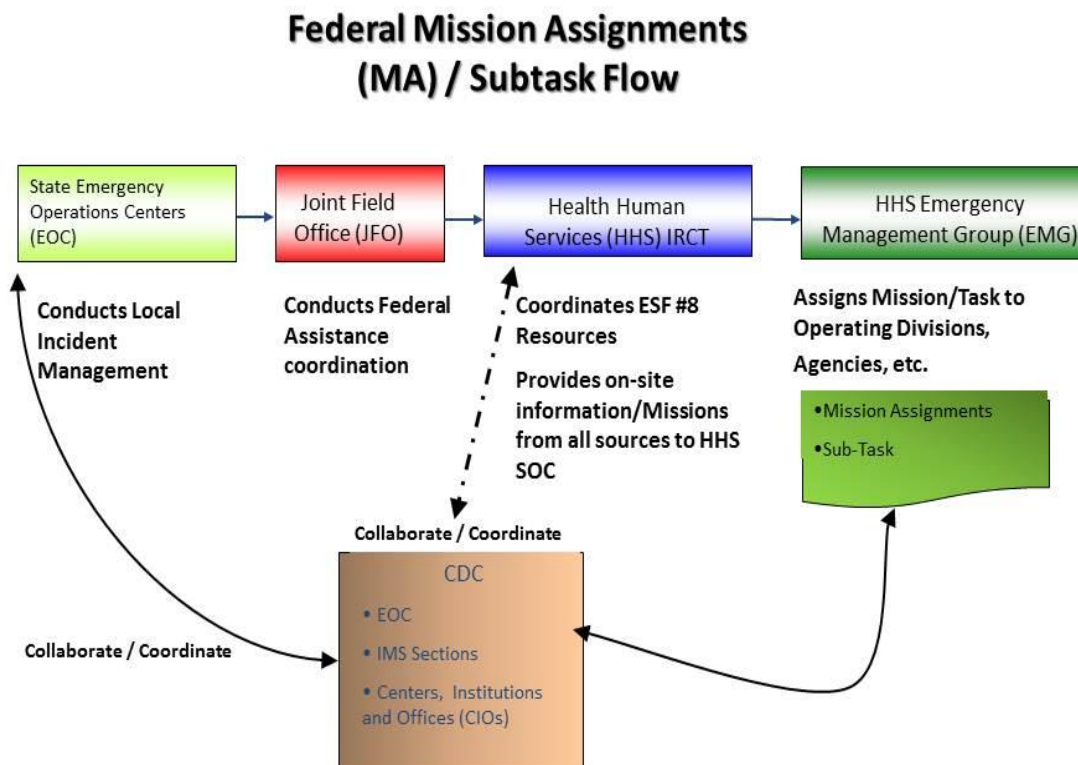
3. CDC will be prepared to deploy LNOs to and/or receive LNOs from partner and/or stakeholder EOCs. Candidates for potential LNO exchanges include ASPR, American Red Cross (ARC), World Health Organization (WHO), Pan-American Health Organization (PAHO), U.S.

Department of Defense (DoD), EPA, and USAID. The lead CIO is responsible for determining LNO skill set requirements.

C. **Recovery Operations**

The FDRC will monitor response operations and offer advice when those operations may have cascading effects or impacts on recovery. The FDRC will work to ensure that recovery activities do not impede ongoing response operations. The Recovery and Response operations will be closely coordinated with the SLTT and insular area partners to prevent duplicative activities and promote efficient leveraging of resources. The FDRC will utilize existing protocols established by the Unified Coordination Group (UCG). Additionally, the FDRC will use the IAP process in use by the UCG to track short-term priorities and progress toward longer term milestones later outlined in the Recovery Support Strategy (RSS). Recovery operations generally consist of both short-term and long-term recovery activities.

CDC participation in short-term recovery operations will generally occur using an IMS led response operating out of the CDC EOC. Long-term recovery operations generally are the responsibility of CDC programs, and will transition from an IMS led response following CDC IMS deactivation. The following mission area core capabilities are supported by CDC core capabilities:

1. Health and Social Services

   CDC, in conjunction with other HHS assets, provides a wide variety of public health services, including:

   a. public health surveillance

   b. epidemiological investigations

   c. patient registries

   d. responder safety and health

   e. toxicological evaluations/public health assessments

2. Housing

   CDC can assist SLTT public health authorities with SME assistance in determining when environmental health and safety conditions are safe for citizens to return to their homes.

3. Infrastructure Systems

   CDC can assist SLTT officials with EpiAids and public health laboratory testing.

V. Direction, Control and Coordination

MAs, subtasks, and Pre-scripted Mission Assignments (PSMAs) are centrally managed by the CDC IMS Task Tracker.

VI. Information Collection, Analysis, and Dissemination

Refer to the CDC AHP.

VII. Communications

Refer to the CDC AHP.

VIII. Administration, Finance and Logistics

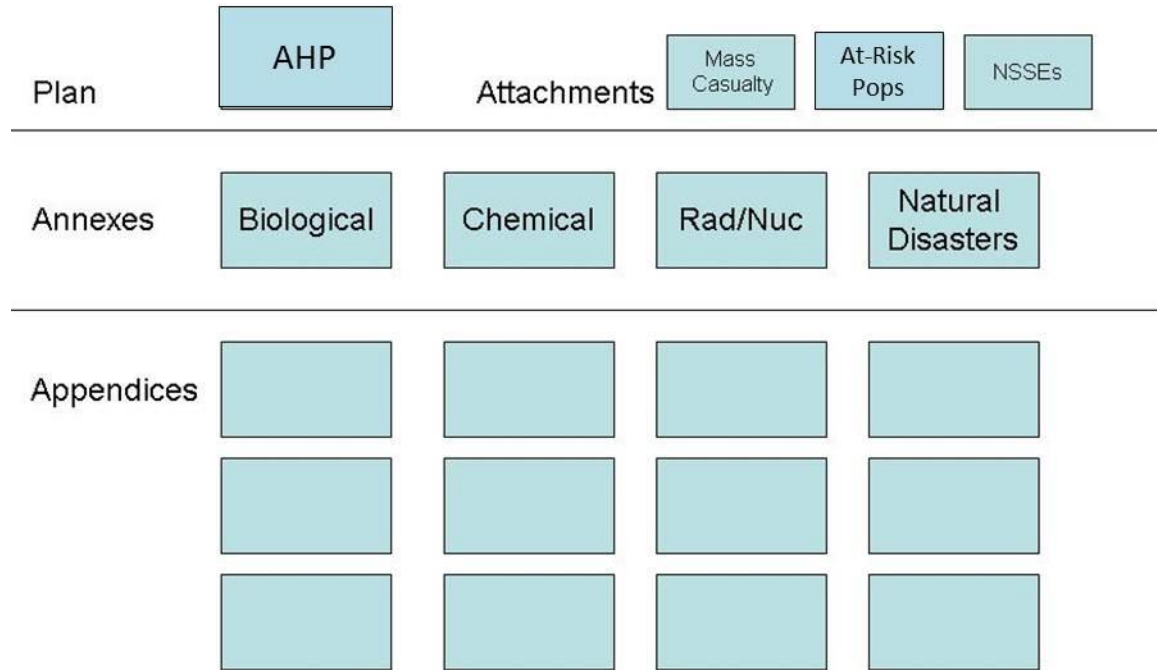Refer to the CDC AHP.

IX. Plan Development and Maintenance

As a part of the efforts required to employ the components of the National Preparedness System (NPS), periodic senior-level reviews of national preparedness will be conducted to evaluate these components. This attachment will be updated to reflect any pertinent changes to the NPS as they occur. The CDC plans hierarchy consists of a base all-hazards document and threat-specific supporting annexes and appendices. Attachments may be included to address specific areas (such as Emergency Use Authorizations) which may change based upon legislative or regulatory updates. The diagram below is shown for reference purposes only. It does not depict the actual CDC Plans Hierarchy, which, as a living diagram, is subject to change as agency priorities require.

X. Authorities and References

Refer to the CDC AHP.

Figure F-3: CDC Plans Hierarchy

Plan	AHP		Attachments	Mass Casualty	At-Risk Pops	NSSEs

Annexes	Biological	Chemical	Rad/Nuc	Natural Disasters

Appendices				

<p style="text-align:center;">Attachment G: CDC Field Assignees</p>

I. Introductory Material

Refer to the CDC AHP.

II. Purpose, Scope, Situation Overview, and Assumptions

A. Purpose

To provide guidance for the employment/deployment of CDC field assignees during a public health emergency.

B. Scope

Field assignees can serve as a valuable resource to assist in ensuring the rapid application and/or restoration of public health services to affected populations. Where available and appropriate, these CDC personnel may assist in CDC public health emergency activities. While there are several categories of field assignees, this plan is developed primarily for the utilization of Career Field Epidemiology Officers (CEFOs) during a CDC IMS activation.

C. Situation Overview

To improve responsiveness during a public health emergency, CDC can leverage the capabilities of existing personnel to enhance communication between the agency and state and local public health leaders. CDC seeks to enhance the existing strong relationships while improving public health situational awareness (SA) across the spectrum.

CDC field assignees are primarily assigned to their position(s) within the state, local, tribal or tribal (SLTT) public health entities to further the long-term public health mission of both the CDC and their partners. This partnership is unique within the federal government, and is based upon mutual trust and respect. Nothing in this plan seeks to damage this valuable relationship. While robust SA is important, it should not come at the expense of the larger long-term mission.

Certain CDC employees, under specified conditions, may be called upon to perform emergency response roles and responsibilities during a public health emergency. To prevent miscommunication or passing of inaccurate information, these employees will use their local information chains of command to clear information shared with CDC.

D. Assumptions

1. Not all CDC field assignees are positioned to be able to provide effective SA to the CDC public health response.

2. The ability of CDC field assignees to effectively accomplish their public health mission often relies heavily upon personal relationships and mutual trust.

3. Field assignees will directly communicate with their normally assigned state/jurisdictional supervisor or his/her designee during a public health emergency response.

4. Field assignees and project officers may be engaged in emergency response in their jurisdiction regardless of emergency declaration (state or federal) or IMS activation.

5. CDC field assignees are not under the direct jurisdiction of either the HHS Regional Emergency Coordinator (REC) or the Incident Response Coordination Team (IRCT).

III. Concept of Operations

The following guidelines are to be used when CEFOs are asked to provide information to the CDC EOC about emergencies or disasters that have occurred in their assigned states or neighboring states and emergencies or disasters that have affected or may affect their assigned states. The guidelines are also to be used by the CDC EOC to ensure that pertinent information is effectively communicated to CEFOs.

A. CEFO Response to a CDC EOC Request for Information

The nature and extent of information provided by a CEFO to the CDC EOC will vary with the size and complexity of the incident as well as a CEFO's assigned functional role within the incident command organizational structure of the state or local health department, and back-up responsibilities. The number of reports to the CDC EOC and participation in CDC EOC conference calls will also vary.

Actions to be taken when information is requested may include the following:

1. Obtain approval from state health officials before releasing information to the CDC EOC.

2. Decide how often information will be communicated.

3. Combine information collected from main sources to create brief reports.

4. Prioritize information.

5. Continue communication with the CDC EOC and participate as time and resources permit and according to the severity of the situation.

6. Prioritize and fulfill requests for information and attend situational briefings/conference calls commensurate with available resources.

B. Information Available

A CEFO may be responsible for several tasks. When notifications are made (by a CEFO or through a Situation Report that may include CEFO activities), the information provided may include the following:

1. <u>Nature of the event</u> – e.g., area of operation/site of emergency; multiple jurisdictions affected; severe weather warning that is likely to cause widespread damage, injury, and/or death; incident/threat is being handled by local authorities; reduction of public or emergency services; threats to public safety; and urgent missions currently under way or planned.

2. <u>Predictions, if known</u> – e.g., the event is likely to require activation of the State EOC and/or local EOCs, outside assistance may be needed, may require significant state response, and risks forecasted to life and property.

3. <u>Actions being taken in preparation for, response to, or recovery from the event</u> – e.g., collecting, compiling, and evaluating data to assess the overall impact and magnitude of the incident; serving as Operations Chief and attending meetings of key staff, pertinent conference calls, and state/local EOC briefings; serving as direct liaison to the command structure and monitoring all requests from command; participating in action planning meetings; preparing daily Situation Status Report; assisting with local mass care; providing basic medical care to animals in affected area; working with local emergency medical services in treating the injured; coordinating with volunteer agencies involved in local disaster operations; facilitating mobilization of federal medical resources; supporting local health departments in response to actual releases of hazardous materials; relaying information regarding county operations; supporting state and local emergency operations with flood control and protective measures; conducting assessments of special populations; and assessing short- and long-term public health effects of the incident.

4. <u>Assistance needed</u> – e.g., CDC assessment teams, federal medical resources, Epi-Aid investigations, infrastructure support, and assistance with interstate mutual aid agreements.

5. <u>Anticipated/recommended schedule for updates to the CDC EOC</u> – e.g., once daily or more or less frequently depending on the severity of the situation (e.g., escalation of an existing incident), available resources, and the stage of an event.

IV. **Organization and Assignment of Responsibilities**

CDC Field Assignees remain under the terms of their Agreement to Detail and other duty requirements as assigned.

V. **Direction, Control, and Coordination**

CDC Field Assignees remain under the terms of their Agreement to Detail and other duty requirements as assigned. Established chain of command remains in effect and is not superseded by this plan.

VI. **Information Collection, Analysis, and Dissemination**

Refer to the CDC AHP.

VII. **Communications**

During all phases of an event, CDC EOC staff will provide relevant situational updates to CEFOs in affected states and identify circumstances when information sharing should occur. Incident information may be conveyed electronically or verbally:

   A. CDC email account.
   B. Designated location on the CDC Emergency Operations Management System (EOMS) website.
   C. By telephone or mobile device.

VIII. **Administration, Finance, and Logistics**

   A. **Administration**

      1. Field Staff

         Field staff refers to civil service, Title 42, and Commissioned Corps employees of CDC/ATSDR who are assigned through an official personnel action to a position with specific duties and responsibilities at a designated grade, rank, or level to a designated location within the organizational structure of a host agency or at a CDC remote or satellite workplace. Field staff positions may also be filled by individuals receiving compensation through a contractual arrangement directly with CDC/ATSDR. Field staff are further categorized according to work place and duties.

a. **Category 1 field staff:** CDC/ATSDR staff or contractors assigned to work in duty stations within state or local health agencies, or other nonprofit public health organizations. Category 1 includes staff provided through direct assistance (DA) and CDC/ATSDR employees "detailed" under the authority of the Public Health Services Act (42 USC 215) or the Inter-Agency Personnel Act (IPA) (5 USC 3372).

b. **Category 2 field staff:** CDC/ATSDR staff assigned to U.S. federal agencies (including HHS offices and operational divisions) and domestic national nongovernmental partner organizations. Category 2 field staff operate primarily in a liaison role to conduct activities fully within CDC/ATSDR's functional scope.

c. **Category 3 field staff:** CDC/ATSDR staff assigned to CDC offices overseas.

d. **Category 4 field staff:** CDC/ATSDR staff assigned to ministries of health, multilateral organizations, or international nongovernmental organizations both in the United States and overseas.

e. **Category 5 field staff:** CDC/ATSDR staff in formal training and fellowship programs (e.g., Epidemic Intelligence Service [EIS], Preventive Medicine Residency/Fellowship [PMR/F], Public Health Prevention Service [PHPS], Public Health Associate Program [PHAP], or Public Health Informatics Fellowship [PHIF])* designed to provide mostly new graduates in various disciplines the opportunity to work and learn in public health programs both at CDC and in health agencies across the country and abroad. Fellows in EIS and PHIF also provide technical assistance to state, local, and international health agencies through Epi-Aids (epidemiologic assistance) and Info-Aids (informatics assistance). These placements are focused on leadership, practice, and applied health sciences and they are limited in duration.

   The Presidential Management Fellow (PMF) Program is not included here because it typically does not place fellows in the field. However, fellows may request a waiver to do a rotation in a field assignment with a state or local health agency, rather than at a federal government site.

f. **Category 6 field staff:** CDC/ATSDR staff assigned to CDC/ATSDR remote or satellite workplaces (e.g., overseas assignees, quarantine stations, and the Vessel Sanitation Program).

2. Embedded Staff

Field staff is considered to be **embedded** in the organizational structure of a host agency if:

a. Their official duty stations are located in office space provided by a host agency and their duty assignments are jointly supervised by staff of the host agency and CDC/ATSDR employees. That is, field staff are considered to be embedded if they:

1) are assigned to spend 50% or more of their time physically located in a non-CDC/ATSDR agency or organization's space for a period of 6 months or longer *and*

2) occupy a position or fulfill a job function of the host organization by being assigned specific duties and responsibilities at a designated grade, rank, or level at a designated location within the organizational structure of a host agency and being engaged primarily in activities that are normally under the purview of that organization *and/or*

3) are on site to provide significant leadership, advice, and/or guidance to staff of the host organization to build the host agency's capacity to achieve its long term goals.

IX. Plan Development and Maintenance

Refer to the CDC AHP.

X. Authorities and References

Refer to the CDC AHP.

Attachment H: CDC Emergency Management Training Program

I. Goals and Objectives

The foundation of any emergency management program is a cadre of well-trained and qualified personnel. The CDC maintains an active internal Emergency Management Training Program (EMTP), the **goal** of which is to develop, deliver, and leverage appropriate preparedness and emergency response education and training in safety, security and all hazards topics to best prepare the CDC public health workforce.

The CDC's EMTP represents an internal system of policy, training needs assessments, core and specialized curriculum, training evaluation, and training records management.

CDC's EMTP is administered by the following organizational units, whose missions/objectives and roles are specified below:

A. The **CDC University (CDC-U)** was established in 1999, and its **mission/objective** is to "*provide continuous learning and professional development opportunities to develop and sustain a capable, competent workforce in support of CDC-U's mission.*" CDC-U courses are organized and structured by core functional areas that correspond to CDC-U's six schools, one of which is the **School of Preparedness and Emergency Response** (SoPER). The School offers training and education to individuals involved in terrorism preparedness and emergency response. Instructional offerings are aligned with the CDC Preparedness and Emergency Response functional competencies, which target the requisite knowledge and skills for an effective emergency response across multiple job series.

B. The **Learning Office (LO)** and the **Plans, Training, Exercises, and Evaluation (PTEE) Branch** / Division of Emergency Operations (DEO) within the **Office of Public Health Preparedness and Response** (OPHPR) provide funding for, and strategic consultation and technical assistance to, CDC-U/SoPER on evidence-based approaches, assuring a sustainable, competent public health workforce to address health security threats. The **mission/objective** of the LO is to "*develop and execute CDC's preparedness and response learning strategy; with oversight and coordination*

responsibilities related to analysis, design, development, implementation, and evaluation of workforce development programs that target both internal CDC responders, and external public health audiences."

The **mission/objective** of the Training Team within the PTEE Branch is to *"develop the individual, staff and collective training for response plans."* In coordination with the LO, the Training Team incorporates preparedness and response training requirements intended to meet the needs of EMP officials and emergency management staff into the annual training plans of CDC's National Centers, Institutes and Offices (CIOs).

C. CDC's **Office of Safety, Security, and Asset Management (OSSAM)** serves as CDC's lead organizations for internal agency security and employee health and safety. The majority of mandatory training courses on employee health and safety, and agency response and security originate from this office. OSSAM's **mission/objective** is to *"to provide a safe, secure, functional, and healthy workplace environment for CDC staff while ensuring environmental stewardship and appropriate management of agency assets."*

II. Situations and Assumptions

A. Situation

1. The CDC Emergency Management Training Program includes both internal and external subject matter experts (SME) to serve as faculty for training courses.

   a. Internal training faculty includes **scientific SMEs** from across the agency in the areas of Bioterrorism Agents, Chemical Agents, Radiological/Nuclear Threats, Natural/Environmental Disasters, and Pandemic Flu Planning and Response.

   b. Additional internal (to CDC) training faculty includes **preparedness/response SMEs** on the topics of Emergency Operations for Planning, Logistics, Operation, Risk Communications, National Incident Management System (NIMS), continuity of operations, agency security, and employee health and safety.

   c. External training faculties include **governmental partners** from the Federal Bureau of Investigations (FBI) and Federal Emergency Management Agency (FEMA); and **contracted**

faculty from external agencies (e.g., the Georgia Public Safety Training Center, The Command Training Group, and Ascenttra, Inc.), who teach certified FEMA and DHS courses for CDC audiences.

2. CDC-U/SoPER solicits bids from external training vendors in accordance with the Federal Acquisition Regulations (FAR). Vendors selected to provide ICS training teach according to FEMA Guidelines.

3. Internal training requirements, surge staffing needs, results from training needs assessments, and input from CDC Emergency Coordinators (key agency officials) influence the annual CDC-U/SoPER training calendar, course listings, frequency, and dates.

4. CDC has a documented Public Health Preparedness and Response (PHPR) Plans, Training, and Exercises Program which is updated annually, and vetted and verified by the CDC Emergency Coordinators, senior leaders in response, and federal training partners in Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), and FEMA.

B. Assumptions

1. "*Key Public Officials*" refers to the CDC Director and the CDC Senior Leadership Team.

2. "*Key Agency Officials*" refers to CDC Emergency Coordinators (EC) who are preparedness/response SMEs that function as liaisons to OPHPR and the EMTP, representing all Centers, Institute, and Offices (CIOs) from across CDC.

3. CDC will continue to use NIMS to prepare its workforce to effectively respond to public health emergencies and to promote compliance with established federal directives and agency policy regarding the implementation of NIMS.

4. Responders will continue to receive agency and job-specific training as assigned/approved by their supervisors and in accordance with their CDC Responder Training Tier and agency needs and requirements.

5. Scheduling of internal SME training faculty will be handled primarily through CDC-U/SoPER with support from OPHPR.

6. Information, suggestions, and recommendations gathered from the 2012 OPHPR Responder Workforce Training Needs Assessment, the 2013 CDCU Training Needs Assessment, DEO After Action Reports from exercises/events, and input from Key Agency Officials (EC's) will guide and prioritize the development of future training courses, exercises, and activities.

II. Concept of Operations

A. Public Health Policy

Training which addresses legislative requirements, as stated in section 319F(d) of the Public Health Service (PHS) Act (42USC and 247d-6(d), as amended by the *Pandemic and All-Hazards Preparedness Reauthorization Act* (PAHPRA), and reiterated in the *National Health Security Strategy (Dec 2009),* is part of a plan to improve the nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental or natural.

Per **Homeland Security Presidential Directive (HSPD) 5** (2003), **Management of Domestic Incidents**, all Federal departments and agencies are required to adopt National Incident Management System (NIMS). The *Federal Emergency Management Agency's (FEMA) Five-Year NIMS Training Plan* outlines requisite NIMS training for Federal, State, local, and tribal government. CDC adopted NIMS training requirements in 2007, and defined them in the *CDC Surge Staffing During Emergency Responses Policy* (CDC Policy #544; 2009). These training requirements have been interpreted for the CDC workforce through the use of responder training tiers, and are monitored, analyzed, and reported by the LO/OPHPR.

Federal priorities for investments in education and training for public health preparedness were established, implemented, and evaluated under PAHPRA **(Section 304) and the** HSPD 21 which

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established the **Federal Education and Training Interagency Group (FETIG),** an interagency coordinating body for core competencies and education and training standards across Federal departments and agencies [et al], in relation to public health emergency and disaster response. The LO/OPHPR represents CDC as a member of the FETIG and utilizes their strategic consultation to inform activities related to planning and implementation of core curriculum initiatives and competency-based training for CDC responders.

B. Training Needs Assessment

CDC used both formal and informal training needs assessments to develop its annual training plans. They are summarized below:

1. OPHPR Responder Workforce Training Needs Assessment (RTNA)

   Dates: Between October 2012 and January 2013.

   Methods: Key Informant Interviews with Incident Managers and senior leaders in response; 8 focus groups with front line responders in the EOC, those deployed to the field, and with Key Agency Officials.

   Results: Executive Summary, Methods, Summary of Findings and Recommendations will inform needs for new/revised targeted training, specific to responder roles, delivery method and content. Report will be shared agency-wide via presentations, online postings, and report distribution.

   Frequency: Every 5 years

2. CDC-U Agency-wide Training Needs Assessment (TNA)

   Dates: Distributed to all FTEs on March 1, 2013

   Methods: online survey, and was open for two weeks.

   Results: The survey addressed employees' career development plans as related to the six Schools that make up CDC-U, including the School of Preparedness and Emergency Response. Findings will be shared with emergency coordinators in the CIOs, and will be used to inform Request for Proposals (RFPs) for future fiscal years.

   Frequency: Every 3 years

3. OPHPR Plans, Training, Exercise and Evaluation Program

Dates: October and February

Methods: 3-hour workshop with participation by key leaders in response, Key Agency Officials in CIO Emergency Coordination roles, and preparedness response colleagues from FEMA, HHS, and ASPR. During this workshop CDC plans, training and exercise needs for the coming year are assessed, discussed, verified and vetted.

Results: Formal documented PHPR Plans, Training, Exercise and Evaluation Program

Frequency: Two time per year in the Fall and Spring.

4. OPHPR Corrective Action Process

The *Procedures and Public Release Policy for After Action Reports, Improvement Plans, and Corrective Action Programs* establishes procedures, and general information for after action reports (AARs), improvement plans (IPs), and corrective action programs (CAPs), which are developed following CDC responses to CDC-wide exercises and emergency response events. Corrective actions identified in the corrective action process are used to revise relevant training.

C. Training Program Management

1. Scheduling

a. CDC-U, SoPER schedules training in accordance with fiscal year (FY) priorities, in consultation with OPHPR/LO, DEO Plans Unit, PTEE Branch, OSEP, OSHE and Key Agency Officials.

b. OSEP and OSHE continuously offer training related to safety and security based on agency policies and procedures, response events, and employee requirements.

c. Core and specialized trainings are scheduled annually to ensure new staff receives required training, and veteran staff are able to refresh their knowledge.

2. Responder Roles/Tiers

a. CDC requires all employees to self-identify their CDC Responder Training Tier. The tiers align with required NIMS training and are described below:

Table H-1: CDC Responder Training Tiers

Tier	Description	NIMS Courses Required
Tier 1	Employees NOT routinely assigned to the CDC EOC or Deployed to the Field	IS-700
Tier 2	Employees assigned to CDC EOC	Tier 1 + IS-100 + IS-200 + IS-800
Tier 3	Employees with potential deployment to the field	Tiers 1 and 2 + ICS-300
Tier 4	Employees with leadership and liaison roles in the CDC Incident Management System, field deployments, and other federal EOCs	Tiers 1, 2, and 3 + ICS-400

b. OPHPR tracks agency-wide NIMS compliance two times per year.

(** see page 9, section* II.D.5 below *for more information*)

c. In addition to NIMS, CDC response staff shall receive and maintain training consistent with their current and potential emergency preparedness and response role and duties.

3. **Training Methodology**

CDC-U and their contracted training vendors use the "ADDIE" model of instructional design, with a focus on analysis, design, development, implementation and evaluation.

4. **Career Track**

The newly established 0089 Emergency Management Specialist job series (*US Office of Personnel Management,* September 2012) will influence availability of more specialized training. The agency will identify more resources to support the career track and professional development for this new role at CDC.

5. Evaluation

Evaluation of training effectiveness is a priority for CDC-U and preparedness and emergency response stakeholders. CDC-U conducts course audits annually in order to assess students' satisfaction and learning. Analysis of class rosters, classroom observations, and post course meetings (e.g., hot washes) are frequently used as part of evaluation efforts. CDCU staff, trainers and CIO SMEs meet routinely to evaluate course content, relevance, validity and applicability. Course revisions are based on the latest scientific research and/or program policy, and instructors are advised to review and revise course content as needed in order to deliver the most current information. Contracted vendors are also evaluated on their instructional effectiveness in comparison with [Gagne's Events of Instruction](). The LO/OPHPR has dedicated evaluation staff available to provide strategic consultation and technical assistance on evidence-based approaches to training evaluation on an as-needed basis.

6. CDC-U, SoPER Course Offerings

Core Course offerings:

- *Advanced Incident Command System (ICS–400)* (Classroom)
- *CDC Emergency Operations Center Orientation (Online)*
- *CDC Field Deployment (Online)*
- *CDC's Role in Emergency Response (Online)*
- *Crisis and Emergency Risk Communication (CERC): Advanced* (Classroom)
- *Crisis and Emergency Risk Communication (CERC): Basic* (Classroom)
- *Emergency Operations Center (EOC) 101* (Classroom)
- *Emergency Operations Center (EOC) 102* (Classroom)
- *Emergency Support Function (ESF) #8: Public Health and Medical Services (IS-808)*
- *Homeland Security Exercise and Evaluation Program (HSEEP)* (Classroom)
- *Homeland Security Exercise and Evaluation Program Refresher (*Classroom*)*
- *Homeland Security National Planners Course* (Classroom)
- *ICS for Single Resources and Initial Action Incidents (IS–200.b)* (Online)
- *Intermediate Incident Command System (ICS–300)* (Classroom)

- *Introduction to Incident Command System (IS–100.b)* (Online)

- *National Incident Management System: An Introduction (IS–700.a)* (Online)

- *National Preparedness Leadership Initiative (NPLI)* (Classroom)

- *National Response Framework, An Introduction (IS–800.b)* (Online)

- *Public Health Readiness Certificate Program* (Classroom)

Specialized/All-Hazards Training course offerings:

- *An Orientation to Community Disaster Exercises (IS-120.a)* (Online)

- *Awareness Level Chemical Course for CDC Response Personnel*

- *Environmental Health Training in Emergency Response (EHTER)* (Classroom)

- *FBI/CDC Joint Criminal and Epidemiological Investigation Course* (Classroom)

- *Injury Response* (Online)

- *Overview of Biologic Terrorism Agents* (Online)

- *Public Health Emergency Law* (Online)

- *Public Health Response to Radiological and Nuclear Threats (Online)*

- *Ready, Set, Surge! Fundamentals of Responding to a Public Health Emergency at U.S. Ports of Entry (Online)*

Security Training course offerings:

- *Advanced Security Overseas Seminar (MQ 912)** (*Online)

- *Annual National Security Training (Online)*

- *CDC Security Awareness Training* (required annually) Online

- *Defensive Driving for Government Employees* (Online)

- *Preparing for Work Overseas (PFWO)* Classroom

- *Security Overseas Seminar (MQ 911)*** Classroom

- *Staying Safe and Well Overseas (*Online)

- United Nations (UN) Advanced Security in the Field (Classroom)

- UN Basic Security in the Field (Classroom)

** US Department of State Course offering

Safety Training course offerings:

- *Counter Intelligence and Foreign Travel Safety Briefing (*Classroom*)*
- *Counter Intelligence Refresher (*Online or Classroom*)*
- *Deployment Health and Safety* (Online)
- *Deployment Health and Safety Training Module Series-All Hazards* (Online)
- *Deployment Safety and Resiliency Team (DSRT) Member Training* (Classroom)
- *Mental Health Issues in Emergency Response* (Online)
- *Occupant Emergency Plan (OEP) Training (*Classroom and Exercise*)*
- *Safety Survival Skills Part 1, General Responsibilities (*Online or Classroom*)*

D. Training Records Management

Employee training records for core, specialized and mandatory training related to Preparedness, Response, Safety and Security are maintained electronically in various databases for all personnel in accordance with established requirements for federal agencies (e.g., National Archives and Records Administration (NARA).

1. HHS Learning Portal

The HHS Learning Portal is the agency's learning management system and serves as the platform where most employee training activity is initiated, processed, and tracked. CDC-U annotates individual's training records through individual accounts in the HHS Learning Portal. Employees and their supervisors can access their personal transcripts in the HHS Learning Portal and view courses completed. Transcripts of Training Records include:

a.   Course Title

b.   Version

c.   Delivery Type

d.   Registration Date

e.   Completion Status/Certificate

f.   Date Marked Complete

g.   Marked Complete by (staff)

  h.   Score

  i.   Grade

  j.   Duration

  k.   Credits (continuing education)

  l.   Action

2. **FEMA/Emergency Management Institute (EMI)**

CDC employees must use FEMA's **Emergency Management Institute** (EMI) to access and complete required NIMS online courses (e.g., ICS 100, 200, 700, 800). FEMA maintains their own electronic database of records (in accordance with established NARA guidelines) which can be accessed by individuals upon request.

3. **CDC Neighborhood**

CDC Neighborhood is the agency's employee database, where CDC staff are required to maintain an up-to-date employee profile and update their Emergency Operations Profile, which includes completion of NIMS training and other responder training. CDC Neighborhood is an important emergency preparedness and response tool that helps ensure the accuracy of information used for CDC emergency preparedness and response operations. Specifically, employees must document:

  a. Interest in CDC Responses and Exercise Activities (EOC support, field deployment or both)

  b. Selection of CDC Responder Training Tier

  c. Self-reported deployment training courses and dates

The purpose of this documentation is two-fold--OPHPR's Learning Office uses data from CDC Neighborhood to prepare annual reports on Agency-wide NIMS training compliance by CDC Responder Training Tiers. (* see II.D.5 below) The Division of Emergency Operations' Emergency Personnel Staffing Section uses this information to manage field deployments and IMS desk staffing during an agency response. CDC Neighborhood will maintain the individual's training record until their departure from the agency.

4. Contract Vendors

For courses sponsored and presented by contracted vendors, both CDC-U and these agencies maintain participants' training records. In addition to information saved in the HHS Learning Portal, contracted agencies must maintain the following:

a. Course rosters and daily sign-in sheets

b. Types of training course(s) offered

c. Completion of course prerequisites

d. Pre- and post-test scores of course exams/assessments

e. Names and qualifications of trainers

5. NIMS Training Compliance Reports*

The LO monitors, reports and promotes NIMS training compliance by CDC Responder Training Tiers 1-4 for all FTE employees two times per year. The training analysis and reporting methodology provides percentages of compliance by CDC Responder Training Tier across all CIOs as well as identifies each employee, their responder training tier, and compliance at that tier. CDC Neighborhood, the agency's employee database, serves as the data source for the report. The accuracy of the report is dependent upon employees self-selecting the appropriate response tier within their CDC Neighborhood profile and also indicating which NIMS courses they have completed. Unless otherwise indicated, all employees default to Responder Tier 1 (e.g., Personnel who, in the event of a public health emergency, will not be working within the CDC Emergency Operations Center (EOC) or who will not be sent out to the field as responders.) These reports are reviewed by supervisors who are responsible for follow up with "non-compliant" personnel.

III. Emergency Preparedness and Response Training Resources for External Audiences

CDC works collaboratively with public health partners (state/local public health, non-profit organizations, foundations and academic institutions) to provide funding for the development and delivery of competency-based training programs in emergency preparedness and response. These resources are made available to the general public through the external CDC website (http://emergency.cdc.gov/). For more information see examples of these resources below.

Project: Preparedness and Emergency Response Learning Centers (PERLC)

Funding Source: The Learning Office (LO) OPHPR

Summary: The PERLC serve in a national capacity to meet preparedness and response training and education needs of the U. S. public health workforce. The PERLC provide competency-based training to state, local, tribal and territorial public health authorities within defined service areas and provide specialized consultation and resources for partners on request. PERLC are acknowledged for their unique capacity to adapt and tailor preparedness training and exercises to meet stakeholder requirements.

Website: http://www.cdc.gov/phpr/perlc.htm and http://www.cdc.gov/learning/archive/emergency-preparedness.html

Project: The Meta-Leadership Summit for Preparedness Initiative (MLI)

Funding Source: The LO/OPHPR in partnership with the CDC Foundation, the Robert Wood Johnson Foundation and the National Preparedness Leadership Initiative-Harvard School of Public Health (NPLI)

Summary: The MLI was implemented to better prepare business, government and non-profit leaders to work effectively together during a public health or safety crisis. From 2006 through 2012, initiative partners organized and hosted 36 Summits across the country, training 5,000 business, government and nonprofit leaders in meta-leadership concepts. The Meta-Leadership Summit Resource Center provides templates, samples, idea starters and videos that may help initiate or continue meta-leadership activities in communities.

Program Website(s): http://www.cdc.gov/phpr/training/meta-index.htm

MLI Resource Center website: http://www.cdcfoundation.org/meta-leadership

Project: CDC Learning Connection (LC)

Funding Source: CDC Office for Surveillance, Epidemiology and Laboratory Support (OSELS)

Summary: The CDC Learning Connection was established in November 2010 to provide a centralized location for e-learning, training information, and other public health learning resources for public health audiences and the general public. OPHPR supports OSELS and the CDC LC by providing a list of

online learning products, resources and social media specific to all-hazards approaches to emergency preparedness and response.

Website: http://www.cdc.gov/learning/archive/emergency-preparedness.html

Attachment L: Acronyms, Abbreviations, and Glossary of Terms

Acronyms not listed in the glossary below can be found in the CDC AHP acronym master list, ACRONYM MASTER LIST (ON EOMS).

Acronym	Meaning	Definition
AAR/IP	After Action Report/Improvement Plan	The AAR/IP has two components: an AAR, which captures observations made during an incident and makes *recommendations* for improvements; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. https://hseep.dhs.gov/DHSResource/Glossary.aspx
AHP	All-Hazards Plan	An over-arching emergency preparedness and response plan. Serves as the base plan to guide all agency/jurisdictional emergency preparedness and response planning. Developed to mitigate, respond to, and recover from a natural disaster or emergency that threatens people, property, business or the community. The plan identifies persons, equipment and resources for activation in an emergency and includes steps to coordinate and guide the response and recovery efforts. Often referred to as an Emergency Operations Plan (EOP).
ARC	American Red Cross	The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies. http://www.redcross.org/services/govrel/0,1082,0_193_,00.html
ARF	Action Request Form	FEMA form to document a State's need for assistance.
ASPR	Assistant Secretary for Preparedness and Response	Office within HHS that is responsible for managing and coordinating federal health, medical and health-related social services and recovery to major emergencies and federally-declared disasters, including natural and technological disasters, major transportation accidents, and terrorism.
A-Team	Advisory Team for Environment, Food, and Health (Advisory Team	The A-Team provides advice on environment, food, and health matters will be provided to the lead federal agency. It consists of representatives from the EPA, HHS, and USDA supported by other federal agencies, as warranted by the circumstances of the emergency. The primary role of the Advisory Team is to provide a mechanism for timely, interagency coordination of advice to the lead federal agency, states, and other federal agencies concerning matters related to environmental assessments and recommendations regarding: • Protective actions to prevent or minimize contamination of milk, food, and water (including potable, recreational, and other sources/uses) and to prevent or minimize exposure through ingestion or inhalation of contaminated water.

		• Disposition of contaminated livestock and poultry. • Minimizing losses of agricultural resources, such as the availability of food, animal feed, and water supply. • Relocation, reentry, and other radiation protection measures prior to recovery. • Recovery, return, and cleanup issues. • Health and safety advice or information for the public and for workers. • Estimate effects of radiological releases on human health and environment. • Guidance on the use of radio-protective substances (e.g., thyroid blocking agents), including dosage and projected radiation doses that warrant the use of such drugs.
ATSDR	Agency for Toxic Substances and Disease Registry	An agency of HHS whose mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances.
	BioSense	A CDC syndromic surveillance system designed to provide ongoing, systematic collection, management, analysis, interpretation, and dissemination of health-related data. Surveillance Systems collect and monitor data for disease trends or outbreaks so that public health personnel can protect the nation's health.
CAN	Common Accounting Number	Accounting number provided by the Financial Management Office to facilitate centralized management of the response to a declared emergency from the Director's Emergency Operations Center (EOC).
CAP	Corrective Action Plan	Corrective actions are the concrete, actionable steps outlined in Improvement Plan (IP's) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events. https://hseep.dhs.gov/DHSResource/Glossary.aspx
CDC	Centers for Disease Control and Prevention	The HHS OPDIV serving as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
CDC EOC	CDC Emergency Operations Center	The CDC EOC is located on the Roybal Campus that serves as the central incident management and control facility for the CDC from which strategic response activities are carried out. It is the focal point for organizing and coordinating all aspects of CDC's emergency response effort, including supporting the staff, information, and other assets and logistics associated with CDC's preparedness and response to public health disasters, emergencies,

		disease outbreaks, and investigations. During normal day-to-day operations, CDC EOC core staff report to the Director through the Division of Emergency Operations, Coordinating Off ice for Terrorism Preparedness and Emergency Response. During public health emergency response operations, staff from across CDC that staff the CDC EOC report directly to the Director or appointed designee. All agency emergency preparedness and response activities will be performed in a coordinated manner through the CDC EOC and in accordance with the AHP.
CEFO	Career Epidemiology Field Officer	Through the CEFO Program, CDC epidemiologists are assigned, by request, to state, local, or territorial public health departments to help strengthen their epidemiologic capacity and public health preparedness.
CGH	Center for Global Health	CDC Office whose mission is to improve health worldwide by providing leadership, coordination, and support for CDC's global health activities in collaboration with CDC's global health partners.
CONOPs	Concept of Operations	Section of the Appendix that provides the sequence and scope of the planned incident response, i.e., what should happen, when, and at whose direction.
COOP	Continuity of Operations Plan	Plans and procedures to ensure survival of essential functions in the aftermath of event or incidents, such as natural disasters, terrorist attacks, technological emergencies, or other situations that could disrupt operations. In the case of the CDC and ATSDR, COOP plans and procedures outline measures that each agency should take to continue performing or to rapidly restore minimum essential critical functions or operations during and after a severe emergency. In the event that the primary CDC Director's Emergency Operations Center is not available for use or has to be evacuated, the first alternate site is located on Roybal Campus. For incidents requiring evacuation of the Roybal Campus, alternate Continuity of Operations Plan (COOP) sites are located in Warner Robbins, GA, and Lawrenceville, GA.
DCCPR	Division of Commissioned Corps Personnel Readiness	Formerly OFRD (Office of Force Readiness Deployment), created by the Office of the Surgeon General in 1994, the DCCPR serves to improve the HHS ability to respond to public health emergencies. http://oep.osophs.dhhs.gov/ccrf/ccrf_essentials.htm
DCHI	Division of Community Health Investigations	ATSDR's Division of Community Health Investigations plans and manages regional operations and conducts health assessments, health consultations, and other public health activities to determine the health implications of releases and threatened releases of toxic substances.

DCIR	Director's Critical Information Requirements	DCIR identify the information needed by the Director to support visualization of the operation in order to make critical decisions regarding CDC's preparation for and response to the event. DCIR may include disease outbreaks that are above the base line for the seasonal or geographic norm, H5N1 human to human transmission, any chemical, biological, nuclear or radiological, natural hazard/threats or events, media interest for any accidental or intentional agent or toxin release/use, vaccine adverse effects resulting in death, report food borne illness resulting in large numbers affected, accidental death/injury if CDC personnel, request for use of CDC contract aircraft, and report request for SNS push package.
DEHHE	Division of Environmental Hazards and Health Effects	The Division of Environmental Hazards and Health Effects studies the relationship between human health and the environment to develop national public health programs and policies to prevent disease. Branches and programs include the Air Pollution and Respiratory Health Branch (APRHB), Climate and Health Program (CHP), Environmental Health Tracking Branch (EHTB), Health Studies Branch (HSB), and Radiation Studies Branch (RSB). http://www.cdc.gov/nceh/ehhe/
DEO	Division of Emergency Operations	The Division of Emergency Operations (DEO) is responsible for overall coordination of CDC's preparedness, assessment, response, recovery, and evaluation prior to and during public health emergencies. The DEO has overall responsibility for the CDC Emergency Operations Center (EOC) which maintains situational awareness 24/7/365 and is the centralized location for event management when activated. http://intra-apps.cdc.gov/od/otper/DEO/default.asp
DEST	Domestic Emergency Support Team	A rapidly deployable interagency team that provides on-scene capabilities during the federal response to a domestic terrorism incident. Participation in the DEST is limited to those agencies required to respond to the specific incident. The DEST includes elements for specific types of incidents, such as nuclear, or radiological, chemical, and biological threats.
DHQP	Division of Healthcare and Quality Promotion	DHQP focuses on healthcare processes and outcomes, health care-associated infections, antimicrobial resistance, adverse events (such as drug side effects and medical errors) affecting patients and health care personnel, and the health care environment. The division also develops and evaluates interventions, systems, and guidelines to improve healthcare.
DHS	Department of Homeland Security	DHS is the lead federal agency for domestic incident management and is responsible for coordinating federal operations within the U.S. to prepare for, respond to and recovery from terrorist attacks,

		major disasters, and other emergencies. http://www.dhs.gov/xabout/structure
	Disaster	See Major Disaster
	Disaster Welfare Information System	A system operated by the American Red Cross in accordance with ESF #6 of the Federal Response Plan to collect, receive, and report the status of victims and assist family reunification after the occurrence of a disaster.
DLS	Division of Laboratory Services	NCEH's Division of Laboratory Sciences provide unique laboratory science that improves the detection, diagnosis, treatment, and prevention of diseases resulting from exposure to toxic chemicals in the environment and selected other diseases that need advanced laboratory measurement for accurate diagnosis. In addition, the lab provides measurements that improve the rapid and accurate detection and diagnosis of chemical threat agents (chemical terrorism), radiologic threat agents (radiologic terrorism), and selected toxins.
DMORT	Disaster Mortuary Operational Response Team	DMORT's are federal level response teams designed to provide mortuary assistance in the case of a mass fatality incident or cemetery related incident. DMORT's work under the local jurisdictional authorities such as Coroner/Medical Examiners, Law Enforcement and Emergency Managers. http://www.dmort.org/index.html
DOC	Department of Commerce	DOC will work with private sector, research, academic, and government organizations to promote critical infrastructure efforts, including using its authority under the Defense Production Act, to ensure the timely availability of industrial products, vaccines, antivirals, materials, and services to meet homeland security requirements. CDC works with DOC and its partners to ensure that emergency response planning includes all critical entities to respond to, mitigate, and recover from emergencies.
DOI	Department of the Interior	DOI monitors wild bird and animal populations throughout the United States for indications of viral activity. They provide permits and inspect wildlife and wildlife products in trade into and out of the United States. DOI will enforce and publicize wildlife border controls and, if appropriate, utilizes its permitting authorities to restrict the import or export of wildlife. CDC works with DOI to identify or to confirm any outbreaks among wildlife.
DSLR	Division of State and Local Readiness	Division of State and Local Readiness (DSLR) administers the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, which funds state and local efforts to build and strengthen their preparedness and infrastructure. http://intra-apps.cdc.gov/od/otper/DSLR/default.asp

DSNS	Division of Strategic National Stockpile	The Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (DSNS) is a national repository of antibiotics, antivirals, chemical antidotes, antitoxins, life-support medications, IV administration equipment, airway maintenance supplies, and medical/surgical items designed to supplement and resupply state and local public health agencies in the event that state and local resources become overwhelmed following a terrorist attack or other emergencies. http://www.bt.cdc.gov/stockpile
DSWG	Disaster Surveillance Working Group	DSWG was established after Hurricane Katrina. It is a cross-organizational group with the goals to develop standardized surveillance tools; collaborate with states to gain consensus and awareness tools; evaluate tools; and provide technical resources to states.
DTTHS	Division of Toxicology and Human Health Sciences	ATSDR's Division of Toxicology and Human Health Sciences focuses on research and translation of complex environmental health science in order to respond to community concerns.
	Duty Officer	Individual that is responsible for supporting the lead centers, institute, and offices and the Director of Operations in the response and management of emergency operations; managing and directing all information for emergency operations, including coordinating the efforts of administrative, communications, and technical support for emergency operations; initiating alert and notification systems; and contacting and assembling the Preliminary Assessment Team (PAT) when required.
EC	Emergency Coordinator	Emergency Coordinators are critical to an effective emergency response. ECs are designated individuals within each Center, Institute, or Office (CIO)/Agency for Toxic Substances and Disease Registry (ATSDR) at the Centers for Disease Control and Prevention (CDC) that are responsible for serving as the primary point of contact for information transmitted from the CDC EOC to CIO for all emergencies; supporting critical planning, training, and program activities on a regular basis to the CDC EOC; recruiting staff to fill incident management and field roles; and managing, updating, and submitting all emergency notification contact information to the CDC EOC Director for their respective CIO. ECs meet monthly to conduct emergency preparedness coordination and education.
EEI	Essential Elements of Information	Pieces of information (e.g., shelter locations, projected storm paths, and anticipated damage) considered essential for the purposes of determining agency next steps during an emergency response.

EHHE	Division of Environmental Hazards and Health Effects	The mission of NCEH's Environmental Hazards and Health Effects Program is to conduct surveillance and investigations that increase knowledge about the relation between human health and the environment and uses this knowledge to develop national public health programs and policies for preventing disease.
EID	Emerging Infectious Diseases	An infectious disease that has newly appeared in a population or that has been known for some time but is rapidly increasing in incidence or geographic range.
EIS	Epidemic Intelligence Service	The EIS was established in 1951 following the start of the Korean War as an early warning system against biological warfare and man-made epidemics. The program, composed of medical doctors, researchers, and scientists who serve in 2-year assignments, today has expanded into a surveillance and response unit for all types of epidemics, including chronic disease and injuries. http://www.cdc.gov/eis/about/about.htm
	Emergency	As defined by the Stafford Act, an emergency is "any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States."
EMG	Emergency Management Group	The Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR) coordinates the federal ESF #8 response through the HHS Emergency Management Group (EMG), which operates from the Secretary's Operations Center (SOC) at HHS headquarters in Washington, D.C. The EMG is always operational at a baseline level and in times of nonresponse, it maintains surveillance and monitoring activities. The EMG's organizational structure is based on Incident Command System (ICS) principles. EMG provides strategic direction and oversight to all HHS responders. The EMG monitors data and identifies actual or potential threats to public health through the Incident Response Coordination Team (IRCT), supports HHS and/or ESF #8 participation in overall federal response policy and decision-making, maintains accountability of HHS and ESF #8 actions and impacts.
	Emergency Public Information	Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.
EOC	Emergency Operations Center	Facility serving as an agency's or jurisdiction's central incident management center for coordinating and supporting the staff, information, and other assets and logistics associated with

		preparedness and response to disasters or emergencies.
	Emergency Operations Center (EOC) Director	The team's assessment is reported to the Director of the Office of Public Health Preparedness and Response who then advises the CDC Director of the situation and provides recommendations for action, including a request for activation of the CDC IMS.
EOMS/COP	Emergency Operations Management System/Common Operating Picture	A broad view of the overall situation as reflected by situation reports, aerial photography, and other information or intelligence.
EPA	Environmental Protection Agency	Federal agency whose mission is to protect human health and safeguard the natural environment — air, water, and land — upon which life depends. EPA provides leadership in the nation's environmental science, research, education and assessment efforts; works closely with other federal agencies, state and local governments, and Indian tribes to develop and enforce regulations under existing environmental laws; is responsible for researching and setting national standards for a variety of environmental programs and delegates to states and tribes responsibility for issuing permits, and monitoring and enforcing compliance; and works with industries and all levels of government in a wide variety of voluntary pollution prevention programs and energy conservation efforts. http://www.epa.gov/epahome/aboutepa.htm
EPCRA	Emergency Planning and Community Right-to-Know Act of 1986:	Also known as the Superfund Amendments and Reauthorization Act (SARA) Title III, EPCRA provides an infrastructure at the state and local levels to plan for chemical emergencies. Facilities that store, use, or release certain chemicals may be subject to various reporting requirements. Reported information is then made publicly available so that interested parties may become informed about potentially dangerous chemicals in their community.
	Epidemiology	The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.
EPI-X	Epidemiological Information Exchange	*Epi-X* is the Centers for Disease Control and Prevention's web-based communications solution for public health professionals. Through *Epi-X*, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share preliminary health surveillance information quickly and securely. http://www.cdc.gov/epix/
EPSS	Emergency Planning Staffing Section	Develop staffing protocols and policies to fill all required staffing functions of the CDC IMS in the CDC EOC and for resourcing

		deployment missions. The EPSS manages and coordinates the staffing functions of the CDC Incident Management System (IMS) and field assignments and the marketing and recruitment of CDC staff to participate in local, domestic, or international public health emergency responses. Routine functions for EPSS include coordinating policy, communication, planning, administration, reporting, and recognition related to emergency personnel staffing.
ERC	Emergency Response Coordinator	Designated individual in the Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) CDC EOC that is responsible for supporting the Lead center or office and the CDC EOC Director in the response and management of emergency operations; managing and directing all information for emergency operations, including coordinating the efforts of administrative, communications, and technical support for emergency operations; initiating alert and notification systems; and contacting and assembling the Preliminary Assessment Team (PAT) when required.
ERT-A	Emergency Response Team Advance	A FEMA team deployed by the RRCC to State operating facilities whose mission is to obtain information on the impact of the event and identify specific State needs for federal assistance.
ERT-N	Emergency Response Team National	The FEMA ERT-N is composed of a small number of highly qualified and experienced professionals who serve as the initial disaster management team providing assistance to an affected region to coordinate the full range of federal response and recovery operations in large, complex events, WMD/terrorist events, or incidents of national significance. https://www.fema.com/media/fact_sheets/ert-n.shtm
ESF	Emergency Support Function	A grouping of government and certain private-sector capabilities into an organizational structure to provide the support, resources, program implementation, and services that are most likely to be needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal, when feasible, following domestic incidents. The ESFs serve as the primary operational-level mechanism to provide assistance to partners in conducting missions of primary federal responsibility. A total of 15 separate ESFs are incorporated into the National Response Framework. http://www.dhs.gov/xlibrary/assets/NRFbaseplan.pdf
ESF #8	Emergency Support Function #8- Health and Medical	Public Health and Medical support to a disaster or public health emergency. http://www.dhs.gov/xlibrary/assets/NRFbaseplan.pdf
	Event	See Planned Event

ESHCO	Environment, Safety, and Health Compliance Office	ESHCO provides leadership, service, and oversight in identifying hazards and assessing and controlling risks to the CDC workforce, to include CDC response personnel.
EUA	Emergency Use Authorization	Licensed vaccines and drugs, or approved therapeutics and medical devices treat, prevent or mitigate disease. However, if an emerging public health threat is identified for which no licensed or approved product exists, The Project BioShield Act of 2004 authorizes the FDA commissioner to issue an Emergency Use Authorization (EUA) for the rapid dissemination of promising countermeasures for the protection and safety of the US population. Specifically, these countermeasures can be used for the diagnosis, treatment, or prevention of serious or life-threatening diseases, or for conditions caused by chemical, biologic or radiologic agents for which no adequate, approved, or available alternatives exist. CDC plays a critical role in ensuring the public's safety by providing scientific expertise and leadership regarding the risk/benefit assessment of these countermeasures. CDC in conjunction with NIH also provides expert consultation to the FDA Commissioner regarding the appropriateness of EUA requests.
	Exercise and Training Program	To ensure the effectiveness of this AHP, CDC will maintain and update a comprehensive training and exercise program for all personnel involved in emergency response operations. Training and exercises will be coordinated by OPHPR. Training is to be held at least twice per year, with individual team training as required. Improvements in the policies and procedures included in this plan will be incorporated into annual revisions of this AHP. Follow-on exercises will assist in determining any shortfalls in planning, training, or equipment that restricts staff from performing their functions.
FBI	Federal Bureau of Investigation	The lead U.S. Department of Justice (DOJ) agency responsible for coordinating federal interagency crisis management activities.
FCO	Federal Coordinating Officer	The Federal Officer who is appointed to manage and coordinate federal resource support activities related to Stafford Act disasters and emergencies.
FEMA	Federal Emergency Management Agency	An agency within the Department of Homeland Security, FEMA is responsible for a broad range of emergency prevention, preparedness, response, management, mitigation, risk reduction, and recovery activities. During an emergency event or incident, FEMA is responsible for coordinating overall federal interagency activities in support of the lead federal agency (LFA) and can act as LFA during natural disasters and emergencies. http://www.fema.gov/

FEST	Foreign Emergency Support Team	A rapidly deployable interagency team that provides on-scene capabilities during the federal response to a foreign terrorism incident. The FEST includes elements for specific types of incidents, such as nuclear or radiological, chemical, and biological threats.
FIOP	Federal Interagency Operations Plan	A supporting plan developed to expand upon the roles, missions and responsibilities of each of the five Frameworks of the National Preparedness System: • A description of critical tasks and responsibilities for delivering core capabilities and achieve the desired end-state as described in the National Preparedness Goal. • Detailed resource, personnel, and sourcing requirements. • A more detailed concept of operations for how actions and resources will be integrated, synchronized, managed, and delivered to support federal, state, territorial, tribal, and local recovery plans.
FIRST	Federal Incident Response Support Team	The FIRST is a forward extension of the Emergency Response Team-Advanced (ERT-A) providing the ERT-A Team Leader, and after a Stafford Act Declaration the Federal Coordinating Officer (FCO), with the capability to support State and local response on scene. http://www.fema.gov/media/fact_sheets/first.shtm
FIT	FMS Installation Team	A component of the Strategic National Stockpile which assists with installation of Federal Medical Stations, coordinates the transfer of FMS set supplies and equipment to designated individuals, and coordinates resupply support as required.
FMS	Federal Medical Stations	FMS provides a scalable (in size), modular and rapidly deployable medical capability to shelter and care for displaced individuals who have non-acute medical, mental health, or other health-related needs that cannot be accommodated or provided for in a general shelter population. An FMS is designed to provide health and medical care for patients with needs such as: • Conditions that require observation, assessment or maintenance • Chronic conditions which require assistance with the activities of daily living and do not require hospitalization • Need for medications and vital sign monitoring and who are unable to do so at home • Conditions that require the level of care provided by an FMS • Acute exacerbations of chronic conditions Stations consist of three core modules - a base support module, treatment module and pharmacy module that are easily adaptable

		to meet a range of low-acuity mass medical care needs in support of a disaster response. Each FMS deploys with a CDC DSNS technical team to facilitate set up before it is transferred to federal or local health care professionals for operation.
FOSC or OSC	Federal On-Scene Coordinator	The federal official pre-designated by the EPA or the USCG to coordinate responses under subpart D of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP), or the government official designated to coordinate and direct removal actions under subpart E of the NCP.
FPAT	Finance Procurement and Accountability Team	CDC personnel from OPHPR, OCFO and PGO who work together during emergency response to ensure that proper cost accounting occurs and federal procurement guidelines are followed.
FRC	Federal Resource Coordinator	The federal official appointed to manage federal resource support activities related to non-Stafford Act incidents. The FRC is responsible for coordinating support from other federal departments and agencies using interagency agreements & MOUs.
GIS	Geographic Information Systems	A mechanism of assembling, storing, manipulating, and displaying geographically referenced information (i.e., data identified according to their locations). CDC GIS capacity is located in the Agency for Toxic Substances and Disease Registry (ATSDR). http://www.atsdr.cdc.gov/gis/conference98/gisindex.html
	Government Partners	Government partners include state, local, territorial, and tribal governments that will be the primary responders to an event or incident. Authority and responsibility to engage in public health events or incidents is derived from state constitutional requirements. These requirements vary from state to state. By engaging business, healthcare, community, and faith-based organizations, state and local governments enhance the effectiveness of the community in responding to a public health emergency. State and local governments are responsible for: • Receiving, storing, and staging medical countermeasures from the Strategic National Stockpile, other CDC centers, institute, and offices or federal partners. • Distributing the Emergency Use Authorization (EUA) Fact Sheets to the targeted audience. • Distributing and administering medical countermeasures to the targeted audience. • Assisting CDC with the data collection requirements set forth in the EUA conditions
HAN	Health Alert Network	CDC's Health Alert Network (HAN) is the agency's primary method of sharing cleared information about urgent public health

		incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories. CDC's HAN collaborates with federal, state, territorial, and city/county partners to develop protocols and stakeholder relationships that will ensure a robust interoperable platform for the rapid distribution of public health information http://emergency.cdc.gov/han/.
HAZMAT	Hazardous Materials	For the purposes of ESF #1, hazardous material is a substance or material, including a hazardous substance, that has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce, and that has been so designated (see 49 CFR 171.8). For the purposes of ESF #10 and the Oil and Hazardous Materials Incident Annex, the term is intended to mean hazardous substances, pollutants, and contaminants as defined by the NCP.
	Hazardous Substance	As defined by the NCP, any substance designated pursuant to section 311(b)(2)(A) of the Clean Water Act; any element, compound, mixture, solution, or substance designated pursuant to section 102 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA); any hazardous waste having the characteristics identified under or listed pursuant to section 3001 of the Solid Waste Disposal Act (but not including any waste the regulation of which under the Solid Waste Disposal Act (42 U.S.C. § 6901 et seq.) has been suspended by act of Congress); any toxic pollutant listed under section 307(a) of the Clean Water Act; any hazardous air pollutant listed under section 112 of the Clean Air Act (42 U.S.C. § 7521 et seq.); and any imminently hazardous chemical substance or mixture with respect to which the EPA Administrator has taken action pursuant to Section 7 of the Toxic Substances Control Act (15 U.S.C. § 2601 et seq.).
HHS	Department of Health and Human Services	Federal agency responsible for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS has over 300 programs covering a wide spectrum of activities that are administered by eleven (11) operating divisions (OPDIVs), including eight (8) agencies in the U.S. Public Health Service and three human services agencies. CDC is an OPDIV of HHS. http://www.hhs.gov/
	Homeland Security Act of 2002	Passed on November 25, 2002, the Homeland Security Act of 2002 calls for the restructuring and strengthening of the Executive Branch of the federal government to better address the threat of

		terrorism in the United States. The Act mandates the creation of a new U.S. Department of Homeland Security and consolidation of existing federal government emergency response plans into a single, coordinated national response framework.
	Hot Zone	As used in this document, the immediate danger area surrounding a problem site that should encompass all known or suspected areas of contamination (see the NIOSH/USCG/EPA/OSHA Occupational Safety and Health Guidance Manual for Hazardous Waste Site Operations incorporated by reference into 29 CFR 1910.120).
HSC	Homeland Security Council	In the aftermath of the 9/11 attacks, President George W. Bush established the Homeland Security Council (HSC) to ensure coordination of all homeland security-related activities among executive departments and agencies, and to promote the effective development and implementation of all homeland security policies.
HSIN	Homeland Security Information Network	A computer-based counterterrorism communications system connecting all 50 States, five territories, Washington, DC, and 50 major urban areas. The HSIN allows all States and major urban areas to collect and disseminate information between federal, State, and local agencies involved in combating terrorism. http://www.dhs.gov/xinfoshare/programs/gc_1156888108137.shtm
HSPD	Homeland Security Presidential Directive	HSPD's are issued by the President on matters pertaining to Homeland Security. There are currently 20 HSPDs in existence, which include HSPD 5- Management of Domestic Incidents (establishes NIMS) and HSPD 8- National Preparedness (establishes the NRF). http://www.dhs.gov/xabout/laws/editorial_0607.shtm
HRSA	Health Resources and Services Administration	As the *Access Agency* of HHS, HRSA assures the availability of quality health care to low-income, uninsured, isolated, vulnerable, and special needs populations and meets their unique healthcare needs. Its mission is to improve and expand access to quality healthcare for all.
IAP	Incident Action Plan	An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.
IC	Incident Commander	The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for

		conducting incident operations and is responsible for the management of all incident operations at the incident site.
ICP	Incident Command Post	The field location at which the primary tactical-level, on-scene incident command functions is performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.
ICS	Incident Command System	A standardized emergency management construct designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.
IHS	Indian Health Service	An HHS agency that is responsible for providing federal health services to American Indians and Alaska Natives. Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.
IM	Incident Manager	The individual designated to lead and guide the Agency's response. The IM reports directly to the CDC Director, and serves as the CDC Director's personal representative, coordinating agency resources in support of the public health emergency response. Similar to an IC in NIMS.
IMS	Incident Management System	CDC's adaptation of ICS.
IMSS	Information Management Support Systems	Broad, real-time, situational awareness is critical for CDC to successfully manage the agency's response to a public health event or incident, inform higher level authorities and the general public, and support partner preparedness and response efforts. Situational awareness will be derived from: • Timely access to analyzed information about illness and death; • The availability, location, and utilization of critical resources throughout the U.S. public health and medical sectors (ESF #8) and private health sector • Modeling; and • The details of key intervention activities that are directed at ill, exposed, or susceptible persons. CDC will be required to support and coordinate multiple information gathering, analysis, and dissemination efforts in collaboration with partners. The full spectrum of informatics support will be necessary to manage operations. CDC will ensure surveillance systems, information systems, and analysis activities are capable of obtaining diverse data from the ESF #8 sector for

		analysis and timely decision making and are coordinated within CDC and with key partners.
IMT	Incident Management Team	Team in the Operations Division that provides rapid response and on-scene coordination, communications, and facilitation for an emergency event or incident. It is the operational link between CDC deployed personnel and the CDC EOC. EOC Incident of National Significance (INS): Based on criteria established in HSPD-5 (paragraph 4), an actual or potential high-impact event that requires a coordinated and effective response by and appropriate combination of partners in order to save lives and minimize damage, and provide the basis for long-term community recovery and mitigation activities.
	Incident	An occurrence or event, natural or human caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear/radiological accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
	Incident Annex	Under the National Preparedness System, each of the five Frameworks is to be supported by a FIOP. Each of the National Level Events is to be supported by an Incident Annex.
	Incident Management Staff	A critical component of an emergency operations center is the group of individuals that staff it. Staff must be properly trained and have the authority to carry out actions that are necessary to respond to all hazards events or incidents that create or have the tendency to create a public health emergency. The Operations Section of the IMS provides rapid response and on-scene coordination, communications, and facilitation for CDC response to an event or incident. Staffs comprising the Operations Section are the operational linkage between CDC deployed personnel and the CDC EOC facility.
IST	Incident Support Team	The IST is a logistics task force focused on providing field support and services within a specified area of operations. The core team consists of a Logistics Officer (Lead), Mobile Communications Specialist, Procurements and Grants Officer, and an Information Technology Support Specialist. The IST will add surge staff as required to meet the needs of the mission. The team may mobilize during response operations & establish a field support location for support & services for all CDC responders in the area. The IST demobilizes during the recovery effort of the emergency, when support and services can be obtained by responders themselves.

	Informatics Management	As used in this document, the study, invention, and implementation of structures and algorithms to improve communication, understanding, and management of medical information. The objective is the coalescing of data and knowledge, and using the tools necessary to apply that data and knowledge in the decision-making process, at the time and place that a decision needs to be made. Informatics management includes application and database development, maintenance, and deployment, thus providing coordinated management and reporting of data resulting from an agency response effort.
IRCT	Incident Response Coordination Team	HHS management structure that provides for overall management of ESF #8 field-level response resources and provides mission support to deployed resources. The IRCT Team Lead reports to ASPR through the ESF #8 Leader and the EMG.
IRCT-A	IRCT Advance	The IRCT-A is a cadre of liaisons that are assigned to the IRCT who are on call to respond to field-level regional ESF #8 operations. IRCT-A members will not deploy outside their home region.
IT	Information Technology	Refers to all forms of technology used to create, store, exchange, and use information in its various forms (business data, voice conversations, still images, motion pictures, multimedia presentations, and other forms, including those not yet conceived). As used in this document, it refers to both telephony and computer technology.
ITSO	Information Technology Services Office	ITSO provides computer support to all CDC campuses, to include managing IT compliance with federal regulations. http://intranet.cdc.gov/itso/
JFO	Joint Field Office	A temporary federal facility established locally to provide a central point for federal, state, local, and tribal executives with responsibility for incident oversight, direction, and/or assistance to effectively coordinate protection, prevention, preparedness, response, and recovery actions. http://www.dhs.gov/xlibrary/assets/NRF_JFO_FOG.pdf
JIC	Joint Information Center	A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.
JOC	Joint Operations Center	The JOC is the focal point for all federal investigative law enforcement activities during a terrorist or potential terrorist incident or any other significant criminal incident, and is managed by the Senior Federal Law Enforcement Official (SFLEO). The JOC becomes a component of the JFO when the NRF is activated.

	Jurisdiction	A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authorities. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state, or federal boundary lines) or functional (e.g., law enforcement or public health).
LFA	Lead Federal Agency	The agency designated by the President or federal operations and response plans to lead and coordinate the overall federal response to an emergency incident. The LFA is determined by the type of incident and establishes operational structures and procedures to assemble and work with agencies and organizations providing direct support to the LFA in order to provide an initial assessment of the situation; develop an action plan; monitor and update operational priorities; and ensure each agency exercises its concurrent and distinct authorities under U.S. law and support the LFA in carrying out the President's relevant policy. Specific responsibilities of an LFA vary according to the agency's unique statutory authorities.
LNO	Liaison Officer	An agency or organization official sent to another agency or organization to facilitate interagency communications and coordination. A member of the Command Staff is responsible for coordinating with representatives from cooperating and assisting agencies. Liaisons may be tasked to perform duties which are not limited to: Exchange of data between federal agencies and the public, advising on the monitoring of personnel for external contamination, or communication of incident site updates to his/her parent agency. Liaisons are required to be trained to a level commensurate with their required duties.
	Local Government	A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization or, in Alaska, a Native Village or Alaska Regional Native Corporation; or a rural community, unincorporated town or village, or other public entity. (As defined in section 2[10] of the Homeland Security Act of 2002, Public Law 107-296, 116 Stat. 2135, et seq. [2002].)
LST	Logistics Support Team	A component of OPHPR, the LST is responsible for supporting the deployment needs of CDC response personnel, from travel coordination and equipment issue to equipment and supply procurement and voucher processing. http://eocportal.cdc.gov/deployment_welcome_1.asp

MA	Mission Assignment	DHS/EPR/FEMA has a vehicle to use to support federal operations in a Stafford Act major disaster or emergency declaration. It orders immediate, short-term emergency response assistance when an applicable state or local government is overwhelmed by the event or incident and lacks the capability to perform, or contract for, the necessary work.
MACC	Multi-Agency Coordination Center	An interagency coordination center established by DHS/USSS during NSSEs as a component of the JFO. The MACC serves as the focal point for interagency security planning and coordination, including the coordination of all NSSE-related information from other intra-agency centers (e.g., police command posts or Secret Service security rooms) and other interagency centers (e.g., intelligence operations centers or joint information centers).
MACS	Multi-Agency Coordination System	MACS provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The elements of MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are emergency operations centers and MAC Groups. These systems assist agencies and organizations responding to an incident. http://training.fema.gov/EMIWeb/IS/is701.asp
	Major Disaster	As defined by the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.
	Mitigation	Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often developed in accordance with lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

MNAT	Medical Needs Assessment Team	MNAT validates field medical requirements and assists in determining resources needed to respond to State requests for assistance, in coordination with the HHS IRCT.
MST	Management Support Team	A National Disaster Medical System mission support team.
NAC	National Acquisition Center	The largest combined contracting activity within Veterans Affairs, tasked with supporting the health care requirements of the VA as well as the needs of other government agencies. http://www1.va.gov/oamm/oa/nac/about/index.cfm
NCEH	National Center for Environmental Health	A component of ONDIEH whose mission is provide national leadership, through science and service, that promotes health and quality of life by preventing or controlling those diseases, birth defects, disabilities, or deaths that result from interactions between people and their environment. http://intranet.cdc.gov/nceh-atsdr/
NCHS	National Center for Health Statistics	National Center for Health Statistics (NCHS) compiles statistical information, to include data from birth and death records, medical records, interview surveys, and direct physical exams and laboratory testing, to guide actions and policies to improve the health of the public. http://inside.nchs.cdc.gov/
NCIPC	National Center for Injury Prevention and Control	A component of CCEHIP whose mission is to reduce morbidity, disability, mortality, and costs associated with injuries. NCIPC is the lead federal agency for injury prevention. http://intranet.cdc.gov/ncipc/about.htm
NCP	National Oil and Hazardous Substances Pollution Contingency Plan	Commonly referred to as the National Contingency Plan (NCP), the federal government's plan for responding to oil spills and hazardous substances releases, including radiological materials, in the United States and its territories, and ensuring overall response coordination among the hierarchy of responders and contingency plans. The NCP establishes the National Response Team and is an integral part of the overall National Response System.
NDMS	National Disaster Medical System	A federally coordinated system that augments the nation's medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters. NDMS, under Emergency Support Function #8 – Public Health and Medical Services, supports federal agencies in the management and coordination of the federal medical response to major emergencies and federally declared disasters. http://www.hhs.gov/aspr/opeo/ndms/index.html
NEDSS	National Electronic Disease Surveillance System	A CDC initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state,

		and local levels. Surveillance Systems collect and monitor data for disease trends or outbreaks so that public health personnel can protect the nation's health.
NHC/TPC	National Hurricane Center/Tropical Prediction Center	Part of the National Weather Service, the mission of the NHC is to save lives, mitigate property loss, and improve economic efficiency by issuing the best watches, warnings, forecasts and analyses of hazardous tropical weather, and by increasing understanding of these hazards. http://www.nhc.noaa.gov/mission.shtml
NIH	National Institutes of Health	NIH is composed of 27 separate components, mainly Institutes and Centers, and is an agency of the Public Health Services, which, in turn, is part of HHS). The NIH mission is to uncover new knowledge that will lead to better health for everyone. This is accomplished by conducting research in its own laboratories; supporting the research of nonfederal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical and health sciences information.
NIMS	National Incident Management System	A system that provides a consistent, nationwide approach for federal, state, local, and tribal governments; the private sector; and Nongovernmental Organization (NGO) to work together to prepare for, respond to, and recover from domestic incidents. http://www.fema.gov/emergency/nims/index.shtm
NIOSH	National Institute for Occupational Safety and Health	An institute within the Centers for Disease Control and Prevention (CDC) that is responsible for conducting research and making recommendations for the prevention of work-related disease and injury. http://inside.niosh.cdc.gov/
NIRT	Nuclear Incident Response Team	Part of the Department of Homeland Security, this organization offers experts and equipment to handle nuclear terrorism, emergencies, and accidents. The team's personnel provide expertise in areas such as device assessment and disablement, intelligence analysis, credibility assessment, intelligence analysis, and health physics. The organization works with other emergency response groups and engages in drills to prepare for emergency situations.
NOAA	National Oceanic and Atmospheric Administration	A part of the Department of Commerce, NOAA provides products and information to support hurricane response activities, to include forecasts, watches and warnings (including storm surge and dispersion forecasts), emergency hydrographic surveys, vessel traffic rerouting, and remote aerial and orbital imagery. http://www.noaa.gov/about-noaa.html

NOC	National Operations Center	The primary national hub for situational awareness and operations coordination across the federal government for incident management. The NOC provides the Secretary of Homeland Security and other principals with information necessary to make critical national-level incident management decisions. The NOC is responsible for facilitating homeland security coordination across the federal mission areas of prevention, protection, response, and recovery. The NOC monitors all incidents and receives reports from various operations centers.
	Notification and Alert System	The CDC EOC serves as the primary point of contact for information within CDC for the public health community as to the status of public health responses of which CDC are aware, or localized public health responses in which CDC personnel are participating. Functional areas involved in public health support or emergencies must provide updates and information according to established schedules to the CDC EOC for situational awareness of CDC staff as well as for management decision making purposes. The CDC EOC maintains a 2-3 person staff, 24-hour-a-day/7-day-a-week, on 8 hour shifts during normal Watch Mode operations. Normally, staffing will consist of a Duty Officer and two Watch Officers per shift. Center and Office ECs maintain current notification rosters, (updated quarterly at a minimum or when changes occur), of their staff members involved in emergency operations.
NRC	National Response Center	A national communications center for activities related to oil and hazardous substance response actions. The National Response Center, located at DHS/USCG Headquarters in Washington, DC, receives and relays notices of oil and hazardous substances releases to the appropriate federal OSC.
NRCC	National Response Coordination Center	A functional component of the DHS National Operations Center, the NRCC provides overall federal response coordination. The NRCC has the capacity and capability to surge immediately in anticipation of or in response to a national incident by activating the full range of Emergency Support Function teams and other personnel as needed to provide resources and policy guidance to a Joint Field Office or other local incident management structures, as needed for incident response.
NRF	National Response Framework	An all-discipline, all-hazards plan that establishes a single, comprehensive framework for the management of domestic incidents. http://www.fema.gov/national-response-framework
NRS	National Response System	Pursuant to the NCP, the mechanism for coordinating response actions by all levels of government (40 CFR § 300.21) for oil and hazardous substances spills and releases.

NRT	National Response Team	The NRT, comprising 16 federal agencies with major environmental and public health responsibilities, is the primary vehicle for coordinating federal agency activities under the NCP. The NRT carries out national planning and response coordination and is the head of a highly organized federal oil and hazardous substance emergency response network. EPA serves as the NRT Chair, and DHS/USCG serves as Vice Chair.
NSC	National Security Council	The NSC, chaired by the Assistant to the President for National Security Affairs, provides national strategic and policy guidance to the President during large-scale national incidents. In coordination with the Homeland Security Council (HSC), the NSC coordinates federal policy development for domestic and international incident management, respectively, and convenes interagency meetings to coordinate policy issues. http://www.whitehouse.gov/nsc
NSSE	National Special Security Event	A designated event that, by virtue of its political, economic, social, or religious significance, may be the target of terrorism or other criminal activity.
NWS	National Weather Service	A part of NOAA, the NWS provides weather, hydrologic, and climate forecasts and warnings for the United States, its territories, adjacent waters and ocean areas, for the protection of life and property and the enhancement of the national economy. http://www.nws.noaa.gov/pa/history/index.php
OD	Office of the Director	The CDC OD provides senior scientific leadership, oversight, Congressional liaison, financial management, and informational and situational awareness during an emergency response. http://inside.od.cdc.gov/
OEHE	Office of Environmental Health	Located within the NCEH, is CDC's focal point for science-based emergency management related to the environmental public health consequences of natural and technological disasters.
OGC	Office of General Counsel	As part of the Office of the Director, provides legal advice and support services to CDC CIOs.
OPA	Oil Pollution Act of 1990:	Signed into law in August 1990 largely in response to rising public concern following the Exxon Valdez incident, OPA '90 establishes provisions that expand the federal government's ability, and provides the money and resources necessary, to respond to oil spills. The Act also provides requirements for contingency planning both by government and industry, increases penalties for regulatory noncompliance, broadens the response and enforcement authorities of the federal government, and preserves state authority to establish laws governing oil spill prevention and response. OPA '90 establishes the national Oil Spill Liability Trust Fund, which provides up to one billion dollars per oil spill incident.

OPDIV	Operating Division	An organizational unit within the U.S. Department of Health and Human Services (HHS). The two major categories of HHS OPDIVs are Public Health Service and Human Services. http://www.hhs.gov/about/orgchart.html
	Operational Awareness	As used in this document, the ability to stay abreast of ongoing scheduled response activities and changes to those activities.
OPeriod	Operational Period	The period of time designated for execution of a given set of activities as specified in the agency Incident Action Plan (IAP). An OPeriod may be 12 or 24 hours, depending on the type of incident.
OPHPR	Office of Public Health Preparedness and Response	OPHPR is responsible for coordinating CDC's response to all-hazards incidents in collaboration with other response partners. This may include the distribution of pharmaceutical countermeasures. http://intra-apps.cdc.gov/od/otper/home.asp
OSC	On-Scene Coordinator	See Federal On-Scene Coordinator.
OSSAM	Office of Safety, Security, and Asset Management	OSSAM is responsible for all aspects of CDC's internal security and emergency preparedness functions at all leased and owned locations in the Atlanta area and throughout the country, to include Continuity of Operations Planning (COOP). http://intranet.cdc.gov/od/osep/about/
OSHA	Occupational Safety and Health Administration	Within the US Department of Labor, OSHA's mission is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health. http://www.osha.gov/oshinfo/mission.html
OSWER	Office of Solid Waste and Emergency Response	An office of the U.S. Environmental Protection Agency (EPA) that provides policy, guidance, and direction for EPA's solid waste and emergency response programs; develops guidelines for the land disposal of hazardous waste and underground storage tanks; provides technical assistance to all levels of government to establish safe practices in waste management; administers the Brownfield program, which supports state and local governments in redeveloping and reusing potentially contaminated sites; and manages the Superfund program to respond to abandoned and active hazardous waste sites and accidental oil and chemical releases, as well as encourage innovative technologies to address contaminated soil and groundwater.
PDD	Presidential Decision Directive	Presidential directives issued by the National Security Council and signed or authorized by the President of the United States during the Clinton Administration. Directives are given different names

| | or

Presidential Disaster Declaration | under different presidential administrations (e.g., National Security Directive under Reagan or National Security Decision Directive under Carter).
Or
In response to a request for federal emergency response assistance from a state governor, a formal declaration issued by the President of the United States that activates long-term federal recovery plans and programs, some of which are matched by state programs, designed to help disaster victims, businesses, and public entities. |
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| PFO | Principal Federal Official | The federal official designated by the Secretary of Homeland Security to act as a representative to oversee, coordinate, and execute the Secretary's incident management responsibilities for Incidents of National Significance. |
| PGO | Procurement and Grants Office | Within the CDC OD, PGO furthers the CDC mission through the management of grants and contracts for the agency, to include emergency procurements during disaster response. http://pgo.cdc.gov/pgo/ViewHome.do |
| PHE | Public Health Emergency | An occurrence or imminent threat of an illness or health condition that is believed to be caused by bioterrorism, the appearance of a novel of previously controlled or eradicated infectious agent or biological toxin, a natural disaster, a chemical attack or accidental release, or a nuclear/radiological attack or accident AND poses a high probability of a large number of deaths in the affected population, a large number of serious or long-term disabilities in the affected population, or widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population. |
| | Planned event | A planned, nonemergency activity (e.g., sporting event, concert, or parade). |
| PML | Population Monitoring Liaison | Person dedicated to the sole purpose of providing guidance to SLTT customers regarding external and internal population monitoring issues. |
| PPE | Personal Protective Equipment | Special equipment designed to protect workers from serious injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other hazards. Besides face shields, safety glasses, hard hats, and safety shoes, PPE includes a variety of devices and garments such as goggles, coveralls, gloves, vests, earplugs, and respirators. |

	Preparedness	The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources.
	Prevention	Prevention involves actions taken to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.
PSMA	Pre-scripted Mission Assignment	Used to facilitate rapid federal resource response, PSMAs identify resources or capabilities that federal departments and agencies are commonly called upon to provide during incident response allowing them to organize resources into "adaptive force packages" or other groupings of resources that will be deployed during incident response. Based on specific requirements, PSMAs can be tailored to develop, train and exercise rosters of deployable disaster response personnel. PSMAs reduce the time it takes to deploy federal resources when needed.
	Private Sector	Organizations and entities that are not part of any governmental structure. Includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, private emergency response organizations, and private voluntary organizations.
	Prophylaxis	A measure taken to maintain health and prevent the spread of disease.
REC	Regional Emergency Coordinator	HHS REC's report the Office of the Assistant Secretary of Preparedness and Response and often serves as the ESF #8 Lead assigned to the incident. When assigned as Lead, this person reports to the EMG and Senior Health Official (SHO).
RCRA	Resource Conservation and Recovery Act	This Act gives the U.S. Environmental Protection Agency (EPA) the authority to control hazardous waste from the "cradle-to-grave," which includes the generation, transportation, treatment, storage, and disposal of hazardous waste. It also sets forth a framework for the management of nonhazardous wastes.

		Amendments to RCRA in 1986 enable EPA to address environmental problems that could result from underground tanks storing petroleum and other hazardous substances. RCRA focuses only on active and future facilities and does not address abandoned or historical sites.
	Recovery	The development, coordination, and execution of service- and site-restoration plans for affected communities and the reconstitution of government operations and services through individual, private-sector, nongovernmental, and public assistance programs that: identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.
	Response	Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of All-Hazards Plans and of incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into the nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.
RNA	Rapid Needs Assessment	RNA refers to the process of providing fast yet accurate and reliable population-based public health information about communities impacted by public health emergencies in order to identify needs and target relief efforts. http://www.dshs.state.tx.us/chs/gis/rapidneeds/Intro.shtm
	Robert T. Stafford Disaster Relief and Emergency Assistance Act **(Stafford Act)**	The Stafford Act gives the federal government its authority to provide response and recovery assistance in a major disaster, regardless of cause. It identifies and defines the types of occurrences and conditions under which disaster assistance may be provided.
RRCC	Regional Response Coordination Center	Coordinates regional response efforts and implements local federal program support until a Joint Field Office is established.

SA	Situational Awareness	As used in this document, the ability to stay abreast of what is occurring in a particular place at a particular time and what potential or actual response personnel want or may want in the near future.
SFO	Senior Federal Official	An individual representing a federal department or agency with primary statutory responsibility for incident management. SFOs utilize existing authorities, expertise, and capabilities to aid in management of the incident working in coordination with other members of the JFO Coordination Group.
SHO	Senior Health Official	A HHS designee deployed to coordinate ESF #8 activities between federal and state agencies at the disaster level.
SLTT	State, Local, Tribal and Territorial	Acronym representing governmental officials responsible for jurisdictional preparedness, planning and response activities, and through whom the USG conducts planning, coordination and execution of the five Frameworks.
SME	Subject Matter Expert	An individual who is a technical expert in a specific area or in performing a specialized job, task, or skill.
SNRA	Strategic National Risk Assessment	Executed by DHS in support of Presidential Policy Directive 8 (PPD-8), which calls for the creation of a National Preparedness Goal, a National Preparedness System, and a National Preparedness Report. Specifically, national preparedness is to be based on core capabilities that support "strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the nation, including acts of terrorism, cyber-attacks, pandemics, and catastrophic natural disasters."
SNS	Strategic National Stockpile	Materiel managed by the DSNS.
SOC	Secretary's Operations Center	Located at HHS, the SOC is the focal point for synthesis of critical public health and medical information on behalf of the US Government. http://hqapp.hhs.gov/portal
SOP	Standard Operating Procedure	Complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.
	Specialized Laboratories	CDC has specialized laboratories available for use in identifying hazardous infectious agents and toxins. Biosafety Level 3 and 4 laboratories (BSL-3, BSL-4) are available for work with dangerous and hazardous biological, chemical, or toxic agents that pose a high individual risk of aerosol-transmitted laboratory infections and life-threatening disease. In addition, the NCEH laboratory is prepared to respond to a known or suspected chemical and

		radiological incident using the Rapid Toxic Screen and Rapid Urine Screen. CDC laboratories also maintain deployable personnel, 24/7, to assist with the collection of samples as well as reporting and interpretation of laboratory results. Laboratory support is available to support both domestic and international partners requiring laboratory support.
SRS	Scientific Response Section	The component within the CDC IMS responsible for science-based evaluation and planning related to CDC response efforts. The SRS comprises the entire CDC public health emergency response discipline utilizing staff from all CIOs.
	State	Any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. (As defined in section 2[14] of the Homeland Security Act of 2002, Public Law 107-296, 116 Stat. 2135, et seq. [2002].)
	Territorial	Of or relating to a territory; "the territorial government of the Virgin Islands"; "territorial claims made by a country".
	Terrorism	Any activity that (1) involves an act that (a) is dangerous to human life or potentially destructive of critical infrastructure or key resources; and (b) is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and (2) appears to be intended (a) to intimidate or coerce a civilian population; (b) to influence the policy of a government by intimidation or coercion; or (c) to affect the conduct of a government by mass destruction, assassination, or kidnapping.
	Threat	An indication of possible violence, harm, or danger.
	Tribe	Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native Village as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.
TREAS	Department of the Treasury	TREAS monitors and evaluates the economic impacts of an all hazards incident; help formulate the economic policy response; and provides advice on the likely economic impacts of containment efforts. The Secretary of Treasury is responsible for preparing policy responses to related international economic developments. For example, the federal government's leading engagement with the multilateral development bank (MDB) and International financial institutions (IFI). The MDB and IFI efforts are to assist countries to address the impact of an influenza

		pandemic or other catastrophic incident.
	Unified Command	ICS application used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command to establish their designated Incident Commanders at a single ICP and to establish a common set of objectives and strategies and a single Incident Action Plan
USCG	U.S. Coast Guard	As part of the Department of Homeland security (DHS) and one of the five armed services of the United States of America, the USCG has five fundamental roles. These include maritime security, maritime safety, and protection of natural resources, maritime mobility, and national defense. Within each role are well-defined missions.
USDA	U.S. Department of Agriculture	Federal agency whose mission is to enhance the quality of life for all Americans by supporting the production of agriculture; ensuring a safe, affordable, nutritious, and accessible food supply; caring for agricultural, forest, and range lands; supporting sound development of rural communities; providing economic opportunities for farm and rural residents; expanding global markets for agricultural and forest products and services; and working to reduce hunger in America and throughout the world.
USPHS	Public Health Service	PHS, once known as the Marine Hospital Service, began as a service provider to the US Navy. The PHS mission of preventing disease from entering the country expanded their responsibilities in 1878 with the passage of the National Quarantine Act and again in 1902 when the Service began carrying out the medical inspection of arriving immigrants. The PHS is the home of the Commissioned Corps. http://www.usphs.gov/AboutUs/history.aspx
VA	US Department of Veterans Affairs	As required, the VA coordinates hospital care and medical services for NDMS beneficiaries and deploys available medical, surgical, mental health, and other health service support assets. http://www.va.gov/about_va
VAERS	Vaccine Adverse Event Reporting System	VAERS is a national passive reporting system that accepts reports from the public on adverse events associated with vaccines licensed in the United States.
	Vector	An organism or agent, such as an insect, that transmits a pathogen.
	Vector-Borne Diseases	Diseases in which the pathogenic microorganism is transmitted from an infected individual to another individual by an arthropod or other agent, sometimes with other animals serving as intermediary hosts. The transmission depends upon the attributes and requirements of at least three different living organisms: the pathologic agent, either a virus, protozoa, bacteria, or helminth

		(worm); the vector, which are commonly arthropods, such as ticks or mosquitoes; and the human host.
	Vector Control	Specific measures and actions aimed at controlling disease vectors. Examples include the use of pesticides, introduction of biological controls (e.g., natural predators), habitat removal, and habitat management.
	Vulnerable Populations	Vulnerable populations include populations whose circumstances and conditions require distinct, special, and additional attention to ensure safety and well-being within the context of a particular emergency setting. Some of those recognized as particularly at-risk include children, senior citizens, and pregnant women, as well as those who may need additional response assistance such as those with disabilities, limited English proficiency, chronic medical disorders, or a pharmacological dependency.
WHO	World Health Organization	WHO is the directing and coordinating authority for health within United Nations systems. WHO is responsible for providing leadership on global health matters, shaping the health research agenda, seeing norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. This includes establishing international partnerships and organizing global pandemic surveillance; conducting initial outbreak investigations and coordinating rapid containment responses. WHO develops pandemic preparedness planning guidance. CDC provides technical assistance and support to WHO as needed and requested. http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf
WMD	Weapons of Mass Destruction	As defined in Title 18, U.S.C. § 2332a: (1) any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than 4 ounces, or missile having an explosive or incendiary charge of more than one-quarter ounce, or mine or similar device; (2) any weapon that is designed or intended to cause death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals or their precursors; (3) any weapon involving a disease organism; or (4) any weapon that is designed to release radiation or radiological material at a level dangerous to human life.