



## Capability 1: Community Preparedness

- 1 The term “incident” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”
- 2 Throughout this document, the term “Mental/Behavioral Health” is used as an overarching term to encompass behavioral, psychosocial, substance abuse and psychological health
- 3 “Human Impact” refers to indicators such as: number of fatalities resulting from a particular hazard, Injuries Requiring Emergency Medical Services Transport, Outpatient Injuries, Hospital ED Visits Due to Injuries, Trauma Center (levels 1&2) Injuries (excerpt from Hazard Risk) Assessment Instrument, University of California, Los Angeles Center for Public Health and Disasters)
- 4 Adapted from Project Public Health Ready Measure 1.j1
- 5 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 7.1.2B
- 6 Adapted from Project Public Health Ready Measure 1.e2
- 7 Adapted from Project Public Health Ready Measure 1.e3
- 8 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 5.4.1B
- 9 Adapted from Project Public Health Ready Measure 1.t2
- 10 Adapted from Project Public Health Ready Measure 1.j2
- 11 Adapted from Project Public Health Ready Measure 1.t1
- 12 Adapted from Project Public Health Ready Measure 1.b4
- 13 Adapted from Project Public Health Ready Measure 1.t3
- 14 Building Community Resilience for Children and Families:  
[http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/BuildingCommunity\\_FINAL\\_02-12-07.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/BuildingCommunity_FINAL_02-12-07.pdf)
- 15 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.1B
- 16 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.2B
- 17 Adapted from Project Public Health Ready Measure 1.w3i
- 18 Adapted from Project Public Health Ready Measure 1.w3vii
- 19 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.2B
- 20 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.2B
- 21 Adapted from Project Public Health Ready Measure 1.e3
- 22 Social connectedness refers to the personal (e.g., family, friend, neighbor) and professional (e.g., service provider, community leader) relationships among community residents. From Chandra, A. et al. (2010). “Understanding Community Resilience in the Context of National Health Security: A Literature Review.” Working Paper WR-737. Available at [http://www.rand.org/pubs/working\\_papers/2010/RAND\\_WR737.pdf](http://www.rand.org/pubs/working_papers/2010/RAND_WR737.pdf)
- 23 People connected to community organizations and other providers of knowledge and resources during an emergency, perceive themselves to be at higher risk and are therefore more likely to engage in preparedness activities before a disaster. From Yong-Chan, K., & Jinae, K. (2009). Communication, neighborhood belonging and household hurricane preparedness. Disasters. As cited in Chandra, A. et al. (2010). “Understanding Community Resilience in the Context of National Health Security: A Literature Review”. Working Paper WR-737. Available at [http://www.rand.org/pubs/working\\_papers/2010/RAND\\_WR737.pdf](http://www.rand.org/pubs/working_papers/2010/RAND_WR737.pdf)
- 24 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.2B
- 25 Adapted from Project Public Health Ready Measure 1.e3
- 26 Adapted from Project Public Health Ready Measure 1.j2

## Capability 2: Community Recovery

- 27 Institute of Medicine (1988). The Future of Public Health
- 28 <http://www.cdc.gov/nphpsp/essentialServices.html>
- 29 Adapted from Project Public Health Ready Measure 1.y1
- 30 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 5.4.2B
- 31 A “public health system” is defined as executing the core functions of public health agencies at all levels of government: assessment, policy development, assurance (The Future of Public Health, 1988, Institute of Medicine)
- 32 Adapted from Project Public Health Ready Measure 1.v1
- 33 Adapted from Project Public Health Ready Measure 1.v2
- 34 Adapted from Project Public Health Ready Measure 1.v4
- 35 Gurwitsch, R.H., Pfefferbaum, B., Montgomery, J.M., Klomp, R.W., & Reissman, D.B. (2007). Available at [http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/BuildingCommunity\\_FINAL\\_02-12-07.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/BuildingCommunity_FINAL_02-12-07.pdf)
- 36 “Functional Needs” defined as communication, medical, independence, supervisory, and transportation) of at-risk individuals
- 37 Business; Community Leadership; Cultural and Faith-based Groups and Organizations; Emergency Management; Healthcare; Social Services; Housing and Sheltering; Media; Mental/behavioral Health; State Office of Aging or its equivalent; Education and Childcare Settings

## Capability 3: Emergency Operations Coordination

- 38 The term “event” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “A planned, non-emergency activity (e.g., parades, concerts, or sporting events).”
- 39 The term “incident” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”
- 40 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 5.4.2B
- 41 The term “demobilize” is used throughout this document. It is defined in Incident Command Structure Training Course 300 (manual page 7-4) to refer to “the release and return of resources that are no longer required for the support of an incident”
- 42 Federal Emergency Management Agency Incident Types: <http://training.fema.gov/EMIWeb/IS/ICSResource/assets/IncidentTypes.pdf>
- 43 Adapted from Project Public Health Ready Measure 1.k1
- 44 Adapted from Project Public Health Ready Measure 1.k2
- 45 Federal Emergency Management Agency Incident Types: <http://training.fema.gov/EMIWeb/IS/ICSResource/assets/IncidentTypes.pdf>
- 46 Adapted from Project Public Health Ready Measure 1.g2
- 47 “Virtual structure” can be defined as a software solution such as webEOC or a just in time modular “go kit” style solution to creating a physical emergency operations center
- 48 <http://training.fema.gov/EMIWeb/IS/ICSResource/assets/IncidentTypes.pdf>
- 49 Public health is not required to produce their own Incident Action Plan when not the lead agency

## Capability 4: Emergency Public Information and Warning

- 50 The term “incident” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”
- 51 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 3.2.2 B
- 52 Adapted from Project Public Health Ready Measure 1.i3
- 53 Adapted from Project Public Health Ready Measure 1.I2v-vii

- 54 See Administration Manager/Specialist for examples of job description: [http://www.fema.gov/pdf/pao/field\\_guide.pdf](http://www.fema.gov/pdf/pao/field_guide.pdf)
- 55 Approved by the jurisdictional approving authority (health officer or Incident Commander)
- 56 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 3.2.2 B
- 57 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 3.2.4 B
- 58 "Secure" is defined as message information that can only be accessed by the intended receiver e.g. https, login/password.
- 59 Adapted from Project Public Health Ready Measure 1.12v-vii
- 60 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 3.2.5 B
- 61 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 3.2.5 B
- 62 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 3.2.5 B

### Capability 5: Fatality Management

- 63 Adapted from Project Public Health Ready Measure 1.q1
- 64 Gavin, Cynthia, and John Nesler. Critical Aspects of Mass Fatality Planning for State and Local Governments. In *Death in Large Numbers: The Science, Policy, and Management of Mass Fatality Events*.
- 65 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 7.2.3B
- 66 Adapted from Project Public Health Ready Measure 1.q1
- 67 Adapted from Project Public Health Ready Measure 1.q1
- 68 Adapted from Project Public Health Ready Measure 1.q2
- 69 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 5.4.1B
- 70 Adapted from Project Public Health Ready Measure 1.q2
- 71 Ante-mortem data is "Information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, medical and dental records, and information regarding their last known whereabouts. Ante-mortem information is gathered and compared to post-mortem information when confirming a victim's identification." (National Association of County and City Health Officials Advance Practice Center Toolkit 'Creating and Operating a Family Assistance Center: A Toolkit for Public Health).
- 72 Defined by the National Mass Fatalities Institute:  
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=nap12798&part=fatalmgmt>
- 73 Adapted from Project Public Health Ready Measure 1.t2
- 74 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 7.2.2B
- 75 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 2.2.3B

### Capability 6: Information Sharing

- 76 An "alert" is a time sensitive tactical communication sent to parties potentially impacted by an incident to increase their preparedness and response. Alerts can convey 1) urgent information for immediate action, 2) interim information with actions that may be required in the near future, or 3) information that requires minimal or no action by responders. A Health Alert is an alert, issued by a public health agency or public health partner to a collection of people and organizations with which the sender has a response relationship.
- 77 The term "event" is used throughout this document. It is defined in Incident Command Structure as "A planned, non-emergency activity (e.g., parades, concerts, or sporting events)."

- 78 The term “incident” is used throughout this document. It is defined in Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”
- 79 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 3.2.2B
- 80 Adapted from Project Public Health Ready Measure 1.11ii
- 81 Adapted from Project Public Health Ready Measure 1.11iii
- 82 Adapted from Project Public Health Ready Measure 1.11v
- 83 Adapted from Project Public Health Ready Measure 1.11v
- 84 Suggested source for up to date national standards: CDC Public Health Information Network: [www.cdc.gov/phin](http://www.cdc.gov/phin)
- 85 Adapted from Project Public Health Ready Measure 1.12iii
- 86 Adapted from Project Public Health Ready Measure 1.11viii
- 87 Centers for Medicare and Medicaid Services (42 CFR Parts 412, 413, 422 et al.) Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule (published on July 28, 2010 in the Federal Register at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>) and the Office of the National Coordinator for Health Information Technology Health Information Technology Standards, Implementation Specifications, and Certification Criteria and Certification Programs for Health information Technology (45 Code of Federal Regulations Part 170) viewable at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=7c3390b0a0d2aecc6951346873b39efd&rgn=div5&view=text&node=45:1.0.1.4.77&idno=45>. The latest updates to these standards will be made available at [www.cdc.gov/phin](http://www.cdc.gov/phin).
- 88 Adapted from Project Public Health Ready Measure 1.13ii
- 89 Centers for Disease Control and Prevention and University of Washington’s Center for Public Health Informatics. Competencies for Public Health Informaticians. Atlanta, GA: U.S .Department of Health and Human Services, Centers for Disease Control and Prevention. 2009. This document is available online at <http://www.cdc.gov/InformaticsCompetencies> and at <http://cphi.washington.edu/resources/competencies.html>.
- 90 Individuals with informatician competencies may be available from governmental IT service units; other health agencies; major medical centers; biomedical informatics programs at local universities; public health informatics programs at universities (typically those with Schools of Public Health); private consulting firms; and vendors of health information technology. It is suggested that discussions regarding desired competencies from the Competency list, and attitudes of impartiality regarding commercial products be assessed prior to engagement.
- 91 Adapted from Project Public Health Ready Measure 1.11viii
- 92 See [www.cdc.gov/phin](http://www.cdc.gov/phin) for more information. These should include addressing requirements of Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) related to the Meaningful Use privacy objectives of the CMS Incentive Program for Electronic Health Records. CMS & ONC regulations of January, 2011 are posted at [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_meaningful\\_use\\_announcement/2996](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_meaningful_use_announcement/2996) or at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf> and <http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf> respectively). Additional information is available at the Office of the National Coordinator for Health Information Technology Health Information Technology Standards, Implementation Specifications, and Certification Criteria and Certification Programs for Health information Technology (45 Code of Federal Regulations Part 170) viewable at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=7c3390b0a0d2aecc6951346873b39efd&rgn=div5&view=text&node=45:1.0.1.4.77&idno=45>. The latest updates to these standards will be made available at [www.cdc.gov/phin](http://www.cdc.gov/phin).
- 93 Note Meaningful Use Stage 1 Requirements at Endnote 91
- 94 Valid encryption processes for data in motion are those which comply, as appropriate, with NIST SP 800-52, 800-77, or 800-113, or others which are Federal Information Processing Standards (FIPS) 140-2 validated
- 95 Note Meaningful Use Stage 1 Requirements at Endnote 91
- 96 Adapted from Project Public Health Ready Measure 1.13i
- 97 [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_privacy\\_security\\_framework/1173](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_privacy_security_framework/1173)

### Capability 7: Mass Care

- 98 Excludes shelter-in-place
- 99 At-Risk Population: Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; or who are non-English speaking; or who are transportation disadvantaged (U.S. Department of Health and Human Services).
- 100 Adapted from Project Public Health Ready Measure 1.I2x
- 101 Adapted from Project Public Health Ready Measure 1.p1 ii
- 102 Americans with Disabilities Act, Title II
- 103 Population monitoring includes registration, screening, decontamination, and long-term follow-up.
- 104 Adapted from Project Public Health Ready Measure 1.p4
- 105 Adapted from Project Public Health Ready Measure 1.p4

### Capability 8: Medical Countermeasure Dispensing

- 106 Those who have, in addition to their medical needs, other functional needs that may interfere with their ability to access or receive medical care.
- 107 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.4B
- 108 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.2B
- 109 Intermediary distribution sites are locations where medical countermeasures are taken before they reach a point of dispensing. In some cases, medical countermeasures will remain in custody of public health. In others, custody will be transferred to other partners and these partners will be responsible for dispensing the medical countermeasures.
- 110 Adapted from Project Public Health Ready Measure 1.o2
- 111 Dispensing modalities are the strategies or methods that a jurisdiction can utilize to provide the countermeasures (e.g. point of dispensing locations, drive-through pick-up locations, pushing medications to private businesses)
- 112 As defined by the incident and the jurisdiction
- 113 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.4B
- 114 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.2.1B
- 115 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 10.1
- 116 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.3
- 117 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.4
- 118 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.5
- 119 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 6.3
- 120 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 11.1
- 121 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 12.3
- 122 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.4.4B
- 123 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 5.2
- 124 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 5.4
- 125 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 5.2
- 126 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 5.3
- 127 Adapted from Project Public Health Ready Measure 1.o1
- 128 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.3
- 129 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.4

- 130 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.5
- 131 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 6.3
- 132 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 8.2
- 133 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 8.2
- 134 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 8.1
- 135 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 8.1
- 136 Adapted from Project Public Health Ready Measure 1.o3

**Capability 9: Medical Materiel Management and Distribution**

- 137 The term “incident” is used throughout this document. It is defined in National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”
- 138 This decision can be based on a number of factors, including, but not limited to, size of the incident, size and quantity of materiel to be acquired and distributed, necessity of cold chain management.
- 139 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 7.2
- 140 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 7.2
- 141 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 7.14
- 142 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 7.14
- 143 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 7.15
- 144 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 7.15
- 145 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 9.5
- 146 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 10.5
- 147 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 9.3
- 148 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 10.3
- 149 Those who have, in addition to their medical needs, other functional needs that may interfere with their ability to access or receive medical care.
- 150 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.4
- 151 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 6.3
- 152 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 8.1.2B
- 153 This could include personnel from neighboring jurisdictions all the way up to a Strategic National Stockpile task force.
- 154 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.4.1B
- 155 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 11.1
- 156 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 12.3
- 157 Adapted from Project Public Health Ready Measure 1.i3
- 158 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 2.2
- 159 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 7.13
- 160 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 7.13
- 161 Ideally a logistician, but could also be someone with experience in warehousing or supply chain management (i.e., public works)
- 162 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 9.1
- 163 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 10.1
- 164 This includes temperature control, cleanliness, packaging, handling, chain of custody, and other pertinent protocols.
- 165 Adapted from Project Public Health Ready Measure 1.x3
- 166 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 3.4
- 167 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 3.6
- 168 Adapted from Project Public Health Ready Measure 1.x4
- 169 Adapted from Project Public Health Ready Measure 1.x5

- 170 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.2.2B
- 171 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 3.1
- 172 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 3.2
- 173 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 3.1
- 174 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 3.3
- 175 These may be included in the contracts and memoranda of understanding with receiving sites.
- 176 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 3.4
- 177 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 3.5
- 178 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 8.2
- 179 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 8.2
- 180 Adapted from Project Public Health Ready Measure 1.o2
- 181 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 8.1
- 182 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 8.1
- 183 This can be personnel (e.g., state police, county sheriff, city police, and private security staff) or other measures (e.g., locks, alarms)
- 184 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.3
- 185 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 6.4
- 186 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 6.2
- 187 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 6.2
- 188 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 8.5
- 189 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 8.4
- 190 This includes temperature control, cleanliness, packaging, handling, chain of custody, and other pertinent protocols.
- 191 Adapted from Strategic National Stockpile Local Technical Assistance Review Users Guide Measure 9.2
- 192 Adapted from Strategic National Stockpile State Technical Assistance Review Users Guide Measure 10.2
- 193 Adapted from Project Public Health Ready Measure 3

### **Capability 10: Medical Surge**

- 194 The term “adequate” implies a system, process, procedure, or quantity that will achieve a defined response objective.
- 195 Public health, medical, and mental/behavioral health
- 196 Adapted from Project Public Health Ready Measure 1. i2
- 197 Adapted from Project Public Health Ready Measure 1. i1
- 198 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.3B
- 199 Adapted from Project Public Health Ready Measure 1. a2
- 200 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.4B
- 201 Situational awareness involves capturing, analyzing, and interpreting data to inform decision making in a continuous and timely cycle. National health security calls for both routine and incident-related situational awareness. Situational awareness requires not only coordinated information collection to create a common operating picture (COP), but also the ability to process, interpret, and act upon this information. Action, in turn, involves making sense of available information to inform current decisions and making projections about likely future developments. Situational awareness helps identify resource gaps, with the goal of matching available and identifying additional resources to current needs. Ongoing situational awareness provides the foundation for successful detection and mitigation of emerging threats, better use of resources, and better outcomes for the population.
- 202 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.1B
- 203 Adapted from Project Public Health Ready Measure 1. a2, 1.k

- 204 These indicators at the healthcare organization, community or regional level are those that indicate stress on the system in order to anticipate when resources are being overwhelmed so demands can be managed through additional resources or adaptive strategies.
- 205 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.2.2B
- 206 Adapted from Project Public Health Ready Measure 1.e1, 1.f1
- 207 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.4B
- 208 Adapted from Project Public Health Ready Measure 1.h3, 1.k1
- 209 Incorporates Joint Commission on the Accreditation of Healthcare Organizations Emergency Management Standard EM 01.01.01
- 210 Adapted from Project Public Health Ready Measure 1.b2i
- 211 Adapted from Project Public Health Ready Measure 1.b2ii
- 212 Adapted from Project Public Health Ready Measure 1.i4
- 213 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.3B
- 214 Adapted from Project Public Health Ready Measure 1.i4
- 215 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 4.1.1B
- 216 National Commission on Children and Disasters Interim Report, 2009:  
[http://www.acf.hhs.gov/nccd/20091014\\_508IR\\_partII.pdf](http://www.acf.hhs.gov/nccd/20091014_508IR_partII.pdf)
- 217 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.3B
- 218 Post Katrina Emergency Management Reform Act, Title VI, National Emergency Management:  
[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_cong\\_public\\_laws&docid=f:publ295.109.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ295.109.pdf)
- 219 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.3B
- 220 Adapted from Project Public Health Ready Measure 1.i4
- 221 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.3B
- 222 Adapted from Project Public Health Ready Measure 1.i4
- 223 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.3.4B
- 224 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 3.2.2B, 3.2.5B, 7.2.3B
- 225 Adapted from Project Public Health Ready Measure 1.l2i, 1.l2ii, 1.l2iii
- 226 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.4.1B
- 227 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 3.2.2B
- 228 Adapted from Project Public Health Ready Measure 1.l2x
- 229 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 7.1.1B
- 230 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 7.2.3B
- 231 Adapted from Project Public Health Ready Measure 1.j2

## Capability 11: Non-Pharmaceutical Interventions

- 232 “Removal of radioactive materials from people, materials, surfaces, food, or water. For people, external decontamination is done by removal of clothing and washing the hair and skin.”  
<http://emergency.cdc.gov/radiation/pdf/population-monitoring-guide.pdf>
- 233 “Hygiene” is defined as “Behaviors that can improve cleanliness and lead to good health, such as frequent hand washing, face washing, and bathing with soap and water”. <http://www.cdc.gov/healthywater/hygiene/>
- 234 “Personal protective behaviors” is defined as “Personal behaviors to prevent the transmission of infection, such as coughing into your elbow, cover sneezing, hand washing, keeping your hands away from your face.”  
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- 235 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 2.1.4 B
- 236 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 4.1.2 B
- 237 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure A 2.2 B
- 238 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 6.1.1 B
- 239 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure A 2.2 B
- 240 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 2.1.4 B
- 241 Adapted from Project Public Health Ready Measure 1.g2
- 242 Adapted from Project Public Health Ready Measure 1.x1
- 243 The term “event” is used throughout this document. It is defined in Incident Command Structure as “A planned, non-emergency activity (e.g., parades, concerts, or sporting events)”.
- 244 Place where persons and goods are allowed to pass into and out of a country (airports, water ports, and land border crossings) and where customs officers are stationed to inspect or appraise imported goods.
- 245 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 2.2.1 B
- 246 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
 Measure 2.3.4 B
- 247 Adapted from Project Public Health Ready Measure 1.u1
- 248 Adapted from Project Public Health Ready Measure 1.u2ii-iv
- 249 Adapted from Project Public Health Ready Measure 1.u3
- 250 CDC Division of Global Migration and Quarantine Airport Template Communicable Disease Response Plan
- 251 Adapted from Project Public Health Ready Measure 1.s1
- 252 Adapted from Project Public Health Ready Measure 1.t1
- 253 Adapted from Project Public Health Ready Measure 1.t2
- 254 Adapted from Project Public Health Ready Measure 1.x3
- 255 Adapted from Project Public Health Ready Measure 1.f2v
- 256 As defined by the National Health Security Strategy 2010, “Situational awareness involves capturing, analyzing, and interpreting data to inform decision making in a continuous and timely cycle. National health security calls for both routine and incident-related situational awareness. Situational awareness requires not only coordinated information collection to create a common operating picture, but also the ability to process, interpret, and act upon this information. Action, in turn, involves making sense of available information to inform current decisions and making projections about likely future developments. Situational awareness helps identify resource gaps, with the goal of matching available and identifying additional resources to current needs. Ongoing situational awareness provides the foundation for successful detection and mitigation of emerging threats, better use of resources, and better outcomes for the population.”

- 257 Adapted from Project Public Health Ready Measure 1.p4
- 258 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 2.2.3 B
- 259 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 4.1.1 B

### Capability 12: Public Health Laboratory Testing

- 260 All-hazard incidents include those deliberately released with criminal intent, as well as those that may be present as a result of unintentional or natural occurrences.
- 261 The term “sample” is used throughout this document. It is used generically to refer to anything that can be termed a sample or specimen.
- 262 The term “event” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “A planned, non-emergency activity (e.g., parades, concerts, or sporting events).
- 263 The term “incident” is used throughout this document. It is defined in National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources”.
- 264 Adapted from Project Public Health Ready Measure 1.n1iv
- 265 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 2.3.2B
- 266 Adapted from Project Public Health Ready Measure 1.n1iii
- 267 Adapted from Project Public Health Ready Measure 1.v1
- 268 Newborn Screening Saves Lives Act of 2007: <http://thomas.loc.gov/cgi-bin/query/z?c110:S.634>:
- 269 Adapted from Project Public Health Ready Measure 1.n1iv
- 270 Adapted from Project Public Health Ready Measure 1.n1i
- 271 Adapted from Project Public Health Ready Measure 1.n4
- 272 Adapted from Project Public Health Ready Measure 1.n1ii
- 273 Newborn Screening Saves Lives Act of 2007: <http://thomas.loc.gov/cgi-bin/query/z?c110:S.634>:
- 274 Adapted from Project Public Health Ready Measure 1.n3
- 275 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure 2.1.4B
- 276 Any significant result (e.g., positive or negative) obtained from testing a clinical specimen or non-clinical sample that requires notification to CDC and other key partners. Refer to the CDC/Laboratory Response Network Policy Statement on Notification of Officials of Significant Laboratory Results (LGE-00010) and agency specific protocols.
- 277 Adapted from Project Public Health Ready Measure 1.n2
- 278 Adapted from Project Public Health Ready Measure 1.n4
- 279 Adapted from Project Public Health Ready Measure 1.n2
- 280 Adapted from Project Public Health Ready Measure 1.n3
- 281 Adapted from Project Public Health Ready Measure 1.n4
- 282 Adapted from Project Public Health Ready Measure 1.n3
- 283 Adapted from Project Public Health Ready Measure 1.n2
- 284 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009)  
Measure A1.5B
- 285 Adapted from Project Public Health Ready Measure 1.n2

### Capability 13: Public Health Surveillance and Epidemiological Investigation

- 286 The term “incident” is used throughout this document. It is defined in the National Incident Management System Incident Command Structure as “An occurrence either human caused or by natural phenomena, that requires action to prevent or minimize loss of life or damage to property and/or natural resources.”

- 287 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 1.1.1B
- 288 For the purposes of CDC's Public Health Emergency Preparedness program, awardee-required timeframe is determined as follows: Time requirements for disease reporting by providers and labs to public health agencies are typically determined at the awardee level through statute or regulation (e.g., "Providers should report measles within 24 hours to their local public health department"). In some awardee jurisdictions, reporting timeframes for select diseases differ depending on whether reported by providers or labs. Awardees are requested to ensure that calculations of timeliness of reporting for each case of disease are compared against the appropriate required timeframe.
- 289 Adapted from Project Public Health Ready Measure 1.n3
- 290 Adapted from Project Public Health Ready Measure 1.m1i -m1ii
- 291 Centers for Medicare and Medicaid Services (42 Code of Federal Regulations Parts 412, 413, 422 et al.) Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule (published on July 28, 2010 in the Federal Register at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>) and the Office of the National Coordinator for Health Information Technology Health Information Technology Standards, Implementation Specifications, and Certification Criteria and Certification Programs for Health Information Technology (45 CFR Part 170) viewable at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=7c3390b0a0d2aecc6951346873b39efd&rgn=div5&view=text&node=45:1.0.1.4.77&idno=45>. The latest updates to these standards will be made available at [www.cdc.gov/phin](http://www.cdc.gov/phin).
- 292 See <http://www.cdc.gov/ncphi/diss/nndss/syndromic.htm>. Systems should seek to address at minimum the Core Business Model and Electronic Health Record Requirements for Syndromic Surveillance (International Society for Disease Surveillance, <http://www.syndromic.org/>) and accept electronic information using the latest version of the Public Health Information Network Syndromic Surveillance Messaging Guide, and Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology electronic transmission standards established for the Meaningful Use objective for the CMS Incentive Program for Electronic Health Records "Capability to submit electronic surveillance data to public health agencies." (As of January, 2011 the latest regulations are posted at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf> and <http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>). For updates, consult [www.cdc.gov/phin](http://www.cdc.gov/phin).
- 293 Can be found at <http://www.emergency.cdc.gov/disasters/surveillance/>
- 294 Such as wind direction, ground/ surface water, and soil/sediment
- 295 See: Behavioral Risk Factor Surveillance System, [www.cdc.gov/brfss](http://www.cdc.gov/brfss), and the Gulf States Population Survey, [http://www.cdc.gov/OSELS/ph\\_surveillance/gsp.html](http://www.cdc.gov/OSELS/ph_surveillance/gsp.html).
- 296 Adapted from Project Public Health Ready Measure 1.m2vii
- 297 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 1.1.1B
- 298 Capable of receiving/processing/sending or routing electronic case reports in an automated process
- 299 Capable of tracking a single person across surveillance models/systems
- 300 Capable of processing/sending electronic case notification to CDC using current national data standards
- 301 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.1.6S
- 302 Infectious disease outbreak investigations include food-borne outbreaks but not HIV, STD, tuberculosis
- 303 Minimal elements: Context / Background, Initiation of Investigation, Investigation Methods, Investigation Findings/Results, Discussion and/or Conclusions, Recommendations, Key investigators and/or report authors
- 304 Acute environmental exposure: Discrete, sudden and/or generally unexpected exposure to a non-infectious agent that could potentially cause adverse symptoms, conditions, illness, or disease in a human population
- 305 Adapted from Project Public Health Ready Measure 1.f2
- 306 Adapted from Project Public Health Ready Measure 1.m2i-m2iv
- 307 Adapted from Project Public Health Ready Measure 1.m4i
- 308 Adapted from Project Public Health Ready Measure 1.r1i-r1ii

- 309 Appropriate timeframe refers to a timeframe for intervention(s) or control measures with meaningful public health relevance. Although individual cases may vary in practice, appropriate timeframes for each of the six diseases (Botulism, E. coli, Hepatitis A (acute), Measles, Meningococcal Disease, Tularemia) have been standardized for the purpose of this performance measure.
- 310 Adapted from Project Public Health Ready Measure 1.o9iii
- 311 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 2.2.1B
- 312 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 9.1.4B
- 313 Adapted from Public Health Accreditation Board Proposed Standards and Measures (final draft for beta test - July 2009) Measure 9.1.5B
- 314 Adapted from Project Public Health Ready Measure 2.e4
- 315 CDC and University of Washington's Center for Public Health Informatics. Competencies for Public Health Informaticians: <http://cphi.washington.edu/resources/competencies.html>.
- 316 Individuals with informatics competencies may be available from governmental IT service units; other health agencies; major medical centers; biomedical informatics programs at local universities; public health informatics programs at universities (typically those with Schools of Public Health); private consulting firms; and vendors of health information technology.

#### Capability 14: Responder Safety and Health

- 317 For the purposes of this capability, responders are defined as public health agency staff. Dependent on the jurisdiction, the definition of responder may also include first receivers in the form of hospital and medical staff.
- 318 Mental health refers to behavioral health, mental health, and psychological health.
- 319 Adapted from Project Public Health Ready Measure 1.e2
- 320 Protective Action Guides suggest precautions that authorities can take during an emergency to keep people from receiving an amount of radiation that may be dangerous to their health. For more information, please see "Protective Action Guides": <http://www.epa.gov/rpdweb00/rert/pags.html>.
- 321 Adapted from Project Public Health Ready Measure 1.s1

#### Capability 15: Volunteer Management

- 322 Throughout the document, the term "volunteer" refers only to individuals or groups volunteering in support of the public health agency's response, including public health, medical and non-medical personnel.
- 323 Adapted from Project Public Health Ready Measure 1.w4
- 324 Adapted from Project Public Health Ready Measure 1.w3ii
- 325 Adapted from Project Public Health Ready Measure 1.w3i
- 326 At-risk populations may include those who may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those 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, and have pharmacological dependency.
- 327 Adapted from Project Public Health Ready Measure 1.w3iii
- 328 Adapted from Project Public Health Ready Measure 1.w3v
- 329 Adapted from Project Public Health Ready Measure 1.w3vii
- 330 Throughout this document, the term "mental/behavioral health" is used as a general term to encompass behavioral, psychosocial and psychological health.
- 331 Adapted from Project Public Health Ready Measure 1.w3iv
- 332 Out-processing refers to return of equipment, operational debriefing, and any transfer of command or responsibilities.