

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Demonstrate Operational Readiness for Pandemic Influenza			
For pandemic influenza preparedness planning, all sub-recipients must collaborate with their respective immunizations programs to develop, maintain, and exercise pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.	Pandemic Influenza plan should provide evidence of collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plans Library folder on the ADHS AZ-PIRE website
Domain Activity: Conduct Required MCM Exercises			
<p>CDC requires the following progressive exercises in the 2019-2024 performance period. A real incident that incorporates the same operational elements fulfills any level of exercise requirement for the same operational period.</p> <p><i>Throughput estimation is now completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput will be measured and information submitted at least once during the five-year period.</i></p>	<ol style="list-style-type: none"> 1. Complete three annual drills that address: facility setup, staff notification and assembly, and site activation. 2. Alternating each year between anthrax and pandemic influenza scenarios. 	All deliverables apply to CRI counties	<ol style="list-style-type: none"> 1. No later than June 30, 2022 2. Determined by the local jurisdiction.

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	<ol style="list-style-type: none">3. Complete two table top exercises every five years. On to demonstrate readiness for an anthrax scenario, and one for a pandemic influenza scenario.4. Complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario.5. Demonstrate operational readiness for a pandemic influenza scenario through the		<ol style="list-style-type: none">3. Once during this five year project period.4. Once during this five year project period.5. Once during this five year project period (completed in BP1)
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	completion of an FSE once every five years.		November 2019)
Domain Activity: Participate in ORRs			
The Operational Readiness Review will focus on all 15 preparedness capabilities to include pandemic influenza planning and response elements. Beginning in July 2021, CDC plans to expand the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.	Complete the Operational Readiness Review	All PHEP Sub-Recipients	June 30, 2022
Domain Activity: Conduct Inventory Management Tracking System Annual Tests	Deliverable		Due Date
Jurisdictions will be required to use respective inventory systems to receive an electronic file, verify receipt, adjust inventory levels, and "return" unused materiel.	Real world response that involves the receipt of distributed resources from ADHS will satisfy this activity.	All PHEP Sub-Recipients	June 30, 2022

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Domain Activity: Update Local Distribution Site (LDS) Survey			
Review/update the LDS survey form once annual. LDS site information is required for the primary site. Local jurisdictions are encouraged to validate each LDS site with a law enforcement representative at least once every three years.	Review/update completed LDS survey form for both primary and secondary sites.	All PHEP Sub-Recipients	Once Annually
Domain Activity: Coordinate Non-pharmaceutical Interventions			
Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures.	Plans must: Document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs in routine and incident-specific situations. Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners.	All PHEP Sub-Recipients	June 30, 2022

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	<p>Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers passing through ports of entry.</p> <p>Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.</p>		
Domain Activity: Ensure Safety and Health of Responders			
Local jurisdictions must assist, train, and provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.	Assistance may include personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an emergency that	All PHEP Sub-Recipients	June 30, 2022

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	would protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.		
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Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge	Deliverable	Applies To	Due Date
Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.	At minimum, local jurisdictions must have written plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness throughout the surge event.	All PHEP Sub-Recipients	June 30, 2022
Domain Activity: Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations			
Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local	At minimum, these plans should address procedures on how ongoing surveillance and public health assessments will be	All PHEP Sub-Recipients	June 30, 2022

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jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.	coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and procedures to support or implement family reunification, including any special considerations for children.		
Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations			
<p>Coordinate with and support partner agencies to address fatality management needs resulting from an incident</p> <p>In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities.</p> <p>Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency</p>	Development, update/review of Fatality Management plan	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plan Library folder on the ADHS AZ-PIRE website

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role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities.

The public health agency role may include supporting:

- Recovery, preservation, and release of remains,
- Identification of the deceased,
- Determination of cause and manner of death, including whether disaster-related
- Provision of mental/behavioral health assistance, and
- Plans to include culturally appropriate messaging around handling of remains.

Coordinate with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident.

Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.

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Domain Activity: Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge

Conduct the following activities to address volunteer planning considerations.

- Estimate the anticipated number of public health volunteers and health professional roles based on identified situations and resource needs.
- Identify and address volunteer liability, licensure, workers' compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use.
- Identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot participate due to state regulations. Jurisdictions that do not use spontaneous or other volunteers due to state regulations must describe in their plans how they plan to handle those types of volunteers during an incident.
- Leverage existing government and non-governmental volunteer registration programs, such as ESAR-VHP and Medical Reserve Corps (MRC).

Development, update/review of Volunteer Management plan

All PHEP Sub-Recipients

June 30, 2022, uploaded to the Plan Library folder on the ADHS AZ-PIRE

Domain Strategy 6: Strengthen Biosurveillance			
<p>Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.</p> <p>Associated Capabilities</p> <ul style="list-style-type: none"> • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation 			
Domain Activity: Conduct Epidemiological Surveillance and Investigation	Deliverable	Applies To	Due Date
<p>Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes.</p> <p>Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement.</p> <p><i>Conduct border health surveillance activities.</i> The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.</p>	<ol style="list-style-type: none"> 1. Have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting population at risk of adverse health outcomes as a result of the incident. 2. Have procedures in place to establish partnerships, to conduct investigations, and share information with other governmental agencies and partner organizations. 	All PHEP Sub-Recipients	June 30, 2022, included in the annual End-of-Year Report

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	Local jurisdictions located on the United States-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism.		
<p>Poison Control Center data for public health surveillance can be particularly helpful in:</p> <ol style="list-style-type: none"> 1) Providing situational awareness during a known public health threat, 2) Identifying an emerging public health threat, 3) Identifying unmet public health communication needs following a public health threat, or 4) Providing surveillance for specific exposures or illnesses of concern to the health department. 	Establish processes for using poison control center data for public health surveillance.	All PHEP Sub-Recipients	June 30, 2022, included in the annual End-of-Year Report

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<p><i>Coordinate with epidemiological and vital records partners to implement electronic death registration (EDR) systems.</i></p> <p>Local jurisdiction should coordinate with epidemiological partners to implement processes for active and passive mortality surveillance and EDR use. Depending upon the jurisdiction's prior experience with utilizing EDR systems during a response.</p>		<p>Local jurisdictions should prioritize development of scalable plans implement an EDR system, such as developing reporting and technological capability; assessing potential legal information sharing barriers and restrictions; and other actions that will help establish initial functionality. An option for EDR development planning can include working with the jurisdictional vital records office (VRO)</p>	<p>All Counties</p>	<p>June 30, 2022, included in the annual End-of-Year Report</p>