Medical Countermeasure (MCM) Technical Assistance Action Plan Guidance

Overview

The Centers for Disease Control and Prevention (CDC) will work with the Public Health Emergency Preparedness (PHEP) program recipients to submit updated medical countermeasure (MCM) technical assistance action plans and help jurisdictions move toward “established” status level by June 30, 2022. The PHEP program and Operational Readiness Review (ORR) are administered by the CDC’s Office of Public Health Preparedness and Response (OPHPR) Division of State and Local Readiness (DSLR). The action plans focus on activities designed to address prioritized MCM planning and operational gaps identified during their most recent ORR. Recipients must identify a minimum of three and a maximum of five action activities that outline a plan for improvement.

In addition, state recipients must develop MCM action plans for all of their Cities Readiness Initiative (CRI) local planning jurisdictions, conduct quarterly conference calls with the CRI jurisdictions, and submit updated MCM action plans to CDC. Each action plan must summarize completed activities in response to areas of improvement identified in the jurisdiction’s most recent MCM ORR.

Timeline for Submission

PHEP recipients must submit action plans to CDC twice each budget period and participate in quarterly conference calls to discuss action plan activities. The deadlines for action plan submissions are as follows:

<table>
<thead>
<tr>
<th>Action Plan Submission Deadline</th>
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<tbody>
<tr>
<td>December 29, 2017</td>
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<tr>
<td>June 30, 2018</td>
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Reminders

- All action items should be prioritized to reach the goal of “established” by June 30, 2022.
- Subject matter experts, including U.S. Marshals, may be invited to these quarterly conference calls for support.
- Official signatures are not required.

Step 1: Download the action plan

The MCM Action Plan is available for download in the Online Technical Resource and Assistance Center (On-TRAC) under the Hot Topics section. If additional assistance is required, reach out to your Atlanta-based or regional MCM specialists.

Step 2: Complete your action plan

The action plan is a PDF fillable form that includes blanks for open-ended sections and drop downs that make it easy and quick to create an update.
First, fill out the first section of the MCM action plan, which contains your “Action Items.” These action items are the high-level goals your preparedness program would like to achieve. You should include three to five action items.

Second, on the “Action Activity” section, include specific activities that will enable you to meet the each of the action items.

**Step 3: Rename and save your action plan**

Once you have completed your plan, save it using one of the following naming structures prior to submission.

<table>
<thead>
<tr>
<th>Recipients</th>
<th>Nomenclature</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>State_County/Region_Quarter_Date</td>
<td>GA_Dist1.1_Q1_09.15.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GA_Atlanta_Q1_09.15.17</td>
</tr>
<tr>
<td>State</td>
<td>State_Quarter_Date</td>
<td>GA_Q1_09.15.17</td>
</tr>
<tr>
<td>Island and Territories</td>
<td>US_Territory_Quarter_Date</td>
<td>US_VirginIslands_Q1_09.15.17</td>
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<tr>
<td></td>
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<td>PR_Q1_09.15.17</td>
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</tbody>
</table>

**Step 4: Submit the action plan**

Locals — E-mail completed action plans to your state MCM coordinator for review.

State, Island and Territories — E-mail completed action plans to your Atlanta-based CDC MCM specialist for review.

**NOTE:** States should ensure CRI jurisdiction MCM action plans are correctly filled out prior to submission to the Atlanta-based CDC MCM specialists.

**MCM Action Plan Submission Checklist**

**Local CRI Jurisdiction Action Plan**

- [ ] Completed action plan form
- [ ] Selected quarter
- [ ] Selected jurisdiction
- [ ] Identified at least three action items
- [ ] Drafted action activities
- [ ] Saved action plan
- [ ] State: “State_City/Region/District_ Quarter_ Date”
☐ E-mailed action plan to state MCM coordinator

☐ State reviewed action plan

☐ E-mailed action plan to state Atlanta-based CDC MCM specialist

**State/Island/ Territory Action Plan**

☐ Completed action plan form

☐ Selected quarter

☐ Selected jurisdiction

☐ Identified at least three action items

☐ Drafted action activities

☐ Saved action plan

☐ State: “State _ Quarter_ Date”

☐ Island/Territory: “US _ Island/Territory_ Date”

☐ E-mailed action plan to state CDC MCM specialist

**Form Fields**

**Action Item**

Action items are high-level MCM goals that the preparedness program would like to achieve. Items should be broad objectives that can be accomplished by completing multiple, smaller action activities that build up to achieve the action item. An action item could be to write a new plan, complete a full-scale exercise, or implement a new volunteer management system.

**Action Activity**

Action activities are tasks that take small steps towards achieving or completing an action item. Activities could include researching or requesting necessary materials or guidance, collaborating with partners, taking or providing training, or reaching milestones related to completing an action item.

**Notes** – Utilize the notes field to link activities to any additional evidence (e.g., documents, explanations).
Operational Readiness Review (ORR) Forms

Descriptive/Demographic

1. **Jurisdictional Data Sheet (JDS)** – The JDS is used to gather information about the jurisdictions population and staffing to support MCM distribution and dispensing.

2. **Critical Contact Sheet (CCS)** – The CCS is used to maintain accurate, up-to-date information on essential personnel. For example, CDC’s Division of Strategic National Stockpile (DSNS) can consult this information when a request to ship materiel is received.

3. **Receipt, Stage, and Store (RSS) Site Survey** – The RSS site survey provides situational awareness about potential MCM storage facilities. It is used to validate whether a site is appropriate to receive, store, and distribute MCM assets. The type of information collected on the RSS include physical facility and surrounding area detail, security considerations, staffing information, and environmental controls, including cold chain management.

4. **Point-of-Dispensing (POD)** – The POD form is used to maintain accurate, up-to-date information about open POD location, population served, and staffing necessary to support dispensing activities. The information can be used to identify staffing shortages and opportunities for technical assistance.

Planning

1. **Dispensing** – The dispensing planning form provides insight about procedures for handling medical materiel management and dispensing. While the primary questions address those components, additional questions from other related capabilities inform situational awareness and include Capability 1: Community Preparedness; Capability 4: Emergency Public Information and Warning; Capability 14: Responder Safety and Health; and Capability 15: Volunteer Management. Questions from additional capabilities should be answered based on overall PHEP planning and as applicable to strengthen MCM plans.

2. **Distribution** – The distribution planning form provides insight about procedures for handling medical materiel management and distribution. While the primary questions address those components, additional questions from Capability 3: Emergency Operations Coordination are included for related situational awareness. Questions not specific to handling medical materiel management and distribution should be answered based on overall PHEP planning and as applicable to strengthen the MCM plans.

Operational

1. **Facility Setup Drill** – The facility setup drill provides information on operational ability to stand up a site with the necessary materiel, layout, and supplies for timely distribution and dispensing. The drill information should be completed for each facility setup.

2. **Staff Notification and Assembly Drill** – The staff notification and assembly drill provides information on operational function specific to staff notification and assembly procedures for various facilities, including emergency operations centers (EOCs), Receipt Stage and Store (RSS) facilities, regional distribution sites (RDSs)/local distribution sites (LDSs), and points of dispensing (PODs). The drill measures the accuracy of staff rosters, timeliness of staff confirmations to the notification, and staff ability to report for duty within a designated timeframe. Communication methods and processes also are measured. The drill information should be completed for each site notified.

3. **Site Activation Drill** – The site activation drill provides information on operational function for procedures to open and activate various types of distribution and dispensing facilities. The drill measures the accuracy of site rosters, timeliness of site confirmations to the notification, and site function within a designated timeframe.
Communication methods and processes also are measured. The drill information should be completed for each site notified.

4. **Training and Exercise Planning Form** – The training and exercise form standardizes the collection of areas for improvement identified in the training and exercise planning workshop (TEPW) and allows for monitoring of exercise program priorities used to develop the multiyear training and exercise plan (MYTEP). It also can inform technical assistance activities. The information collected outlines the plans to address specific threats and hazards, identified areas for improvement, and public health preparedness capabilities. The form does not replace the MYTEP document.

5. **Dispensing Full-scale Exercise (FSE)/Incident** – The dispensing FSE/incident form provides information on operational function specific to staff notification and assembly procedures for PODs. The exercise measures the accuracy of staff rosters, timeliness of staff confirmations to the notification, and staff ability to report for duty within a designated timeframe. The exercise also assesses the ability for a complete and timely POD setup with the necessary materiel, layout, and supplies for the general population as well as vulnerable populations. In addition, the exercise tests dispensing procedures and verifies estimates of regimens and persons per hour. Lastly, the exercise tests timeliness for developing and releasing public health messages to the public, including vulnerable populations.

6. **Dispensing Throughput Drill** – The Dispensing Throughput Drill tests dispensing procedures for pills and verifies estimates of regimens and persons per hour in a given POD. Submission of this form is only required if the dispensing FSE was conducted using a mass vaccination model (not pills).

7. **After-action Report (AAR) and Improvement Plan (IP)** – The AAR/IP form standardizes the information collected from an AAR and IP to evaluate the activity reported. The form does not replace the AAR/IP document(s). The form provides critical information required to determine the areas of strength and improvement across the program. The form is not required for drills or tabletop exercises, but should be used for all incidents, functional exercises, and full-scale exercises (not just specific to MCMs).

8. **PHEP/Functional/Full-scale Exercise or Incident** – The PHEP/Functional/Full-scale Exercise or Incident form provides operational information about EOCs, including staff notification and assembly procedures. Detail about staff roster accuracy, notification, and assembly are collected. Further, EOC procedures, including site activation and availability, are collected. Engagement with vulnerable population stakeholders during an activation are collected to satisfy the PHEP program requirement to engage these partners if relevant to the exercise or incident/event. Information provided also might satisfy the joint planning exercise if Hospital Preparedness Program (HPP) and state, regional, or federal emergency management are involved in the incident/event.

9. **Tabletop Exercise (TTX)** – A TTX is a discussion-based exercise intended to generate discussion of various issues regarding a hypothetical, simulated emergency. The TTX form standardizes the information collected from a TTX. TTXs can increase participants’ general awareness while validating plans and procedures. Participants also can assess the type of systems needed to prevent, protect against, mitigate negative effects, and recover from
a defined incident. TTXs also can help identify strengths and areas for improvement in preparedness plans. Involving vulnerable population stakeholders in TTX (if relevant to the exercise) will satisfy the annual PHEP requirement to engage those partners.

**Action Activity Type**

1. **Technical Assistance (TA)** – Technical assistance is assistance provided by CDC to the recipient or by the recipient to the local CRI jurisdiction.

2. **Improvement Plan (IP)** – An IP includes activities that support corrective actions identified by the jurisdiction to address program gaps. An effective corrective action program develops IPs that are dynamic documents, which are continually monitored and implemented as part of the larger system of improving preparedness.

**TA Task**

The TA Task includes the TA provided by CDC staff to a recipient or the TA provided by the recipient to a local CRI jurisdiction. The “TA Tasks” field is grayed out unless “TA” is selected as the activity. Type for that action activity as this is not required if the activity is designated for the jurisdiction to complete itself (an IP activity). Definitions of each of the TA tasks are provided below.

1. **In-Person** – An in-person task refers to in-person meetings between the TA provider (CDC or recipient) and the TA requestor that are not considered scheduled site visits.

2. **Online** – An online task refers to any systems, tools, websites, or resources that are online and used to provide technical assistance. These online sources could include CDC’s On-TRAC, ASPR’s TRACIE, NACCHO’s Preparedness Toolkit, FEMA resources, or any other online source.

3. **Peer: Peer** – A peer-to-peer task refers to the TA provider organizing, coordinating, or facilitating a peer-to-peer interface or meeting for the jurisdiction. Peer-to-peer tasks could include a DSLR MCM specialist organizing a meeting for a recipient to speak with another recipient or the state facilitating a meeting between two (or more) local CRI jurisdictions.

4. **Phone** – A phone call TA task refers to technical assistance provided via phone call between the TA provider and the jurisdiction.

5. **Site Visit** – A site visit TA task refers to the completion of a site visit by the TA provider. Site visits can include an ORR site visit, RSS site survey, full-scale exercise participation, or PHEP site visit.

6. **SME** – A subject matter expert (SME) TA task refers to the consultation of an SME by the TA provider either relaying the necessary information or coordinating a meeting between the jurisdiction and the SME.

7. **Training** – TA provider researches, coordinates, or advises on in-person trainings helpful to the jurisdiction.

8. **Webinar** – A webinar TA task refers to the TA provider researching, coordinating, or advising on webinars, training or otherwise, helpful to the jurisdiction.

9. **Other** – Other TA task refers to any TA task not covered by any of the above tasks

**Activity Owner**

1. **PHEP Specialist** – CDC project officer who oversees the PHEP cooperative agreement grant management.

2. **MCM Specialist (Atlanta)** – MCM SME located at CDC headquarters in Atlanta, Georgia.
3. **MCM Specialist (Regional)** – MCM SME located in the field, assigned to specific HHS regions.

4. **MCM Coordinator** – Recipient responsible for the MCM component of the PHEP program

5. **Jurisdiction** – Public health authority over which the PHEP/HPP cooperative agreement extends in a geographical area.

**Action Activity Status**

1. **Not Started** – Activities have not commenced.

2. **Canceled** – Activities were discontinued.

3. **Paused** – Activities are on hold.

4. **In progress** – Activities are underway.

5. **Completed** – Activities were accomplished.