Creating a Model Linkage for
Capability-based Emergency Preparedness

Presidential Policy Directive (PPD)-8, National Preparedness, was enacted in March 2011 to strengthen the security and resilience of the United States through a systematic preparation for the threats that pose the greatest risk to the nation's security. PPD-8 directed the development of a National Preparedness Goal (NPG) in coordination with other executive departments and agencies.

The NPG defines the core capabilities necessary to prepare for the specific types of incidents that pose the greatest risk to the nation's security and to emphasize actions designed to achieve an integrated, coordinated, complementary, and layered approach to preparedness, response, and recovery.[1] The core capabilities that cascade from the NPG were developed with the input of multiple federal agencies and state and local partners, and their purpose is to establish an overarching, common framework for interagency execution in a unified manner.

The core capabilities are strategic in nature to ensure that prevention, protection, mitigation, response, and recovery operations are comprehensive, synchronized, and mutually supportive.[2] Of the 31 NPG core capabilities, one focuses specifically on public health and medical components; however many of the other core capabilities also contain public health and medical components necessary for successful implementation of the NPG.

Similarly, the Department of Health and Human Services' preparedness programs have developed state and local preparedness capabilities that operationalize the public health and medical components of the core capabilities. ASPR's *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* and *CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning* inform operational guidance for state and local public health and healthcare systems, assist in the execution of the core capabilities, and bridge federal capabilities with state and local actions.

The NPG provides the desired strategic outcomes and facilitates the development of goals, systems, and frameworks, including federal interagency operational plans (IOPs). The NPG contains five frameworks:

Prevention, Protection, Mitigation, Response, and Recovery. The Federal IOPs[3] provide actionable steps to demonstrate integration between federal agencies and provide a framework that can be used to achieve the NPG as well as the integration of all five mission areas.
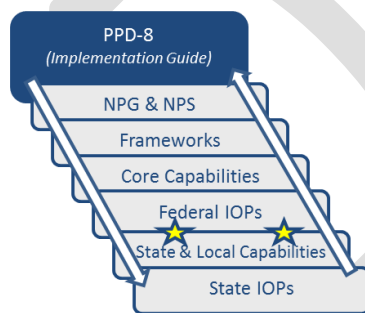

Figure 1 – Complementary Role of ASPR/CDC Healthcare and
Public Health Preparedness Capabilities

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[1] http://www.fema.gov/ppd8
[2] http://ne-cipa.org/html/pdf/peo_nationalprotectionframeworkdraft_20120501[1].pdf
[3] http://www.fas.org/sgp/crs/homesec/R42073.pdf

In addition to the other IOP components, the Recovery IOP identifies the use of "integration factors" or actionable steps/critical tasks as the elements that address interdependencies, interactions, and information related to shared risks and coordination points among the five recovery core capabilities.

Linking Capability-based Emergency Preparedness

A review of the following documents provides examples of the intersections between the public health and medical sectors and the core capabilities.

- PPD-8, March 2011
- National Protection Framework, draft version July 2012
- National Prevention Framework, draft version July 2012
- National Response Framework, draft version July 2012
- National Mitigation Framework, draft version July 2012
- Federal Interagency Operational Plan (FIOP)-Recovery, draft version July 2012
- National Recovery Framework, September 2011
- *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, March 2011
- *Healthcare System Capabilities: National Guidance for Healthcare System Preparedness*, January 2012

These intersections are described in the following table. Since the National Disaster Recovery Framework is organized into recovery support functions (RSFs) that are divided into tactical, actionable steps that should occur either before or after a disaster at the federal, state, or local level versus goal outcomes that should be achieved when all agencies and communities have worked together, the complementary fit is identified at the appropriate disaster action step level.

NPG Framework	NPG Capability	NPG Capability Definition Language	NPG Capability Critical Task, FIOP Integration Factor or Associated RSF Disaster Action Steps	Public Health (PHEP) or Healthcare Preparedness (HPP) Complementary Capability Content
Prevention	Screening, Search, and Detection	Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence.	Conduct biosurveillance. This critical task involves the passive and active detection to discover, identify, and locate biological threats that may have a nexus to terrorism. This detection is conducted through technical ambient surveillance (such as Biowatch), as well as medical and public health surveillance and epidemiologic investigations.	**PHEP Public Health Surveillance and Epidemiological Investigation:** Conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data to verify a threat or incident of public health concern, and to characterize and manage it effectively through all phases of the incident. Maintain surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.
Prevention	Forensics and Attribution	Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options.	Analyze intelligence and forensics results to refine/confirm investigative leads.	**PHEP Public Health Surveillance and Epidemiological Investigation:** Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected.

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Protection	Intelligence and Information Sharing	Intelligence sharing is providing timely, accurate, and actionable information resulting from intelligence processes concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by local, state, tribal, territorial, Federal, and other stakeholders. Information sharing is the capability to exchange intelligence, information, data, or knowledge among local, state, tribal, territorial, Federal, or private sector entities as appropriate.	Participation in the routine exchange of security information—including threat assessments, alerts, attack indications and warnings, and advisories—among partners.	**PHEP Information Sharing**: Prior to and during an incident, collaborate with and participate in jurisdictional health information exchange (e.g., fusion centers, health alert system, or equivalent).

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Protection	Interdiction and Disruption	Delaying, diverting, intercepting, halting, apprehending, or securing threats and/or hazards. These threats and hazards include people, materials, or activities that pose a threat to the Nation, including domestic and transnational criminal and terrorist activities and the malicious movement and acquisition/transfer of chemical, biological, radiological, nuclear, and explosive (CBRNE) materials and related technologies.	Implement public health measures to mitigate the spread of disease threats abroad and prevent disease threats from crossing national borders.	**PHEP Public Health Surveillance/Epidemiology:** Conduct public health surveillance and detection; Conduct public health epidemiological investigations; Recommend, monitor, and analyze mitigation actions; Improve public health surveillance and epidemiological investigation systems **PHEP Non Pharmaceutical Interventions:** Coordinate with health partners, government agencies, community sectors (e.g., education, social services, faith-based, and business), and jurisdictional authorities (e.g., law enforcement, jurisdictional officials, and transportation) to make operational, and if necessary, enforce, the recommended non-pharmaceutical intervention(s).

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Mitigation	Community Resilience	Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish mitigation and improve resilience.	Know the community's systems—who makes up the community and how to build constructive partnerships.	**PHEP Community Preparedness**: Identify and engage with public and private community partners who can: • Assist with the mitigation of identified health risks • Be integrated into the jurisdiction's all-hazards emergency plans with defined community roles and responsibilities related to the provision of public health, medical, and mental/behavioral health as directed under the Emergency Support Function (ESF) #8 definition at the state or local level. **HPP Healthcare System Preparedness**: Develop, refine, or sustain Healthcare Coalitions consisting of a collaborative network of healthcare organizations and their respective public and private sector response partners within a defined region. Healthcare Coalitions serve as a multi-agency coordinating group that assists Emergency Management and ESF #8 with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

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Mitigation	Public Information and Warning	Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available.	Use social media, Web sites (e.g., Ready.gov), and smartphone applications, as well as more traditional mechanisms, such as community meetings or ethnic media.	**PHEP Emergency Public Information and Warning:** Utilizing crisis and emergency risk communication principles, disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards; Disseminate information to the public using pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation. **HPP Emergency Operations Coordination:** Assess and notify stakeholders of healthcare delivery status. Assess the incident's impact on healthcare delivery in order to determine immediate healthcare organization resource needs. Assist with developing processes for notification and information exchange between relevant response partners, stakeholders, and healthcare organization. Community notification of healthcare delivery status: The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF-8, relevant response partners, and stakeholders will develop refine, and sustain a plan for communication that provides a unified message about the status of healthcare delivery through a Joint Information System for dissemination to the community.

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Mitigation	Threats and Hazard Identification	Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as to clearly understand the needs of a community or entity.	Identify data requirements across stakeholders.	**PHEP Information Sharing:** Identify stakeholders within the jurisdiction across public health, medical, law enforcement, and other disciplines that should be included in information exchange, and identify inter-jurisdictional public health stakeholders that should be included in information exchange; Prior to and as necessary during an incident, identify public health events and incidents that, when observed, will necessitate information exchange.

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Mitigation	Risk and Disaster Resilience Assessment	Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.	Incorporate vulnerability data sets, such as population, demographic, infrastructure inventory and condition assessment information; climatological, geological, and environmental factors; critical infrastructure, lifelines, and key resources; building stock; and economic data to calculate the risk from the threats and hazards identified.	**PHEP Community Preparedness:** Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction's public health, medical, and mental/behavioral health systems, the relationship of those risks to human impact, interruption of public health, medical, and mental/behavioral health services. Written plans should include a jurisdictional risk assessment, utilizing an all-hazards approach with the input and assistance of the following elements: – Public health and non–public health subject matter experts (e.g., emergency management, state radiation control programs/ radiological subject matter experts – Existing inputs from emergency management risk assessment data, health department programs, community engagements, and other applicable sources, that identify and prioritize jurisdictional hazards and health vulnerabilities – Potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental/ behavioral health systems – The relationship of these risks to human impact, interruption of public health, medical, and mental/behavioral health services – The impact of those risks on public health, medical, and mental/behavioral health infrastructure. **HPP Healthcare System Preparedness:** Coordinate healthcare planning to prepare the healthcare system for a disaster: Coordinate with emergency management to develop local and state emergency operations plans that address the concerns and unique needs of healthcare organizations. This includes the assessment phases of planning to determine needs and priorities of healthcare organizations. Healthcare System situational assessments: A coordinated healthcare situational assessment is adapted from the local hazard vulnerability assessments and risk assessments. The assessment also includes estimates of casualties and fatalities based on the identified risks.

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Mitigation	Risk and Disaster Resilience Assessment	Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.	Incorporate data from lessons learned and statistical information to target consideration of populations (such as for individuals with disabilities or access and functional needs, LEP populations, and racially and ethnically diverse communities).	**PHEP Community Recovery:** Implement corrective actions to mitigate damages from future incidents that are within the scope or control of public health to affect short and long-term recovery. **HPP Healthcare System Preparedness**: Improve healthcare response capabilities through coordinated exercise and evaluation. Coordinate an exercise, evaluation, and corrective action program to continuously improve healthcare preparedness, response, and recovery. Exercises should be coordinated vertically and horizontally with healthcare and emergency response partners.
Response	Situational Assessment	Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.	Deliver information sufficient to inform decision making regarding immediate lifesaving and life-sustaining activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs and stabilize the incident. Deliver enhanced information to reinforce activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs, stabilize the incident, and transition to recovery.	**PHEP Information Sharing**: Prior to and during an incident, collaborate with and participate in jurisdictional health information exchange (e.g., fusion centers, health alert system, or equivalent). **HPP Information Sharing:** Provide healthcare situational awareness that contributes to the incident common operating picture: Provide situational awareness regarding the status of healthcare delivery into the ongoing flow of information to assist with the creation of an incident common operating picture. This includes providing information to the full spectrum of healthcare partners. This encompasses the real time sharing of actionable information between healthcare organizations and incident management to assist decision makers with resource allocation and provide healthcare organizations with incident specific information.
Response	Fatality Management	Provide fatality management services, including body recovery	Establish and maintain operations to recover a significant number of fatalities	**PHEP Fatality Management:** Coordinate with the lead jurisdictional authority (e.g., coroner, medical examiner,

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	Services	and victim identification, working with state and local authorities to provide temporary mortuary solutions, sharing information with Mass Care Services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.	over a geographically dispersed area.	sheriff, or other agent) to identify the roles and responsibilities of jurisdictional public health entities in fatality mgmt. activities; Facilitate access to resources in accordance with public health jurisdictional standards and practices and as requested by lead jurisdictional authority; Assist, if requested, the lead jurisdictional authority and jurisdictional and regional partners to gather and disseminate antemortem data; Coordinate with the lead jurisdictional authority and jurisdictional and regional partners to support the provision of non-intrusive, culturally sensitive mental/behavioral health support services to family members of the deceased, incident survivors, and responders, if requested.

HPP Fatality Management: Coordinate surges of deaths and human remains at healthcare organizations with community fatality mgmt. operations. Coordinate with agencies responsible for fatality mgmt. (e.g., medical examiner, coroner's office, emergency mgmt.) to assist with the temporary storage of human remains during periods of death surges at healthcare organizations when morgue space is exceeded or unavailable.

Coordinate surges of concerned citizens with community agencies responsible for family assistance. Provide assistance to the community regarding ante-mortem data to provide assistance to HCOs for the processes to direct family and community members seeking information about missing family members to the right locations that are available in the community.

Mental/behavior support at the healthcare organization level. Coordinate with the lead jurisdictional authority and jurisdictional and regional mental/behavioral health partners to assist healthcare organizations with the |

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				processes to solicit support for the provision of non-intrusive, culturally sensitive mental/behavioral health support services to family members of the deceased, incident survivors, and responders, if requested.
Response	Mass Care Services	Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those with the most need, as well as support for reunifying families.	Move and deliver resources and capabilities to meet the needs of disaster survivors, including individuals with access and functional needs. Establish, staff, and equip emergency shelters and other temporary housing options (including accessible housing) for the affected population. Move from congregate care to non-congregate care alternatives, and provide relocation assistance or interim housing solutions for families unable to return to their pre-disaster homes.	**PHEP Mass Care:** At the time of an incident, coordinate with response partners to complete a facility-specific environmental health and safety assessment of the selected or potential congregate locations; Coordinate with partner agencies to provide access to health services, medication and consumable medical supplies (e.g., hearing aid batteries and incontinence supplies), and durable medical equipment for the impacted population. **HPP Healthcare System Preparedness:** Coordinate with planning for at-risk individuals and those with special medical needs. Coordination with public health and ESF#6 mass care planning to determine the transfer and transport options and protocols for individuals with special medical needs to and from shelters/healthcare facilities.

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Response	Public Health and Medical Services	Provide lifesaving medical treatment via emergency medical services and related operations, and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.	Deliver medical countermeasures to exposed populations. Complete triage and the initial stabilization of casualties and begin definitive care for those likely to survive their injuries. Return medical surge resources to pre-incident levels, complete health assessments, and identify recovery processes.	**PHEP Medical Materiel Management and Distribution Capability** **PHEP Medical Surge:** Support jurisdictional medical surge operations; Support demobilization of medical surge operations. **HPP Medical Surge:** Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. Assist healthcare organizations with surge capacity and capability. This consists of the rapid expansion of the capacity and capability of the healthcare system to provide the appropriate and timely clinical level of care in response to an incident. **HPP Emergency Operations Coordination:** Demobilize and evaluate healthcare operations. This includes the processes that assist healthcare organizations with the return of resources that are no longer required to support the incident.
Recovery	Planning	Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.	**FIOP Integration Factor** **(Protection):** Assess risks and threats/hazard identification to support and inform recovery operations. **FIOP Integration Factor** **(Mitigation):** Employ lessons learned during the recovery process to inform future mitigation actions. **RSF Community Planning/Capacity Building**	**PHEP Community Recovery:** Assess the impact of an incident on the public health system in collaboration with the jurisdictional government and community and faith-based partners, in order to determine and prioritize the public health, medical, or mental/behavioral health system recovery needs. **PHEP Community Recovery:** Implement corrective actions to mitigate damages from future incidents. **HPP Healthcare System Preparedness:** Develop, refine, or sustain Healthcare Coalitions. Provide a regional healthcare multi-agency coordination function to share incident

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			Pre-Disaster: Coordinates educational and cross-training opportunities for key participants in community recovery planning and capacity support including, but not limited to: emergency managers; city managers; planning, economic development and other local officials; and nonprofit and private sector partners for recovery. **Post Disaster:** Captures after-action recommendations and lessons learned.	specific healthcare situational awareness to assist with resource coordination during response and recovery activities. **HPP Healthcare System Recovery:** Develop recovery processes for the healthcare delivery system: Identify healthcare organization recovery needs and develop priority recovery processes to support a return to normalcy of operations or a new standard of normalcy for the provision of healthcare delivery to the community. Promote healthcare organization participation in state and/or local pre- and post-disaster recovery planning activities as described in the National Disaster Recovery Framework (NRDF) in order to leverage recovery resources, programs, projects, and activities. **HPP Healthcare System Recovery:** Assist healthcare organizations to implement COOP: Maintain continuity of the healthcare delivery by coordinating recovery across functional healthcare organizations and encouraging business continuity planning. Develop coordinated healthcare strategies to assist healthcare organizations transition from COOP operations to normalcy or the new norm for healthcare operations.

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Recovery	Health and Social Services	Restore and improve health and social services networks to promote the resilience, health, independence and well- being of the whole community.	**FIOP Integration Factor (Response):** Support medical surveillance and monitoring efforts and evaluate the need for longer term epidemiological follow-up and medical monitoring. Conduct health and safety hazard assessments and disseminate guidance and resources, to include information about hazardous materials, to support environ-mental health and safety actions. **Health and Social Services RSF Pre-disaster**: Develops strategies to address recovery issues for health, behavioral health and social services – particularly the needs of response and recovery workers, children, seniors, people living with disabilities, people with functional needs, people from diverse cultural origins, people with limited English proficiency and underserved populations. **Post-disaster**: Establishes communication and information-sharing forum(s) for Health and Social Services RSF stakeholders with the State and/or community. Identifies and coordinates with other local, State, Tribal and Federal partners the assessment of food, animal, water and air conditions to ensure their safety.	**PHEP Community Recovery**: Facilitate interaction among community and faith-based organizations (e.g., businesses and non-governmental organizations) to build a network of support services which will minimize any negative public health effects of the incident. **HPP Healthcare System Recovery:** Assess the impact of an incident on the healthcare systems ability to deliver essential services to the community and prioritize healthcare recovery needs. Assist healthcare organizations to implement COOP. Identify the healthcare essential services that must be continued to maintain healthcare delivery following a disaster. **PHEP Information Sharing:** Identify stakeholders to be incorporated into information flow **PHEP Public Health Surveillance and Epidemiological Investigation:** Conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data to verify a threat or incident of public health concern, and to characterize and manage it effectively through all phases of the incident; Recommend, monitor, and analyze mitigation actions. **HPP Information Sharing**: Provide healthcare situational awareness that contributes to the incident common operating picture. Provide situation awareness regarding the status of healthcare delivery into the ongoing flow of information to assist with the creation of an incident common operating picture. Utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery.

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Recovery	Infrastructure Systems	Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.	**FIOP Integration Factor (Response)** Re-establish critical infrastructure within the affected areas to support recovery activities. **Infrastructure RSF Post Disaster:** Participates in the coordination of damage and community needs assessments as appropriate to ensure infrastructure considerations integrate into the post-disaster public and private sector community planning process. Deploys RSF resources, as required by the specific disaster situation and consistent with the specific authorities and programs of the participating departments and agencies, to the field to assist the affected community in developing an Infrastructure Systems Recovery action plan that: • Avoids the redundant, counter-productive or unauthorized use of limited capital resources necessary for infrastructure or recovery. • Helps resolve conflicts, including those across jurisdictional lines, resulting from the competition for key resources essential to infrastructure systems recovery. • Sets a firm schedule and sequenced time structure for future infrastructure recovery projects.	**HPP Healthcare System Preparedness:** Identify and prioritize essential healthcare assets and services within a healthcare delivery area or region. Develop processes for healthcare organizations to quickly restore essential medical services in the aftermath of an incident. Develop strategies for resource allocation that assist with the continued delivery of essential services. **HPP Healthcare System Recovery:** Assist healthcare organizations to implement Continuity of Operations (COOP). Alert healthcare organizations within communities threatened by disaster and if requested and feasible, assist them with the activation of COOP such that healthcare delivery to the community is minimally impacted.