

EMERGENCY PREPAREDNESS AND RESPONSE



AREA OF EXPERTISE FOCUS:



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

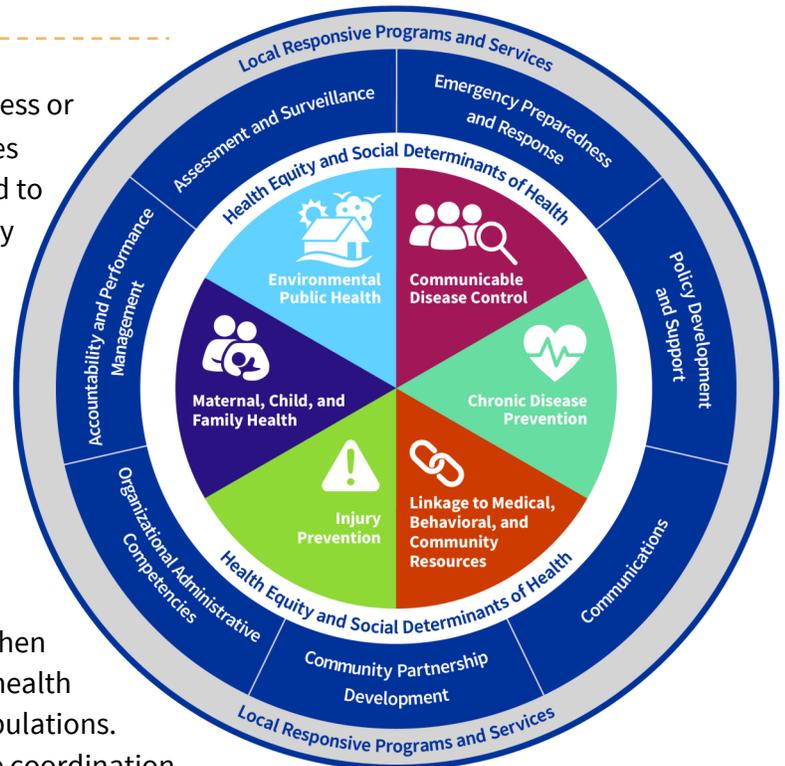
Emergencies may occur on a scale from a single illness or death to a multi-year pandemic. Public health agencies must maintain a high level of preparedness to respond to any risk by issuing and enforcing protective emergency health orders, sharing key information with partners and the public, and promoting ongoing community resilience and preparedness. They are responsible to lead the health and medical response, assuring communication and coordination.

#HealthierMO recommends using the three phases of emergency planning, response, and recovery to build capacity in each area of expertise in the FPHS model.

Planning: Conduct a risk assessment. Strengthen your internal continuity plan to assure public health services continue, especially to vulnerable populations. Include a diverse group in planning to improve coordination.

Response: Communication and collaboration will be key steps during any emergency response. Verify processes to communicate with your staff, partners, and the public. Bolster your ability to lead the response to a public health emergency and coordinate with all health and medical organizations.

Recovery: Finish strong by evaluating your response and updating your emergency operations plan. Coordinate with partners to ensure all long term recovery needs are met. Maximize the opportunity to build community resilience by providing health education while audiences are still receptive.



INFUSING HEALTH EQUITY

Emergency preparedness and response activities should be designed to respect the equal liberty, autonomy, and dignity of everyone in a community. Public health agencies should consider the disproportionate burden that may be experienced by some people and ensure equitable access to mitigation, response, and recovery resources. Agencies will benefit from including a diverse group of partners and community members in emergency planning and risk mitigation activities. People with lived experience will have unique perspectives on the emergency response and recovery needs that exist within disproportionately at risk and historically disengaged populations.



PLANNING

Emergencies often come on suddenly, but in many cases, scenarios can be anticipated and harm mitigated. Emergency plans should anticipate potential threats and identify measures to protect public health and minimize death, injury, disease, disability, and suffering during and after an emergency. Public health agencies should engage in collaborative planning with partners and members of the public. Planning and preparedness activities that incorporate inclusive, transparent, and accountable decision-making processes will build public trust.

[Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), CDC (2019)

Review 15 capabilities identified by CDC that serve as national standards for public health emergency planning. These capabilities provide a framework for planning, operationalizing, and evaluating a public health agency's ability to prepare for, respond to, and recover from a public health emergency.

1. What emergencies could occur in our community, and what would be our role in each of these situations? What planning, response, and recovery challenges might our organization face in these situations?

[Hazard and Vulnerability Assessment](#)

Work with your local office of emergency management, hospital, clinics, first responders, and other organizations to complete a community hazard and vulnerability assessment.

2. Who are the vulnerable and diverse populations who would be most impacted by these emergencies? What challenges, barriers, or burdens might they face? How might we mitigate these issues?

[Ensuring Equity in COVID-19 Planning, Response and Recovery Decision Making: An Equity Lens Tool for Health Departments](#), Human Impact Partners

Review this document to consider how applying a health equity lens to decision-making can lead to improvements in the conditions of communities historically bearing the brunt of inequities.

[Cultural and Linguistic Competency in Disaster Preparedness and Response](#), US DHHS

Review this fact sheet for tips on an inclusive and integrated approach to disaster preparedness, response, and recovery activities with culturally and linguistically diverse populations.



3. How might we expand our emergency planning process to include more community partners and members of the public, especially those from highly vulnerable or historically disengaged populations?

[Public Health Preparedness and Response Capabilities](#), CDC

Choose from multiple resources offered by CDC to learn more about how to include partners and community members in emergency planning, especially those people representing highly vulnerable or historically disengaged populations.

4. What should we consider including in a five-year training and exercise plan to best prepare for the highest priority public health risks and addresses the needs of vulnerable and diverse populations in our community?

[Multi-Year Training and Exercise Plan](#) (template)

Use this template to develop a multi-year training and exercise plan for your agency.

[Guide for Incorporating Administrative Preparedness into Exercises](#), NACCHO

Use this tool to facilitate including important administrative preparedness functions like procurement, contract management, and human resources in emergency response exercises. See the Organizational Administrative Competencies section of this workbook for additional information.

5. How can we strengthen our continuity of operations plan to ensure our agency remains functional during an emergency, including our ability to access financial resources to execute emergency responses and our ability to utilize the Missouri Laboratory Response Network for identification of biological and chemical threats?

[Administrative Preparedness Legal Guidebook](#), NACCHO

This planning tool offers tips and legal considerations around issues like emergency declarations, procurement, expedited staffing, and mutual aid agreements.



RESPONSE

An effective public health emergency response will likely require multiple partners at the local, regional, and state level. Public health agencies should utilize the framework and standard language of the National Incident Management System (NIMS) to ensure coordination and must be prepared to lead the health and medical response using the Incident Command Structure (ICS).

6. How might we better engage our community to work collectively to prevent the spread of communicable disease, regardless of the level of public health authority?

7. How might our agency build relationships, increase trust, and improve information sharing processes with our ESF-8 partners in order to facilitate stronger collaboration during an emergency?

[ESF-8: The Big Picture](#), South Central Kansas

Watch this video to better understand all the partners who make up Emergency Support Function 8 – Health and Medical.

See the Community Partnership Development section of this workbook for additional information and resources on developing partnerships.

8. How might our agency improve our capacity to effectively communicate with the full range of our community audiences during an emergency?

[Crisis and Emergency Risk Communication Guide](#), CDC

Review this guide for tips on how to better communicate with audiences during an emergency.

See the Communications section of this workbook for additional information and resources on public information. Also see the link to crisis emergency risk communication training at the end of this section.



RECOVERY

The recovery period after an emergency may last weeks, months, or even years. Public health agencies should participate in local long-term recovery committees (LTRC) to support efforts to meet community needs. Agencies should also conduct an evaluation of their response and develop an after action plan to improve community engagement and partnerships, increase mitigation efforts, and build emergency response capacity.

9. How can we evaluate our agency’s and our community’s response to the emergency and integrate lessons learned and areas for improvement into strengthening future responses?



10. Which training and tools would increase our skills in emergency preparedness planning, response, and recovery capabilities?



TRAINING RESOURCES

[Incident Command Structure \(ICS\) and National Incident Management System \(NIMS\) Training](#), FEMA

[Crisis and Emergency Risk Communication](#), CDC

[Crisis Leadership—Leadership at the Speed of Light](#), Heartland Center

[Exercise Design and Evaluation Process Overview](#) (video series), FEMA



Rachel Warden, Washington County Health Department

“Prior to COVID, our health department attended a lot of trainings. I did an emergency preparedness training in Jefferson County where we practiced a mock emergency. We had to learn how to be dispensers and how to get a lot of people medicated in a very precise and safe amount of time. We also had trainings that we went to frequently about assessment and surveillance.”

Spotlight



NEXT STEPS

When you are ready, use the tools in this section to conduct in-depth emergency planning.

[Public Health Preparedness](#), NACCHO

Work with your local office of emergency management, hospital, clinics, first responders, and other organizations to complete a community hazard and vulnerability assessment.

[Hazard and Vulnerability Assessment](#)

Consider how you will mitigate or address any undue burden an emergency would place on vulnerable and historically disengaged populations within your community.

[Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency](#), CDC

[Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups](#), CDC (2015)

Develop or review your agency's emergency operations plan, crisis risk communication plan, and training and exercise plan.

[Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), CDC (2019)

[Multi-Year Training and Exercise Plan](#) (template)

Consider applying for NACCHO's [Public Health Ready](#) program, which assesses public health agencies' capacity to plan for, respond to, and recover from public health emergencies. It equips public health agencies with sustainable tools to plan, train, and exercise using a continuous quality improvement model. New cohorts are formed annually, with pre-applications due by September 1.



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EMERGENCY PREPAREDNESS AND RESPONSE: OUTCOMES AND ACTION STEPS
(PG 1 OF 2)

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

Potential Outcome	Action Steps	Timeline	Resources	Assigned To
We promote community preparedness through communication with the public before, during, and after a disaster				
We develop and rehearse public health emergency response strategies and plans				
We issue and enforce emergency health orders via statutory authority				
We have access to financial resources to execute emergency responses				
We address needs of vulnerable populations during a public health emergency				
We have capacity to be notified of and respond to public health emergencies on a 24/7 basis				
We activate emergency response personnel in a public health emergency				
We maintain a continuity of operations plan (COOP)				
We coordinate with private and governmental emergency response partners				
We lead Emergency Support Function 8: Public Health and Medical for the jurisdiction				



EMERGENCY PREPAREDNESS AND RESPONSE: OUTCOMES AND ACTION STEPS (PG 2 OF 2)

Potential Outcome	Action Steps	Timeline	Resources	Assigned To
We lead the emergency response utilizing the National Incident Management system, as well as any local emergency response processes during a public health emergency				
We utilize and support the Missouri Laboratory Response Network for identification of biological and chemical threats				

RESOURCES

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.