

# VERSION 2.0 WORK IN PROGRESS: Emergency Preparedness Expert Panel Summary December 17, 2019



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.



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The Public Health Accreditation Board (PHAB) held an Emergency Preparedness Expert Panel Meeting on December 17, 2019 at the Task Force for Global Health in Decatur, GA. The purpose of the expert panel was to review the current health department accreditation standards and measures related to emergency preparedness; to discuss any pertinent changes to emergency preparedness practice and/or support for health department work in this area; and to recommend potential revisions in the accreditation standards and measures as PHAB prepares Version 2.0.

Among the items discussed at the expert panel meeting were CDC's Public Health Emergency Preparedness and Response (PHEP) requirements; the PHEP/Accreditation Standards alignment Matrix; Project Public Health Ready (PPHR) and Potential for Reciprocity; and discussion of both current and emerging issues in emergency preparedness and response.

## Overarching Recommendations for Proposed Changes to the PHAB Standards and Measures

- PHAB and NACCHO should work together to explore the establishment of a formal agreement about reciprocity for PPHR recognition for those local health departments that have recently obtained that status or are in active status (over 500 to date). The time frame for PPHR is five years.
- Administration and management of a health department should include consistency in maintaining capacity and competency in emergency preparedness and response. This concept should be referred to the Administration/Management Think Tank for consideration in Domain 11. NACCHO has done work on the concept of administrative preparedness.
- PHAB should be cautious in developing requirements related to community resilience because, while it is related to prevention, it is still ill-defined. However, community resilience is an important concept that goes beyond emergency preparedness, and PHAB can help to further define it as part of the overall Version 2.0 work.
- The operationalization of "community resilience," while a vital community capacity, requires the additional development of definition, models, and tools.
- Inclusion or integration of health impact assessment efforts and capacity should be considered.
- Incident management is an important concept that should be added. Defining public health recovery is challenging

because health department mission and authorities can vary from jurisdiction to jurisdiction and also may change depending upon the type of public health threat or emergency. PHAB should be flexible in the requirements for this area of responsibility.

- A potential measure that requires health departments to strengthen linkages between the health department and other governmental units would apply to emergency preparedness. Greater collaboration between emergency preparedness and other units of the health department was also recommended.
- For reaccreditation, a new requirement for a jurisdictional risk assessment (JRA) is recommended. Public health departments should participate with others during the JRA process. This would include legal, emergency management, healthcare system, local NGOs and stakeholder groups, mental/behavioral health, environmental health, etc.
- Refer updated requirements related to social media use in emergency preparedness to the Communication Science Expert Panel.
- Add the PHEP/Accreditation Alignment Matrix to PHAB's resources and market it in PHAB's newsletter when it is released. It is a valuable tool for health departments working on accreditation or reaccreditation.
- Review states' roles in emergency preparedness and consider adding state specific measures, including state support or the state role vis-à-vis local health departments and tribes, if relevant.
- Public health emergency law is an emerging body of work that should be mentioned in Domain 6. Similarly, emergency preparedness ethics could be referenced in the ethics measure in Domain 11.

### **Recommendations for Proposed Changes to the PHAB Standards and Measures**

- Measure 2.2.2 should be moved to Domain 5 with the Emergency Operations Plan (EOP) for clarity and flow. Part of the EOP development process should include the process for determining when the EOP is implemented.
- Measure 5.4.1 and 5.4.2 requirements for an All-Hazards Emergency Operations Plan (EOP) is realistic, but some clarifications are in order, given the nature of changes in the functioning of health departments since Version 1.5 was developed. Those changes include:
  - The EOP should be the health departments' emergency operations plan and not the emergency management agency's plan. In order to clarify this aspect, PHAB could ask the health department to describe their statutory mandates/authorities; the process of the development of the plan; their partnerships to carry out those mandates; and their overall jurisdictional role. Following those descriptions, the health department's EOP should be required to address those elements. PHAB should add to the guidance where ESF 8 (FEMA) aligns with the measure requirements. Typical categories would be prevention, recovery, and mitigation, as examples. There are also six key areas in an EOP according to FEMA (Communication; Resources and Assets; Safety and Security; Staff Responsibilities; Utilities Management; Patient and Clinical Support Activities; and Regular Testing and Evaluation). The health department's role in incident command should also be included in the EOP. The EOP might not cover everything; sometimes, the EOP is a higher-level strategic document, with operational details occurring in other documents or annexes.
  - A separate measure could then ask where the health department fits into the overall jurisdictional emergency management plan and how it works with the jurisdiction's lead

organizations on emergency management. To be consistent with the PPHR guidelines, PHAB should consider asking the following:

- If the health department is not the lead agency for a particular task, a description of the following should be provided:
  - Identification of the lead agency and their roles and responsibilities
  - Description of the support roles and responsibilities of the health department
  - Description of how the health department partners with the lead agency to plan for, and prepare to deliver the emergency services
  - Description of the health department's coordination and communication process for supporting the work of the lead agency
  - Description of how the health department will work with the lead agency during or following an emergency response
  - An example of how this collaboration has worked in the past, how it was exercised, or how it is addressed in the health department workforce development plan; and if applicable, description of the authority or documentation formalizing the relationship with the lead agency (e.g., mutual aid agreements, contracts, regulatory obligations).
- The requirement for an After Action Report (AAR) is only good if they are required to follow the exercise cycle and a question is asked about what was done with the learning from that debriefing. The requirement should relate to debriefing an actual event and/or a planning, exercise, and improvement drill. This could also be related to Domain 9 and could be an example of a QI project. The improvements may not result in a change in the EOP itself, so RD 3 under Measure 5.4.1 should be broadened.
- The language regarding continuity of operations in Measure 5.4.2 is weak and should be strengthened.
- Measure 5.4.3 for State Health Departments should address their role in developing and implementing/regulating crisis standards of care. Part of this role includes review of laws and authorities about the provision of care in response to an emergency and is typically a State Health Department function.

### Recommendations Regarding Terminology and Definitions

Current Terms in PHAB Glossary	Existing Definition	Proposed Definition/ Recommendation/Notes
All-hazards EOP	An emergency operations plan is a document that assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency; sets forth lines of authority and	Keep as is. FEMA has not updated this definition.

	<p>organizational relationships, and shows how all actions will be coordinated; describes how people and property will be protected in emergencies and disasters; identifies personnel, equipment, facilities, supplies, and other resources available--within the jurisdiction or by agreement with other jurisdictions--for use during response and recovery operations; and identifies steps to address mitigation concerns during response and recovery activities. As a public document, an EOP also cites its legal basis, states its objectives, and acknowledges assumptions.</p> <p>(<a href="http://www.fema.gov/pdf/plan/slg101.pdf">http://www.fema.gov/pdf/plan/slg101.pdf</a>)</p>	
After Action Report	<p>An After Action Report is a narrative report which captures observations of an exercise (for example: table top, functional exercise, or full scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. (Adapted from: US Department of Homeland Security. Exercise and Evaluation Program (HSEEP) Volume 1: HSEEP Overview and Exercise Program Management. Washington, DC: The Department; 2007)</p>	<p>Keep the definition but add a reference to the HSEEP format.</p> <p><a href="https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007.pdf">https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007.pdf</a></p>
Community Resilience	<p>Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations.</p> <p>(<a href="http://www.rand.org/topics/communityresilience.html">http://www.rand.org/topics/communityresilience.html</a>)</p>	Keep as is.
Emergency	<p>An emergency is any natural or manmade situation that results in injury, harm, or loss to humans or property. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009)</p>	Keep as is.

Public Health Emergency	<p>A public health emergency is an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long term disability. Such or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster. (Gostin, L.O., et al. The Model State Emergency Health Powers Act: Planning for and Response to Bioterrorism and Naturally Occurring Infectious Diseases, JAMA 2002: 288: 622.)</p>	<p>Keep the definition but add the following: The Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.</p> <p><a href="https://www.phe.gov/emergency/news/healthactions/ph/Pages/default.aspx">https://www.phe.gov/emergency/news/healthactions/ph/Pages/default.aspx</a></p>
Public Health Preparedness	<p>Public health preparedness is the ability of the public health system, community, and individuals to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those in which scale, timing, or unpredictability threatens to overwhelm routine capabilities. Activities focus on protecting and improving the overall health of communities and include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitoring and investigating health threats (surveillance and disease detection)</li> <li><input type="checkbox"/> Communicating critical information with public health officials at local, state, and federal levels</li> <li><input type="checkbox"/> Building and operating laboratories with capabilities to identify disease agents, toxins, and other health threats</li> <li><input type="checkbox"/> Operating and maintaining the Strategic National Stockpile of critical medical assets for rapid deployment to states</li> <li><input type="checkbox"/> Developing, practicing, and improving emergency response plans at state and local public health departments to ensure rapid and effective responses to real health security threats (<a href="http://www.cdc.gov/phpr/whatcdcisdoing.htm">http://www.cdc.gov/phpr/whatcdcisdoing.htm</a>)</li> </ul>	<p>Public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action.</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1854988/#__sec5title">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1854988/#__sec5title</a></p>

Risk Assessment	<p>Risk assessment is a process used to formally assess the potential harm due to a hazard taking into account factors such as likelihood, timing, and duration of exposure. (Riegelman, R. Public Health 101. Jones and Bartlett. MA. 2010)</p>	<p><b>RISK ASSESSMENT:</b>  Definition: product or process which collects information and assigns values to risks for the purpose of informing priorities, developing or comparing courses of action, and informing decision making  Sample Usage: The analysts produced a risk assessment outlining risks to the aviation industry.  Extended Definition: appraisal of the risks facing an entity, asset, system, network, geographic area or other grouping  Annotation: A risk assessment can be the resulting product created through analysis of the component parts of risk.</p> <p><b>RISK ASSESSMENT METHODOLOGY:</b>  Definition: set of methods, principles, or rules used to identify and assess risks and to form priorities, develop courses of action, and inform decision making  Sample Usage: The Maritime Security Risk Analysis Model (MSRAM) is a risk assessment methodology used to assess risk at our Nation's ports.</p> <p><b>RISK ASSESSMENT TOOL:</b>  Definition: activity, item, or program that contributes to</p>

		<p>determining and evaluating risks</p> <p>Sample Usage: A checklist is a common risk assessment tool that allows users to easily execute risk assessments in a consistent way.</p> <p>Annotation: Tools can include computer software and hardware, standard forms, or checklists for recording and displaying risk assessment data.</p> <p><a href="https://www.dhs.gov/xlibrary/assets/dhs-risk-lexicon-2010.pdf">https://www.dhs.gov/xlibrary/assets/dhs-risk-lexicon-2010.pdf</a></p>
Surge Capacity	<p>Surge capacity refers to the ability to expand care or service capabilities in response to unanticipated or prolonged demand. (The Joint Commission. Health Care at the Crossroads: Strategies for Creating and Sustaining Community-Wide Emergency Preparedness Strategies. Washington, DC. 2003)</p>	<p>Surge capacity is a measurable representation of ability to manage a sudden influx of patients or a sudden and unexpected change in services. It is dependent on a well-functioning incident management system and the variables of space, supplies, staff and any special considerations (contaminated or contagious patients, for example).</p> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/28264731">https://www.ncbi.nlm.nih.gov/pubmed/28264731</a></p>
<b>Proposed New Terms</b>		
Administrative preparedness	None	<p>Administrative preparedness is the process of ensuring that fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring can be modified,</p>

		<p>accelerated, and streamlined during an emergency to support public health preparedness response and recovery efforts.</p> <p><a href="https://www.naccho.org/programs/public-health-preparedness/systems-preparedness/administrative-preparedness-legal-guidebook">https://www.naccho.org/programs/public-health-preparedness/systems-preparedness/administrative-preparedness-legal-guidebook</a></p>
Crisis standards of care	None	<p>Standards of care that should apply in disaster situations-both naturally occurring and man-made-under conditions of scarce resources.</p> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/24830057">https://www.ncbi.nlm.nih.gov/pubmed/24830057</a></p>
ESF 8 Emergency Support Function #8	None	<p>Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.</p> <p><a href="https://www.fema.gov/media-library-data/20130726-1825-25045-8027/emergency_support_function_8_public_health_medical_services_annex_2008.pdf">https://www.fema.gov/media-library-data/20130726-1825-25045-8027/emergency_support_function_8_public_health_medical_services_annex_2008.pdf</a></p>



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