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Public Health Emergency Preparedness and Response Capabilities



National Standards for State, Local, Tribal, and Territorial Public Health

Glossary of Terms

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Centers for Disease
Control and Prevention
Center for Preparedness
and Response



Glossary of Terms

Access and functional needs:

Refers to persons who may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining health, independence, communication, transportation, support, services, self-determination, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are older adults; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged (U.S. Federal Emergency Management Agency definition).

Acquire: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to requesting medical materiel (inclusive of medical countermeasures) from the stockpile source or otherwise obtaining it from commercial sources or through mutual aid agreements.

Administer: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to the act of a clinician or other trained provider giving a

medical countermeasure to an individual according to protocols established for that incident, ensuring

- The right individual
- The right medical countermeasure
- The right timing, including the correct age and interval, as well as before the product expiration time and date
- The right dosage
- The right route, including the correct needle gauge, length, and technique
- The right site
- The right documentation

Protocols for the administration of medical countermeasures may consist of routine standard of practice guidance, such as how to give an injection, or may deviate from standard practice if involving emergency use authorizations, investigational new drug protocols, or the federal Shelf Life Extension Program.

Some medical countermeasures must be administered by a clinician or other trained personnel, such as vaccines administered by injection. This task is different from dispensing medical countermeasures when an individual can independently take a pill or use a device without further clinical supervision.

Adverse events reporting:

For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, adverse events reporting involves multidirectional information sharing about possible side effects or health problems that may occur after medical countermeasures are dispensed or administered. The process not only includes solicitation and collection of adverse event information by jurisdictional authorities from health care providers and persons who receive medical countermeasures, but also includes information sharing with the community, especially health care providers, about possible adverse events. Reporting adverse events may occur on a national, jurisdictional, or even dispensing site level. Jurisdictions should use national reporting systems, such as the Vaccine Adverse Event Reporting System (VAERS) or the Food and Drug Administration's (FDA) MedWatch. Jurisdictions may need to develop other jurisdiction-specific mechanisms for identifying and managing adverse events.

Adverse events reporting

systems: Systems that collect, analyze, and disseminate information about adverse events. Systems can be national, such as VAERS or FDA MedWatch, or jurisdictional, such as identifying adverse events at the dispensing site level.

After-action report (AAR):

Report that summarizes and analyzes performance in both exercises and real incidents or events. The reports for exercises also may evaluate achievement of the selected exercise objectives and demonstration of the overall capabilities being exercised.

Alert: Time-sensitive tactical communication sent to parties potentially impacted by an incident to increase 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. CDC's Health Alert Network is a primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, local, tribal, and territorial public health practitioners; clinicians; and public health laboratories.

Antemortem data: Information about a missing or deceased person used for identification. This information includes demographic and physical descriptions, medical and

dental records, and information regarding the person's last known whereabouts. Antemortem information is gathered and compared to postmortem information when confirming a victim's identification.

Assessment of Chemical Exposures (ACE) Program

Toolkit: Contains surveys, consent forms, training materials, and Epi Info 7 databases that easily can be customized for use in an assessment after a chemical incident. The ACE team also provides training in conducting rapid epidemiologic assessments after chemical releases.

At-risk individuals: At-risk individuals are people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. Irrespective of specific diagnosis, status, or label, the term "access and functional needs" is a broad set of common and cross-cutting access and function-based needs. The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these populations may include but are not limited to individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English

proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency (U.S. Department of Health and Human Services definition). However, jurisdictions should use their own discretion in determining which populations are at risk to be disproportionately impacted by a particular incident or event.

Biosafety level-3: Biosafety levels are designated in ascending order by degree of protection provided to personnel, the environment, and the community. Standard microbiological practices are common to all laboratories. Special microbiological practices enhance worker safety and environmental protection and address the risk of handling agents requiring increasing levels of containment.

Biosafety level 3 is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through the inhalation route of exposure. Laboratory personnel must receive specific training in handling pathogenic and potentially lethal agents and must be supervised by scientists competent in handling infectious agents and associated procedures.

Broselow tapes: Color-coded strips of paper inscribed at length-based intervals with information on the use of fluids, pressors, anticonvulsants, and resuscitation equipment. They are used to provide a quick estimate of the weight of pediatric patients and provide a rapid means of determining the dosages of medications and the size of the equipment that should be used in pediatric resuscitations.

Chain of custody requirements: Tracking of possession of and responsibility for medical materiel during the distribution process.

Closed point of dispensing (closed POD or CPOD): For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to a dispensing site that serves a defined population and is not open to the public.

CMIST framework: The Communication; Maintaining Health; Independence; Support, Safety and Self-determination; Transportation (CMIST) framework defines cross-cutting categories of the access and functional needs of at-risk individuals. The framework addresses a broad set of common access and functional needs that are not tied to specific diagnoses, status, or labels, such as pregnant women, children, or elderly. Ultimately, individuals with access and functional needs

must be addressed in all federal, territorial, tribal, state, and local emergency preparedness and response plans.

Community Assessment for Public Health Emergency Response (CASPER): An epidemiologic technique designed to provide quickly and at low-cost household-based information about a community. The CASPER toolkit was developed to assist personnel from any local, state, regional, or federal office in conducting a rapid needs assessment to determine the health status, basic needs, or knowledge, attitudes, and practices of a community in a quick and low-cost manner. Gathering health and basic needs information using valid statistical methods allows public health and emergency managers to make informed decisions. The CASPER tool kit provides guidelines on data collection tool development, methodology, sample selection, training, data collection, analysis, and report writing.

Community emergency response team (CERT): A program that educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and organization on which

professional responders can rely during disaster situations, which allows them to focus on more complex tasks.

Community mitigation strategies: For the purposes of Capability 11: Nonpharmaceutical Interventions, community mitigation strategies refer to

- Isolation
- Quarantine
- Restrictions on movement and travel advisories and warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Community outreach information network (COIN): A grassroots network of people and trusted leaders who can help with emergency response planning and delivering information to at-risk populations in emergencies.

Community resilience: Community resilience can be defined as the capacity to

- Absorb stress or destructive forces through resistance or adaptation
- Manage or maintain certain basic functions and structures during disastrous events
- Recover or “bounce back” after an event

A focus on resilience means putting more emphasis on what communities can do for themselves and how to

strengthen their capacities, rather than concentrating on their vulnerability to disaster or their needs in an emergency.

Corrective action plans:

Improvements and corrective actions that are implemented based on lessons learned from actual incidents or from training and exercises.

Critical infrastructure: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. Critical infrastructure depends on the incident and jurisdictional characteristics.

Critical workforce: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to personnel required to maintain critical infrastructure. Specific personnel considered to be critical workforce depends on the incident and jurisdictional characteristics.

Demobilize: Release and return of resources that are no longer required for the support of an incident or event.

Deployment: The movement of assets, including personnel, to a specific area.

Dispensing: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, dispensing means to prepare and give out a medication to targeted individuals. Some medical countermeasures, like pills or devices, can be provided to an individual for self-administration. This task is different from medical countermeasure administration, for which clinicians or other trained personnel are needed, such as to administer vaccines by injection.

Dispensing/administration sites:

Locations where targeted populations can receive medical countermeasures, whether through the dispensing of pills or the administration of medicines and vaccines. Examples of dispensing/administration sites include open PODs, CPODs, vaccination clinics, pharmacies, and other sites in the community that meet requirements for dispensing/administration sites.

Disposition of human remains:

For the purposes of Capability 5: Fatality Management, disposition refers to individual burial, state-sponsored individual burial, entombment, mass burial, voluntary cremation, and involuntary cremation.

Distribution assets: Resources needed to transport medical materiel during an incident

or event response, such as personnel, equipment, supplies, and technology.

Distribution site: Locations that receive medical countermeasures for eventual transport to dispensing/administration sites. These locations include receipt, stage, store (RSS) sites, regional distribution sites, local distribution sites, hospitals, or other sites. Distribution sites must be validated as appropriate to receive, store, and distribute medical countermeasure assets. This may include assessments of the physical facility and surrounding area, security considerations, staffing information, and environmental controls including cold chain management.

Durable medical equipment:

Equipment that can withstand repeated use, provides therapeutic benefits to a patient in need because of certain medical conditions or illnesses, and can be recovered after an emergency, such as ventilators.

Emergency Management Assistance Compact (EMAC):

An all-hazards, all-disciplines, mutual-aid compact that serves as the cornerstone of the nation's mutual aid system. EMAC is the first national disaster-relief compact since the Civil Defense and Disaster Compact of 1950 to be ratified by the U.S. Congress. EMAC offers assistance during governor-declared states of emergency or disaster through a responsive, straightforward

system that allows states to send personnel, equipment, and commodities to assist with response and recovery efforts in other states. Through EMAC, states also can transfer services, such as shipping newborn blood from a disaster-impacted laboratory to a laboratory in another state, and conduct virtual missions, such as GIS mapping. Since ratification and signing into law in 1996 (Public Law 104-321), 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have enacted legislation to become EMAC members.

Emergency Prescription Assistance Program (EPAP):

Provides an efficient mechanism for more than 70,000 enrolled retail pharmacies nationwide to process claims for certain kinds of prescription drugs, specific medical supplies, vaccines, and some forms of durable medical equipment for eligible individuals in a federally identified disaster area.

Emergency Support Functions (ESFs): Grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents. The 15 ESFs are annexes to the United States

National Response Framework (NRF). While the primary ESF supported by public health agencies is ESF #8—Public Health and Medical Services, public health agencies also may support other ESFs in coordination with jurisdictional partners and stakeholders.

Essential elements of information (EEI): Discrete types of reportable public health or health care-related, incident-specific knowledge communicated or received concerning a particular fact or circumstance, preferably reported in a standardized manner or format, which assists in generating situational awareness for decision-making purposes. EEI are often coordinated and agreed upon before an incident, and communicated to local partners as part of information collection request templates and emergency response playbooks.

Essential Public Health Services: Public health activities that all communities should undertake. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The committee included representatives from U.S. Public Health Service agencies and other major public health organizations. The 10 Essential Public Health Services are

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Event: A planned, non-emergency activity, such as a concert, convention, parade, or sporting event.

Gridding: The process of establishing the exact location of any item based on the slope and distance from an established point.

Health alert network: A primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, local, tribal, and territorial health practitioners; clinicians; and public health laboratories.

Hierarchy of controls: A framework used as a means of determining how to implement feasible and effective control solutions.

Homeland Security Exercise and Evaluation Program (HSEEP):

A capabilities- and performance-based exercise program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises.

Homeland Security Information Network (HSIN):

The trusted network for Department of Homeland Security (DHS) mission operations to share sensitive, but unclassified information. Federal, state, local, territorial, tribal, international, and private sector homeland security partners use HSIN to manage operations, analyze data, send alerts and notices, and, in general, share the information they need to do their jobs.

Human impact: Refers to indicators, such as number of fatalities resulting from a particular hazard, injuries requiring emergency medical services transport, outpatient injuries, and hospital emergency department visits due to injury or illness.

Human services: For the purposes of the capabilities document, the definition of human services draws from ESF #6—Mass Care, Emergency Assistance, Temporary Housing,

and Human Services Annex. Human services refers to the implementation by public health agencies and their partners and stakeholders of disaster assistance programs that help survivors address unmet disaster-caused needs or non-housing losses through loans and grants, supplemental nutrition assistance, crisis counseling, disaster case management, disaster unemployment, disaster legal services, and other state and federal human services programs and benefits to survivors. ESF #6—Mass Care, Emergency Assistance, Temporary Housing, and Human Services Annex also coordinates closely with the Health and Social Services Recovery Support Function to ensure continuous support for social services needs in the impacted communities.

Hygiene: Behaviors that can improve cleanliness and lead to good health, such as frequent hand washing, face washing, and bathing with soap and water.

Incident: An occurrence, either human-caused or naturally occurring, that requires action to prevent or minimize loss of life or damage to property or natural resources. In the context of the capability standards, the term “incident” is used to describe any scenario, threat, disaster, or other public health emergency.

Incident Command System (ICS): ICS is a management system designed as part of the Federal Emergency Management Agency’s (FEMA’s) National

Incident Management System (NIMS) to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. ICS is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, intelligence and investigations, finance, and administration. It is a fundamental form of management, with the purpose of enabling incident managers to identify the key concerns associated with the incident—often under urgent conditions—without sacrificing attention to any component of the command system.

Intermediary/intermediate distribution sites: Any facility between the initial receiving site and the final delivery location where medical countermeasures are dispensed to the public. These sites could include regional distribution sites (RDSs), local distribution sites (LDSs), or any other facility noted in the jurisdiction’s planning documents.

Inventory Management and Tracking System (IMATS):

A CDC information technology (IT) platform developed with input from state and local jurisdictions that allows public health agencies to track medical countermeasure inventory down to the local level during an event, monitor reorder thresholds, and support warehouse operations,

including receiving, staging, and storing inventory. IMATS also supports data exchange and allows state public health agencies to collect inventory totals from local jurisdictions.

Isolation: The separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill and protects healthy people from getting sick.

Joint Information Center

(JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.

Joint Information System

(JIS): Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the incident commander; advising the incident commander concerning public affairs issues

that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

Jurisdictions: Planning areas, such as cities, counties, states, regions, territories, and freely associated states.

Laboratory Information Management System (LIMS):

A software program that enables laboratories to fulfill data exchange needs for the Laboratory Response Network using their own systems.

Laboratory Response

Network (LRN): A coordinated network of public health and other laboratories for which CDC provides standard assays and protocols for testing biological and chemical terrorism agents. The categories of laboratories include LRN-C focusing on chemical threats and LRN-B focusing on biological threats. Although referenced in the capabilities document, LRN-R for radiological threats has not been established.

The LRN is charged with maintaining an integrated network of state and local public health, federal, military, and international laboratories that can respond to bioterrorism, chemical terrorism, and other public health emergencies. The LRN also links state and local public health, veterinary, agriculture, military, and water- and food-testing laboratories.

Local Emergency Planning

Committee (LEPC): The Emergency Planning and Community Right-to-Know Act (EPCRA) establishes the LEPC as a local forum for discussions and a focus for action in matters pertaining to hazardous materials planning. LEPCs also help to provide local governments and the public with information about possible chemical hazards in their communities.

Medical countermeasures:

Medicines and medical supplies that may be used to prevent, mitigate, or treat the adverse health effects of an intentional, accidental, or naturally occurring public health emergency. In the capabilities document

- **Capability 8:** Medical Countermeasure Dispensing and Administration focuses on the pharmaceutical medical countermeasures, such as biologic products, such as vaccines, blood products, or antibodies) and drugs for example, antimicrobial or antiviral drugs.
- **Capability 9:** Medical Materiel Distribution and Management discusses medical materiel, of which medical countermeasure is a subset. Medical materiel also covers personal protective equipment, ventilators, syringes, and other items
- **Capability 12:** Public Health Laboratory Testing covers diagnostics material to identify threat agents

Other items, such as window screens and insect repellents, may be considered as medical countermeasures, depending on the needs of the public health emergency.

Medical materiel: For the purposes of Capability 9: Medical Materiel Distribution and Management, any equipment, apparatus, or supplies that are needed to prevent, mitigate, or treat the adverse events of a public health incident. Medical materiel may include medicines, vaccines, durable medical equipment, ventilators, personnel protective equipment for responders, ancillary medical supplies, and laboratory supplies and assays.

Medical Reserve Corps (MRC): A national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response, and recovery capabilities.

Medicolegal: Relating to both medicine and law.

MedWatch: FDA's safety information and adverse event reporting program. MedWatch is used for reporting an adverse event or sentinel event. Founded in 1993, this system of voluntary reporting allows such information to be shared with the medical community or the general public. The system includes publicly available databases and online analysis tools for professionals. MedWatch also disseminates

medical product safety alerts, such as recalls and other clinical safety communications, via its website, e-mail list, Twitter, and RSS feed.

Memorandum of understanding (MOU):

A document that describes a broad concept of mutual understanding, goals, and plans shared by the parties.

Mental/behavioral health:

An overarching term to encompass behavioral, psychosocial, substance abuse, and psychological health.

Mission scoping assessment:

A summary of findings and issues identified by the six federal recovery support functions supporting the National Disaster Recovery Framework mission.

National Voluntary Organizations Active in Disaster (NVOAD):

An association of organizations that mitigate and alleviate the impact of disasters; provides a forum promoting cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster.

National Disaster Medical System (NDMS): A cooperative asset-sharing program that augments local medical care when an emergency exceeds the scope of a community's hospital and health care resources. The emergency resources, which include approximately 8,000

medical and support personnel, come from federal, state and local governments, the private sector, and civilian volunteers.

National Emergency Medical Services Information System (NEMSIS):

A national database that is used to store emergency medical services (EMS) data from U.S. states and territories. NEMSIS is a universal standard for how patient care information resulting from an emergency 911 call for assistance is collected. NEMSIS is a collaborative system to improve patient care through the standardization, aggregation, and utilization of point-of-care EMS data at local, state, and national levels.

National Incident Management System (NIMS):

A comprehensive, national approach to incident management developed by FEMA that is applicable at all jurisdictional levels and across functional disciplines. It is intended to

1. Be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity
2. Improve coordination and cooperation between public and private entities in a variety of incident management activities
3. Provide a common standard for overall incident management

NIMS provides a consistent nationwide framework and approach to enable government at all levels (federal, state, local,

tribal, and territorial), the private sector, and nongovernmental organizations (NGOs) to work together to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of the incident's cause, size, location, or complexity. Consistent application of NIMS lays the groundwork for efficient and effective responses, from a single agency fire response to a multiagency, multijurisdictional natural disaster or terrorism response.

National Preparedness

Goal: Defines what is meant for the whole community to be prepared for all types of disasters and emergencies. It outlines core capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk. These risks include events, such as natural disasters, disease pandemics, chemical spills and other human-caused hazards, terrorist attacks, and cyberattacks.

National Preparedness

System: Outlines an organized process for everyone in the whole community to move forward with their preparedness activities and achieve the National Preparedness Goal. The National Preparedness System has six parts:

1. **Identifying and Assessing Risk**—involves collecting historical and recent data on existing, potential, and perceived threats and hazards. The results of these risk assessments form the basis for the remaining steps
2. **Estimating Capability Requirements**—includes determining the specific capabilities and activities to best address those risks. Some capabilities may already exist and some may need to be built or improved. FEMA provides a list of core capabilities related to prevention, protection, mitigation, response, and recovery, the five mission areas of preparedness
3. **Building and Sustaining Capabilities**—involves figuring out the best way to use limited resources to build capabilities. Risk assessments can be used to prioritize resources to address the highest probability or highest consequence threats
4. **Planning to Deliver Capabilities**—refers to coordinating plans with other organizations, which includes all parts of the whole community: individuals, businesses, nonprofits, community and faith-based groups, and all levels of government
5. **Validating Capabilities**—participating in exercises, simulations, real-incident events, or other activities helps to identify gaps in plans and capabilities. It also helps identify progress toward meeting preparedness goals
6. **Reviewing and Updating**—regularly reviewing and updating all capabilities, resources, and plans is important

Network of distribution

sites: The jurisdiction-specific list of all sites that are used for the management and transportation of medical materiel. These include RSS sites, RDSs, LDSs, hospitals, or other sites. Distribution sites must be validated as appropriate to receive, store, and distribute medical countermeasure assets. This may include assessments of the physical facility and surrounding area, security considerations, staffing information, and environmental controls, including cold chain management.

Network of dispensing/ administration sites:

The jurisdiction-specific list of all sites where the targeted population can receive medical countermeasures, whether dispensing of pills or vaccine administration. Dispensing/ administration sites are considered receiving sites, more specifically end receiving sites.

Network of receiving sites:

The jurisdiction-specific list of all receiving sites, such as the list of distribution sites plus the list of dispensing/administration sites. The distribution sites are used for the management and transport of medical materiel. The dispensing/administration sites are used for the purpose of giving medical countermeasures to the targeted population. Together, all the distribution site and all the dispensing/ administration sites constitute a network of receiving sites.

Pandemic influenza alert

level: Pandemic influenza phases reflect the World Health Organization's risk assessment of the global situation regarding each influenza virus with pandemic potential that is infecting humans. These assessments are made initially when such viruses are identified and are updated based on evolving virological, epidemiological, and clinical data. The phases provide a high-level, global view of the evolving picture.

Partners and stakeholders:

As referenced throughout the capabilities, partners and stakeholders refer to the diverse array of groups and individuals that public health agencies should engage to support the preparedness and response needs of the whole community. Many different kinds of communities, including communities of place, interest, belief, and circumstance can exist both geographically and virtually, such as online forums. A whole community approach attempts to engage the full capacity of the private and nonprofit sectors, including businesses, coalitions, faith-based organizations, disability organizations, and the public, in conjunction with the participation of federal, state, local, tribal, and territorial governmental partners.

Personal protective

behaviors: Personal behaviors to prevent the transmission of infection, such as coughing into

your elbow, cover sneezing, hand washing, and keeping your hands away from your face.

Ports of entry: Places where persons and goods are allowed to pass into and out of a country, such as airports, water ports, and land border crossings, and where U.S. Customs and Border Protection officers are stationed to inspect or appraise imported goods.

Postmortem: Done, occurring, or collected after death.

Preparedness cycle:

A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. This cycle is one element of a broader National Preparedness System to prevent, respond to, and recover from natural disasters, acts of terrorism, and other disasters.

Priority resource element: For the purposes of this document, resource elements identified as priorities are potentially the most critical for completing capability tasks based on jurisdictional risk assessments and other forms of community input. These resource elements are relevant to both routine public health activities and essential public health services.

Procedures in place: For the purposes of this document, this phrase refers to documented agreements or processes, such as a written plan, a policy, a

memorandum of understanding or agreement, a contract, or any other type of written agreement that verifies that a procedure is formally in place.

Proficiency testing

challenges: Determines the performance of individual laboratories for specific tests or measurements to monitor the laboratories' continuing performance. Along with requirements for personnel qualifications and quality control testing, proficiency testing is one of the central safeguards of laboratory quality under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and its regulations.

Psychological first aid: A set of skills that helps community residents care for their families, friends, neighbors, and themselves by providing basic psychological support in the aftermath of traumatic events.

Public health system: Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services. The public health system includes

1. Public health agencies at state and local levels
2. Health care providers

3. Public safety agencies
4. Human service and charity organizations
5. Education and youth development organizations
6. Recreation and arts-related organizations
7. Economic and philanthropic organizations
8. Environmental agencies and organizations

Quarantine: The separation and restriction of movement of people who were exposed to a contagious disease to see if they become sick.

RealOpt®: A software enterprise system that consists of various decision support capabilities for modeling and optimizing the public health infrastructure for all hazard emergency response and has been used in the areas of biological or radiological terrorism preparedness, infectious disease outbreaks planning, and natural disasters response. RealOpt® allows users to enter different parameters into the system to support planning for resource allocation within medical facilities. The enterprise system consists of stand-alone software and decision support systems.

Receipt, stage, store (RSS) facility: Acts as the hub of the distribution system of the state or local jurisdiction to which SNS assets are deployed.

Receive: For the purposes of Capability 8: Medical Countermeasure Dispensing and Administration, this term

refers to taking receipt of medical materiel on behalf of the dispensing/administration site. For the purposes of Capability 9: Medical Materiel Distribution and Management, this term refers to taking receipt of medical materiel on behalf of the jurisdiction.

Recovery Support Functions (RSFs): A coordinating structure for key functional areas of assistance in the National Disaster Recovery Framework (NDRF). Their purpose is to support local governments by facilitating problem solving, improving access to resources, and fostering coordination among state and federal agencies, nongovernmental partners, and stakeholders. The six RSFs include

1. Community Planning and Capacity Building (CPCB) Recovery Support Function
2. Economic Recovery Support Function
3. Health and Social Services Recovery Support Function
4. Housing Recovery Support Function
5. Infrastructure Systems Recovery Support Function
6. Natural and Cultural Resources Recovery Support Function

Reference laboratories: LRN reference laboratories are responsible for investigation or referral of specimens. They are made up of more than 150 state and local public health, military, international, veterinary, agriculture, food, and water testing laboratories. In addition to laboratories located

in the United States, facilities located in Australia, Canada, the United Kingdom, Mexico, and South Korea serve as reference laboratories abroad.

Regional distribution site (RDS)/local distribution site (LDS): A site or facility selected to receive medical countermeasures from the RSS facility for apportionment and distribution to determined dispensing sites, such as PODs.

Responders: Any individual responding to the public health task or mission, as determined by the jurisdiction. For the purposes of Capability 14: Responder Safety and Health, responders are defined as public health agency personnel. Dependent on the jurisdiction, the definition of responder may also include first receivers in the form of hospital and medical personnel.

Sample: For the purposes of the capabilities document, this term is used generally to refer to anything that can be termed a sample or specimen for testing or analysis.

Secure Access Management Services (SAMS): A CDC portal that allows public health partners and providers to access information and computer applications operated by CDC. Some of the applications or information made available through SAMS may be sensitive or non-public. The SAMS Partner Portal is one of the ways CDC controls and protects this information. For access to SAMS,

users must register online and be approved by a CDC program administrator. In cases where you might be exposed to non-public information, you may also be required to provide proof of your identity as part of your registration.

Sentinel laboratories:

LRN sentinel laboratories play a key role in the early detection of biological agents. Sentinel laboratories provide routine diagnostic services, rule-out, and referral steps in the identification process. While these laboratories may not be equipped to perform the same tests as LRN reference laboratories, they can test samples.

Service animal: Any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability including guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

Situational awareness:

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.

Social connectedness:

For the purposes of Capability 1: Community Preparedness, social connectedness refers to the personal relationships, such as family, friend, and neighbor, and professional relationships, such as service provider or community leader, among community residents. It is a core component that is integral to the community's ability to marshal resources, communicate with residents, and plan for infrastructure and human recovery.

Social distancing: Within the workplace, social distancing measures could take the form of

- Modifying the frequency and type of face-to-face employee encounters, such as placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, and posting infection control guidelines

- Establishing flexible work hours or work sites, such as telecommuting
- Maintaining three-foot spatial separation between individuals
- Implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms

Special Event Assessment Rating (SEAR):

A DHS system that rates events. DHS requests jurisdictions to submit all event data, from which an algorithm is used to rate the risk from Tier I to Tier V, with Tier I being the highest and with Tier V being the lowest. SEAR events are specifically below the level of National Special Security Events. The majority of these events are state and local events that may require additional support from the federal government.

Spontaneous volunteers:

Unaffiliated or unregistered volunteers with known participating volunteer organizations during an incident or event.

Stafford Act: A United States federal law designed to bring an orderly and systematic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. The Stafford Act was signed into law on November 23, 1988, as an amendment to the Disaster Relief Act of 1974 (Public Law 93-288). The Stafford

Act constitutes the statutory authority for most federal disaster response activities, especially as they pertain to the FEMA and FEMA programs, and gives FEMA the responsibility for coordinating government-wide relief efforts.

Throughput: The number of people receiving medical countermeasures at a POD during a certain period of time. For example, if 6,000 people visit a POD over a 12-hour operational period, then the throughput is 6,000 persons/12 hours = 500 people/hour.

Vaccine Adverse Events Reporting System (VAERS):

A national early warning system established in 1990 to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by CDC and FDA. VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report an adverse event to VAERS. Health care professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

Virtual structure: A software solution, such as WebEOC or a just-in-time modular “go kit” style solution, to create virtual or remote connections among emergency responders and other relevant stakeholders during emergency operations.

Volunteer reception center (VRC): An operation in which spontaneous, unaffiliated disaster volunteers are registered and referred to local agencies to assist with relief efforts.

World Health Organization (WHO) public health emergencies of international concern (PHEIC) declarations:

Defined in the International Health Regulations (IHR) (2005) as an extraordinary event that is determined

- To constitute a public health risk to other states through the international spread of disease
- To potentially require a coordinated international response

This definition implies a situation that is serious, unusual or unexpected; carries implications for public health beyond the affected state’s national border; and may require immediate international action.

Written agreements:

For the purposes of the capability standards, written agreements may refer to MOUs, contracts, or other letters of agreements used at the discretion of the jurisdiction.

