

Pandemic COVID-19 Incident Response (RSP)

Element	Data Entry Guidance	Significance
<p>RSP1.a-d COVID-19 Pandemic Response: Community Resilience</p> <p>a. <i>Transportation assets supported the needs of disproportionately impacted populations (DIPs) or residents with access and functional needs (AFN)AFN or DIPs ,</i></p> <p>b. <i>Equity officer (or equivalent) staffed during the response</i></p> <p>c. <i>Mental/behavioral health services provided to the community, and</i></p> <p>d. <i>Notifications about available public health services provided during the response.</i></p>	<p>Demonstrate jurisdiction’s ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>RSP1.a-d Evidence must illustrate how the pandemic response reinforced Community Resilience by demonstrating a minimum application of Capability 1: Community Preparedness or Capability 2: Community Recovery principles. Documentation must show how prioritized populations, those potentially disproportionality impacted, were accommodated during the response.</p> <p>Evidence from the incident must align with the selected answer choice.</p>	<p>The capability standards are organized into six domains and two tiers. Tier 1 capability standards form the foundation for public health emergency preparedness and response. Tier 2 capability standards are more crosscutting, and development relies upon having Tier 1 capability standards established in collaboration with external partners and stakeholders. Demonstrating capability function during a national pandemic response is the core emphasis of reporting incident response activities.</p>

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<p>RSP1.a-b Evidence must document inclusion of accommodations to address health equity for the whole population throughout the response. If considerations for CMIST and whole population equity are not documented, this must be included as an area of improvement.</p> <p>RSP1.c-d State health departments must document the process for coordination of public health services with applicable agency and community partners throughout the response. Evidence must also document states have awareness about the local process for coordination and outreach.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • How faith-based organizations, community-based organizations, racial and ethnic minority groups, schools and childcare, retirement communities, correctional populations, tribal communities, or other identified AFN populations were included. • Transportation assets were used to support the needs of residents with AFN. Transportation assets include PHEP-defined resources that are owned, contracted, or supported by partner MOUs. Transportation resources are used to provide direct support to individuals who may lack access to personal transportation, who are unable to drive due to decreased or impaired mobility that may come with age or disability, temporary conditions, injury, or legal restriction as defined by CMIST. Residential need is defined broadly and across all phases of the response including to support health care and vaccination access. See CAP1.2. • Trusted spokesperson or equivalent representing AFN/DIP partners participated in the incident and delivered public health messages. See CAP1.3. • Availability of public health, environmental health, or mental/behavioral health services during the incident. See CAP2.1a-f. • Public notifications about available services made during the incident. See CAP2.2. 	<p>COVID-19 pandemic incident response satisfies program requirement for an FSE, which must be submitted once every five years at a minimum.</p>

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RSP1.e COVID-19 Pandemic Response: Community Resilience Strength	Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.	Evaluation and documentation of achievements validate the preparedness capability and follows HSEEP principles.
RSP1.f COVID-19 Pandemic Response: Community Resilience Area for Improvement	Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action.	Analyzing and identifying areas for improvement will help focus corrective actions and follows HSEEP principles.
RSP1.g COVID-19 Pandemic Response: Community Resilience Root Cause Analysis	Provide a root cause analysis or a summary statement about why the capability was not fully achieved.	Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.

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RSP1.e-g Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems.		

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<p>RSP2.a-e COVID-19 Pandemic Response: Incident Management</p> <ul style="list-style-type: none"> a. Public health EOC supported the response, b. ICS structure maintained, c. Additional personnel, materiel, or assets secured, d. Administrative preparedness, and e. COOP plan implemented. 	<p>Demonstrate jurisdiction's ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>Evidence must illustrate the Incident Management domain by demonstrating Capability 3: Emergency Operations Coordination was sustained during the COVID-19 pandemic response.</p> <p>Evidence from the incident must align with the selected answer choice.</p> <p>Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health /or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p> <p>Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</p> <p>Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p> <p>Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s).</p> <p>Not Applicable: Tasks were not associated with the response activity.</p>	

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<p>RSP2.a-e At a minimum, the health department must be activated and have a substantial role throughout the pandemic response. Beyond documenting the public health role in the EOC activation, evidence must document scalable incident management principles for staffing and training (just-in-time for responders) consistent with NIMS principles. Evidence related to the activation must include any relevant statutes or authorities that defined the circumstances, triggers, and dictated levels of action including securing additional staffing and emergency resources if required. Review administrative preparedness plan and supporting evidence to verify degree of challenge statements, See RSP2.f-h.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • Documentation that additional personnel or assets were acquired during the incident. See CAP3.4. • Documented activities for incident command management and staffing such as staff training and mobilization, emergency resource procurement, or task tracking for the incident response. See CAP3.5a-d. • Administrative preparedness plan (required). See RSP2.f-h. • Documentation that COOP plans were implemented. See CAP3.6a-d. 	

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<p>RSP2.f <i>COVID-19 Pandemic Response: Incident Management Strength</i></p>	<p>Create an observation statement focused on administrative preparedness (required) or another aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute. A statement about administrative preparedness must be entered as either a strength or an area of improvement given the assessed level of challenge.</p>	<p>Evaluation and documentation of achievements validate the preparedness capability and follows HSEEP principles.</p>
<p>RSP2.g <i>COVID-19 Pandemic Response: Incident Management Area for Improvement</i></p>	<p>Create an observation statement focused on administrative preparedness (required) or another aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action. A statement about administrative preparedness must be entered as either a strength or an area of improvement given the assessed level of challenge.</p>	<p>Analyzing and identifying areas for improvement will help focus corrective actions and follows HSEEP principles.</p>
<p>RSP2.h <i>COVID-19 Pandemic Response: Incident Management Root Cause Analysis</i></p>	<p>Provide a root cause analysis or a summary statement about why the capability was not fully achieved.</p>	<p>Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.</p>

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<p>RSP2.f-h Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems.</p>		

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<p>RSP3.a-d COVID-19 Pandemic Response: Information Management</p> <ul style="list-style-type: none"> a. PIO used during the response, b. JIC established, c. Community partners engaged in developing and sharing information, and d. Public and media inquiries routinely addressed. 	<p>RSP3.a-d Demonstrate jurisdiction’s ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>Evidence must illustrate the Information Management domain by demonstrating the response maintained Capability 4: Emergency Public Information Warning or Capability 6: Information Sharing.</p> <p>Evidence from the incident must align with the selected answer choice.</p> <ul style="list-style-type: none"> • Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. • Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). • Not Applicable: Tasks were not associated with the response activity 	

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<p>RSP3.a-d Evidence must identify the PIO was responsible for implementing jurisdictional public information and communication strategies throughout the response and that information from key agencies involved in the response was coordinated through a JIC.</p> <p>Evidence must document communication strategies for timely and accurate information flow that were implemented during the incident. Partner engagement with key stakeholders must demonstrate how developing and sharing emergency public information warnings was done as an integrated, collaborative process.</p> <p>Review partner lists for stakeholders that engage in bidirectional information sharing. At a minimum, evidence of partner communications must include emergency management, AFN, and DIP partners.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • Establishment or participation in a JIC. See CAP4.2a-c. • Ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel was demonstrated during the response. See CAP4.3a-c. • Public or media inquiries were addressed during the incident. See CAP4.4a-b. • Partners were engaged in key communications during the incident. See CAP6.1a-b and PPS1. • Information about situational awareness among multijurisdictional (federal, state, local, tribal, or territorial levels) or multidisciplinary partners including the private sector was exchanged during the response. See CAP6.2a-c. 	

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RSP3.e COVID-19 Pandemic Response: Information Management Strength	Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.	Evaluation and documentation of achievements validate the preparedness capability and follows best HSEEP principles.
RSP3.f COVID-19 Pandemic Response: Information Management Area for Improvement	Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action	Analyzing and identifying areas for improvement will help focus corrective actions and follows best HSEEP principles.
RSP3.g COVID-19 Pandemic Response: Information Management Root Cause Analysis	Provide a root cause analysis or a summary statement about why the capability was not fully achieved.	Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.

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RSP3.e-g Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems.		

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<p>RSP4.a-n <i>COVID-19 Pandemic Response: Countermeasures and Mitigation</i></p> <ul style="list-style-type: none"> a. <i>Federal MCM assets requested,</i> b. <i>MCM dispensed through PODs or DVCs,</i> c. <i>Security protocols at PODs or DVCs applied,</i> d. <i>Emergency use authorization (EUA) protocols followed,</i> e. <i>Cold chain management followed,</i> f. <i>MCM distribution followed transportation plans,</i> g. <i>RSS facilities stored MCM,</i> h. <i>Security protocols at RSS applied,</i> i. <i>NPIs used,</i> j. <i>Physical health of public health responders screened,</i> k. <i>Physical health of public health responders monitored,</i> l. <i>Mental/behavioral health of public health responders screened,</i> m. <i>Mental/behavioral health of public health responders monitored, and</i> n. <i>Just-in-time training to public health responders provided.</i> 	<p>Demonstrate jurisdiction’s ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>Evidence must illustrate the Countermeasures and Mitigation domain by demonstrating the pandemic response maintained evidence of Capability 11: Nonpharmaceutical interventions (NPI).</p> <p>Evidence from the incident must align with the selected answer choice.</p> <ul style="list-style-type: none"> • Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. • Performed with Major Challenges: The performance of tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). • Not Applicable: Tasks were not associated with the response activity 	

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<p>Evidence from the incident must align with the selected answer choice for requesting MCM assistance after the federal disaster declaration.</p> <p>RSP4.a-d Evidence must document the process used to request MCM assistance throughout the pandemic re-sponse. States must provide evidence of what, if any, PODs/DVCs were activated, how security was maintained, and how oversight of local EUA implementation was directed and complied with FDA protocols; state- provided guidance to local jurisdictions is acceptable evidence.</p> <p>RSP4.e Jurisdictions must follow CDC vaccine storage and handling guidelines. Evidence must document how the jurisdiction stored and handled vaccines during transport (distribution) and at dispensing sites (identified as DVC) in accordance with federal guidelines for cold chain management.</p> <p>RSP4.f Evidence must document how transportation resources, both primary and backup, were used to deliver MCMs to all open PODs, hospitals, treatment centers, and DVCs as applicable.</p> <p>RSP4.g-h States must provide evidence of what, if any, RSS facilities were used to store MCM assets during the response and how security was maintained.</p> <p>RSP4.i Evidence must demonstrate how NPIs were applied throughout the pandemic response. Isolation and quarantine are enacted to prevent secondary exposure to people who have or may have a contagious disease. Isolation separates sick people with a quarantinable communicable disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. See Legal Authorities for Isolation and Quarantine.</p> <p>RSP4.j Evidence must document how responsible partners supported community mitigation interventions by implementing actions, monitoring compliance, and disseminating information throughout the response.</p> <p>RSP4.j-n Evidence documenting Capability 14: Responder Safety and Health must demonstrate protective actions for public health and other emergency responders during pre-deployment, deployment, and post-deployment and must address risk-specific training and monitoring given the nature of the pandemic response.</p> <p>Evidence from the pandemic incident might also meet criteria for additional five-year program requirements including the DSP FSE and DST FSE. See also DSP1-2 and DST1a-j.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • Documented implementation of isolation, quarantine, movement restrictions, travel advisories, social distancing, closures, or other mitigation strategies the jurisdiction supported, coordinated, or led during the incident. See CAP11.1a-d. • How mitigation strategies were monitored during the incident CAP11.1a-d. • How partners were engaged to support mitigation strategies during the incident. See CAP11.2. • Documentation that responder activity included information about potential hazards and risks. See CAP14.1a-c. • How health and safety of responders were monitored during the incident. See CAP14.1a-c. • How responders received PPE training and supplies during the incident. See CAP14.2a-b. • Whether responder eligibility verification included screenings and countermeasures considerations. See CAP14.3a-c. • For recipients who must demonstrate readiness for an intentional anthrax release, evidence from the pandemic incident might also meet criteria for five-year distribution and dispensing program requirements. To obtain additional credit, complete the applicable five-year program requirements (see DSP FSE and DST FSE) to submit evidence that fully demonstrates Capability 8: Medical Countermeasure Dispensing and Administration or Capability 9: Medical Materiel Management and Distribution. 	

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<p>RSP4.o COVID-19 Pandemic Response: Countermeasures and Mitigation Strength</p>	<p>Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.</p>	<p>Evaluation and documentation of achievements validate the preparedness capability and follows best HSEEP principles.</p>
<p>RSP4.p COVID-19 Pandemic Response: Countermeasures and Mitigation Area for Improvement</p>	<p>Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action.</p>	<p>Analyzing and identifying areas for improvement will help focus corrective actions and follows best HSEEP principles.</p>
<p>RSP4.q COVID-19 Pandemic Response: Countermeasures and Mitigation Root Cause Analysis</p>	<p>Provide a root cause analysis or summary statement about why the capability was not fully achieved.</p>	<p>Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.</p>

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<p>RSP4.o-q Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health and health care systems.</p>		

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<p>RSP5.a-m COVID-19 Pandemic Response: Surge Management</p> <ul style="list-style-type: none"> a. <i>Interim sites used for human remains</i> b. <i>Vital statistics shared COVID-19 mortality data</i> c. <i>EDRS used for mortality tracking,</i> d. <i>Mortality reporting was timely,</i> e. <i>Death certificates timely issued,</i> f. <i>Air flow and ventilation monitored at congregate sites</i> g. <i>Mental/behavioral health routinely monitored for persons under quarantine and isolation orders</i> h. <i>Accommodations for persons with AFN at vaccination sites</i> i. <i>Prevention outreach directed at disproportionately impacted populations (DIPs)</i> j. <i>Surge staff supported clinical operations</i> k. <i>Crisis Standards of Care (CSC) triggered</i> l. <i>Health care and public health exchanged timely information</i> m. <i>Volunteers were managed</i> 	<p>Demonstrate jurisdiction’s ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>Evidence must illustrate the pandemic response reinforced the Surge Management domain by demonstrating the pandemic response reinforced Capability 5: Fatality Management, Capability 7: Mass Care, Capability 10: Medical Surge, or Capability 15: Volunteer Management.</p> <p>Evidence from the incident must align with the selected answer choice.</p> <p>Performed without Challenges: The performance of tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p> <p>Performed Adequately (with Some Challenges): The performance of tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</p> <p>Performed with Major Challenges: The performance of tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health and/or safety risks for the public or for emergency workers; and/or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p> <p>Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s).</p> <p>Not Applicable: Tasks were not associated with the response activity</p>	

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<p>RSP5.a-m Public health must identify and address potential shortages that require surge support throughout the pandemic response. Evidence must describe surge management and illustrate how allocation decisions under conditions of extreme scarcity and urgent need were made in the jurisdiction and with attention to people with AFN and disproportionately impacted populations (DIPs). Evidence must support maintenance of essential services and augmented emergency health care functions given an increased demand for supplementary staff and resources such as PPE and CSC due to the pandemic response.</p> <p>Timeliness should be evaluated in terms of availability of information for disease control, for either immediate or long-term control efforts, and prevention. Review evidence of timeliness given the nature of the response in the jurisdiction at a point in time, as this varied throughout the duration of the response. For example, exchange between local, state, emergency managers, and the ME/C about mortality reports likely ebbed and flowed given case rates and jurisdictional factors. Evidence must also document how incident-specific, sensitive information, from health care to public health, was exchanged and maintained throughout the duration of the response.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • Use of EDRS to share mortality information. See CAP5.1a. • Issuance of death certificates or identification of interim sites for human storage. See CAP5.1b-d. • Use of surveillance and mortality reporting to share information with partners. See CAP5.2a-c. • Collection and dissemination of antemortem data to support victim identification or family notification. See CAP5.3a-c and CAP10.4. • Congregate site safety monitoring including food service, potable water, climate and waste management, and provision of health care services. See CAP7.1a-g. • Accommodations for AFN populations in congregate settings. See CAP7.2. • Staffing surge to support clinical operations. See CAP10.1a-b. • Implementation of CSC. See CAP10.2. • Collaboration between public health and health care sectors. See CAP10.3a-f. • Evidence of volunteer management during the incident. See CAP15.1a-i. • Use of ESAR-VHP or equivalent system. See CAP15.2a-d. 	

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RSP5.n COVID-19 Pandemic Response: Surge Management Strength	Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.	Evaluation and documentation of achievements validate the preparedness capability and follows best HSEEP principles.
RSP5.o COVID-19 Pandemic Response: Surge Management Area for Improvement	Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action.	Analyzing and identifying areas for improvement will help focus corrective actions and follows best HSEEP principles.
RSP5.p COVID-19 Pandemic Response: Surge Management Root Cause Analysis	Provide a root cause analysis or a summary statement about why the capability was not fully achieved.	Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.

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RSP5.n-p Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health and health care systems.		

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<p>RSP6.a-f COVID-19 Pandemic Response: Biosurveillance</p> <ul style="list-style-type: none"> a. <i>Laboratory information management system (LIMS) used,</i> b. <i>Testing prioritization for the pandemic strain implemented,</i> c. <i>Laboratory COOP or surge plans followed,</i> d. <i>Procedures for confidential, sensitive, and restricted data storage maintained,</i> e. <i>Standards for rapid exchange of secure information between stakeholders followed, and</i> f. <i>Timely surveillance, investigations, and mitigation actions followed.</i> 	<p>Demonstrate jurisdiction’s ability to respond to an actual pandemic in each of the domains described in the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. For each domain provide substantive evidence that demonstrates implementation of applicable activities given the COVID-19 response actions.</p> <p>Evidence must illustrate the pandemic response reinforced the Biosurveillance domain by demonstrating the pandemic response reinforced Capability 12: Public Health Laboratory Testing and Capability 13: Public Health Surveillance and Epidemiological Investigation capabilities (examples of both are required).</p> <p>Evidence from the incident must align with the selected answer choice.</p> <ul style="list-style-type: none"> • Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. • Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). • Not Applicable: Tasks were not associated with the response activity. 	

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<p>RSP6.a-f The Biosurveillance domain requires evidence for both Capability 12: Public Health Laboratory Testing and Capability 13: Public Health Surveillance and Epidemiological Investigation.</p> <p>Evidence must demonstrate continuity of laboratory services throughout the pandemic response This includes prioritization for processing samples related to the pandemic surge and the information exchange process among key public health and health care stakeholders. Evidence must also describe surveillance monitoring, reporting, investigations such as contact tracing, and infection prevention and control protocols were followed throughout the pandemic response.</p>	<p>Evidence from the incident must include at a minimum one example from Public Health Laboratory Testing and one from Public Health Surveillance and Epidemiological Investigation.</p> <p><u>Examples of Acceptable Evidence</u></p> <p>Public Health Laboratory Testing</p> <ul style="list-style-type: none"> • Implementation of standard or novel detection methods given the pandemic scenario or incident. • Implementation of testing prioritization for the pandemic strain. • Use of novel collection methods like rapid test sites or drive-through facilities in communities, schools, workplaces, and health care settings. • Implementation of laboratory COOP or surge plans. • Rapid result reporting to stakeholders. <p>Public Health Surveillance and Epidemiological Investigation</p> <ul style="list-style-type: none"> • Case surveillance includes pertinent demographic, clinical, and epidemiological characteristics for the pandemic disease. • Reporting and dissemination of surveillance information to stakeholders. See CAP13.2 and CAP13.3a-b. • Reporting and dissemination of epidemiological investigations to stakeholders. See CAP13.1a-d and CAP13.5a-b. 	

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RSP6.g COVID-19 Pandemic Response: Biosurveillance Strength	Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.	Evaluation and documentation of achievements validate the preparedness capability and follows best HSEEP principles.
RSP6.h COVID-19 Pandemic Response: Biosurveillance Area for Improvement	Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action	Analyzing and identifying areas for improvement will help focus corrective actions and follows best HSEEP principles.
RSP6.i COVID-19 Pandemic Response: Biosurveillance Root Cause Analysis	Provide a root cause analysis or a summary statement about why the capability was not fully achieved.	Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.

Reviewer Guidance	Documentation	Submission Frequency
RSP6.g-i Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health and health care systems.		