2024-2028

PHEP Notice of Funding Opportunity:

Exercise Framework Supplemental Guidance

April 2024

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Introduction

Overview

The CDC 2024-2028 PHEP Exercise Framework supports implementation of jurisdictional public health agency exercise programs as required in the 2024-2028 PHEP Notice of Funding Opportunity (NOFO).

The PHEP exercise framework supports the need for public health agencies to exercise jurisdictional public health risks and threats through a series of discussion-based and operations-based exercises that can be flexibly administered over the PHEP NOFO five-year period of performance.

The exercise framework is designed to promote use of common terminology, current standards of practice, and improve collaboration with emergency management, health care coalitions, other government sectors, and private industry within jurisdictional exercise programs. CDC highly encourages that local jurisdictions not funded through the Cities Readiness Initiative (CRI) program also use this guidance to enhance jurisdictional exercising and response operations. The following sections introduce the primary inputs used to develop the 2024-2028 PHEP Exercise Framework.

Organization of the PHEP Exercise Framework

FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) is integrated into the exercise framework[1]. PHEP recipients and CRI local planning jurisdictions are expected to follow HSEEP guidelines when implementing exercise programs to include exercise program management, design, development, conduct, evaluation, and improvement planning.

Public Health Emergency Preparedness Capabilities

CDC's Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health describes the 15 capability standards designed to support state, local, tribal, and territorial (STLT) jurisdictions to prepare for, respond to, and recover from public health threats and emergencies. These 15 capabilities are foundational to the CDC Response Readiness Framework.

Public Health Response Readiness Framework

The Public Health Response Readiness Framework (RRF) was developed with input from subject matter experts, professional associations, and the public health preparedness and response practice community. Priorities described in the RRF reflect program priorities necessary to ensure response-ready STLT public health departments. The architecture of the 2024-2028 PHEP NOFO is organized around specific RRF strategies and activities that are represented in the activities and objectives of each exercise.

[1] Refer to FEMA's Homeland Security Exercise and Evaluation Program Doctrine and Program Management - HSEEP Resources - Preparedness Toolkit (fema.gov)for additional information regarding HSEEP. Refer to FEMA's online HSEEP training videos or contact your emergency management agency to identify available training opportunities.

Implement the PHEP Exercise Framework

Submit a Risk Assessment (RA) (AHA-A)

Public health risks and threats that could impact your jurisdiction should be identified and serve as a foundational component of your exercise program. Jurisdictions must submit risk assessments (RAs).

CRI local planning jurisdictions must be involved in the RA process. The number of RAs you will report is based on your organizational and planning structure. A single RA coordinated between the recipient and CRI local planning jurisdictions or separate RAs coordinated between the recipient and CRI local planning jurisdictions are acceptable. Partnership with health care coalitions, emergency management agencies (EMA), other sectors of government, and private industry is also a vital component of the RA process.

The RA methodology a jurisdiction uses can be flexible and based on jurisdictional preference. For example, self-developed risk assessments, hazard vulnerability analyses (HVA), and participation in your jurisdictional Threat and Hazard Identification and Risk Assessment (THIRA) process are allowable and encouraged if RA outputs reflect the public health impacts related to jurisdictional risks. A risk assessment data element (RADE) template must be completed and submitted with your RA in the Ready CAMP[2] web portal.

Conduct an Integrated Preparedness Planning Workshop (IPPW) (AHA-B)

The integrated preparedness planning workshop (IPPW) establishes the strategy and structure for jurisdictional exercise programs and broader preparedness efforts. The IPPW results in the output of a multiyear integrated preparedness plan (MYIPP). The IPPW team should include applicable training and exercise personnel and those involved in, but not limited to, risk assessment, capability assessment, grants management and budgeting, planning, recovery, and mitigation. The IPPW should similarly include participation from CRI local planning jurisdictions to coordinate jurisdictional input from higher risk areas and consider frontier jurisdictions, rural jurisdictions, and federally recognized tribal entities as appropriate.

Develop a Multiyear Integrated Preparedness Plan (MYIPP) (AHA-B)

The MYIPP is an living document resulting from the IPPW. The MYIPP ensures that priorities are recognized and that a progressive multiyear jurisdictional exercise program is established. Through effective program management, each activity becomes a supporting component of larger preparedness priorities. These preparedness priorities help exercise planners design and develop a multiyear exercise program comprised of individual exercises that target resources to where they are most useful. The MYIPP must include exercise framework requirements and be additionally informed by the recipient, emergency management, CRI local planning jurisdictions, rural jurisdictions, frontier jurisdictions, and federally recognized tribal entities as appropriate. All recipients must include considerations for laboratory participation, recovery planning, health equity, data modernization, partnerships, and pandemic influenza (required by statute) into the

[2] For additional information regarding PHEP program requirements for risk assessments, please refer to NOFO RRF activity AHA-A (pg. 29). For additional RA information, please refer to FEMA's Comprehensive Preparedness Guide (CPG) 201, 3rd Edition.

MYIPP[3]. MYIPP data elements summarizing your MYIPP must be completed and submitted. The MYIPP data elements template will be provided in Ready CAMP and must be completed along with your most updated MYIPP[4].

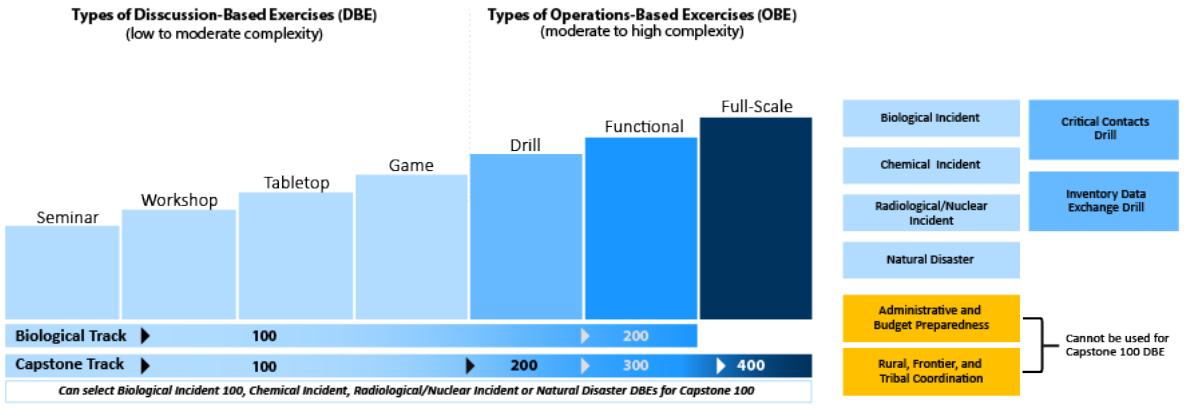
Develop and Conduct Exercises (AHA-C, AHA-E, AHA-F)

The exercise framework is comprised of discussion-based exercises and operations-based exercises. Discussion-based exercises are defined as seminars, workshops, tabletops, and games. Operations-based exercises are defined as drills, functional exercises (FE), and full-scale exercises (FSE). The nomenclature of 100 and 200 used to describe the Biological Incident Track and the nomenclature of 100, 200, 300, and 400 used to describe the Capstone Track indicate the progressive sequence these exercise tracks must follow. Exercise planners must review PHEP NOFO program guidance and jurisdictional program priorities to shape major concepts when planning exercises. Exercise planning meetings must be held during the exercise development process as described in HSEEP.

Jurisdictional public health agencies must complete mandatory exercises and associated activities and meet objectives described within the exercise framework. In addition, jurisdiction-specific exercise objectives and additional exercises can be added to further assess the jurisdiction's capability to prepare for, respond to, and recover from the public health consequences of public health risks, threats, and emergencies[5].

Each discussion-based and operations-based exercise described within the exercise framework includes activities that connect to RRF program priorities and the Public Health Preparedness Capabilities: National Standards for State. Local, Tribal, and Territorial Public Health. Broad objectives included have been developed to drive the intent of each exercise. For an exercise to be considered "successful," RRF exercise activities, objectives, and participants for each exercise must be included.

The following graphic summarizes the 2024-2028 PHEP Exercise Framework.



[3] When identifying partners, program managers should consider individuals from jurisdictions and organizations as required in NOFO RRF activity PAR-A (pg. 42).

[4] For additional information regarding PHEP program requirements for the IPPW and MYIPP, please refer to NOFO RRF activity AHA-B (pg. 30).

[5] For additional information regarding PHEP program requirements for individual exercise requirements, please refer to the PHEP Individual Exercise Requirements section in the appendix of this document.

Medical Countermeasure Management (Biological Incident Track)

- The nomenclature of 100 and 200 used to describe the Biological Incident Track indicates the progressive sequence this exercise track must follow. The purpose of the Biological Incident Track (Biological Incidents 100 and 200) is to ensure that Capability 8: Medical Countermeasure (MCM) Dispensing and Administration and Capability 9: Medical Materiel Management remain a cornerstone of a public health response to an emerging infectious disease or a bioterrorism incident. Recipients and CRI local planning jurisdictions must work together regardless of their public health governance structures (centralized, decentralized, or hybrid) when exercising points of dispensing (POD) or vaccination site plans and logistics according to expected jurisdictional operations. Multiple dispensing modalities may be implemented for the Biological Incident Track. Any public health jurisdiction that receives CRI funding must conduct these MCM dispensing and vaccination activities during their Biological Incident 200 exercise:
    - Staff notification and assembly of all MCM dispensing/vaccination sites' core management teams.
    - Activation of the selected dispensing/vaccination site to include all dispensing/vaccination site positions.
    - Set up a minimum of one MCM dispensing/vaccination site (open or closed).
    - Dispense, administer, and track MCM inventories.

Recipients are encouraged to integrate their local public health jurisdictions that are not funded through the CRI program into their MCM dispensing and administration exercises based on expected jurisdictional operations.

Prioritized Jurisdictional Risk (Capstone Track)

The nomenclature of 100, 200, 300, and 400 used to describe the Capstone Track indicates the progressive sequence this exercise track must follow. The purpose of the Capstone Track (Capstone 100, 200, 300, and 400) is to ensure jurisdictional readiness by exercising a priority chemical, biological, radiological/nuclear, natural disaster, or other threats selected from risk assessments and incorporating a progressive approach concluding with a full-scale exercise. Discussion-based exercises for a chemical incident, a biological incident, a radiological/nuclear incident, or a natural disaster can be used to fulfill the Capstone 100 requirement if it supports the selected jurisdictional risk scenario selected for the Capstone Track.

Although not required, CDC recommends that jurisdictions consider risks other than biological threats for the Capstone Track to enhance readiness across multiple threats. In the event a biological threat is selected for the jurisdictional Capstone Track, the Biological Incident 200 functional exercise requirement cannot be used to replace the Capstone 300 functional exercise requirement. In this instance, the Capstone 300 exercise should focus on lessons learned and opportunities for improvements identified from the Biological Incident 200 exercise.

Recipients are encouraged to integrate their local public health jurisdictions that are not funded through the CRI program into their capstone exercises based on expected jurisdictional operations.

Exercise Framework Design Considerations

- Five central RRF program priorities must be included within exercises:
  - Partnerships (PAR) (pg. 42): Inclusion of emergency management and other traditional response partners. Incorporate non-traditional partnerships as/where applicable (maternal/child health, chronic disease, behavioral health, etc.)
  - Health Equity (HE): Disproportionately affected populations with health disparities, access needs, or functional needs [HE-A (pg. 41), HE-B (pg. 46), HE-C (pg. 55)]
  - Risk Communications (RSK): to include addressing misinformation and disinformation [RSK-A, RSK-B (pg. 43)]
  - Data Modernization (DM) to include at least three of the six data capabilities listed in the North Star Architecture or three of the priorities identified by your jurisdiction to focus on for improvement (DM) (pg. 38)
  - Recovery: to include, but not limited to, behavioral health needs for community and responders [Substance Abuse and Mental Health Services administration (SAMHSA) Disaster preparedness, response, and recovery] and community priorities. [PAR-A] (pg. 42), REC-A (pg. 45)]
- Objectives provided for discussion and operations-based exercises must be included in required exercises.
- Exercises should be adapted to accommodate different recipient roles, responsibilities, and governance structures (i.e., centralized, decentralized, hybrid).
- Exercises must be coordinated with CRI local planning jurisdictions; recipients have autonomy to determine how exercises are coordinated and organized within their jurisdictions.
- Regional, state, local, and tribal (intrastate and interstate) collaboration to fulfill exercise requirements is encouraged if coordination among participants regarding risks, objectives, and other requirements occur.
- Collaboration with emergency management, health care coalitions (i.e., specialty surge exercises), and others is highly encouraged if exercise objectives are aligned within joint exercises.
- Local and tribal public health jurisdictions not affiliated with the CRI program can use the exercise framework to guide jurisdiction-specific exercises in coordination with their recipient state or territory.
- Responses to public health incidents may be submitted for consideration to meet exercise requirements; CDC will consider these requests on a case-by-case basis under the following conditions.
  - The emergency or event had a significant impact on public health operations.
  - The request is for planned exercise(s) scheduled to occur in the current or following budget period.
  - Exercise framework objectives (i.e., exercise intent) were met during the emergency or event.
- Exercises should occur throughout the NOFO period of performance to prevent an inordinate number of exercises occurring within any single year.
- Territories and the freely associated states (TFAS) of the Pacific have modified exercise requirements in some instances; Puerto Rico is subject to state exercise requirements (p.56).

Discussion-based Exercise Design Considerations

- Discussion-based exercises may be conducted using a seminar, a workshop, a tabletop exercise, or a game.
- Discussion-based exercises cannot be replaced by other discussion-based exercises except for the Capstone 100 as previously described. For example, the rural/frontier/tribal coordination discussion-based exercise objectives cannot be replaced with administrative preparedness discussion-based exercise objectives. Administrative preparedness or rural/frontier/tribal coordination discussion-based exercises cannot be used to fulfill the Biologic Incident 100 or the Capstone 100 discussion-based exercises.
- Jurisdiction-specific exercise objectives based on risk and MYIPP priorities can be incorporated into any exercise as described in HSEEP doctrine.
- Discussion-based exercises may be conducted virtually or in person.
- Chemical incident, biological incident, radiological/nuclear incident, and natural disaster discussion-based exercises can be used to meet the Capstone 100 discussion-based exercise requirement if they support the selected jurisdictional risk scenario selected for the Capstone Track.
- Administrative preparedness or rural/frontier/tribal coordination discussion-based exercises cannot be used to fulfill the Biologic Incident 100 or the Capstone 100 discussion-based exercises.

Operations-based Exercise Design Considerations

- More than a single POD or dispensing modality can be exercised when implementing the Biological Incident Track.
- Seasonal influenza clinics may not be used to fulfill the Biological Incident Track.
- Biological Incident and Capstone Track exercises can be incorporated into joint exercises with emergency management and local planning jurisdictions to accommodate recipient governance structures, geography, strengthen expected roles and responsibilities, and reinforce other organizational variabilities, such as regional risk priorities:
    - Intrastate regions can exercise together or separately, and within different time frames if the intent of the exercise is met.
    - Recipients and local CRI local planning jurisdictions can exercise different jurisdictional risks in the Capstone Track if exercises are effectively coordinated.
- TFAS must exercise Biological Incident 100 and Biological Incident 200 and are only required to exercise the Capstone Track up the functional level (i.e., Capstone 300); Puerto Rico is required to exercise Biological Incident 100 and Biological Incident 200 along with the entire Capstone Track.
- The Capstone 300 functional exercise must focus on areas for improvement and link to objectives identified from the Biological Incident 200 functional exercise if a biological incident is selected for the capstone track.

Create After-action Reports and Improvement Plans (AHA-D)

After-action Report (AAR)

The AAR includes an exercise overview, an analysis of capabilities, and a list of corrective actions or improvement plans (IPs). The length, format, and development timeframe of the AAR/IP depend on the exercise type and scope. These parameters should be identified by exercise planning teams based on PHEP reporting requirements and the expectations of program leadership. The AAR/IP should include an overview of performance related to exercise objectives and associated capabilities. After-action meetings (AAMs) must be held during the process of finalizing AARs in accordance with HSEEP.

Improvement Plan (IP)

Improvement planning is a process by which the areas for improvement from each exercise are turned into implementable corrective actions. Corrective actions that carry across budget periods must be incorporated into your annual MYIPP updates and include consolidated corrective actions.[6] IP data elements will be provided in Ready CAMP (AHA-D) and must be submitted in Ready CAMP no later than 90 days after completion of discussion-based and operations-based exercises. The AAR and IP are to be submitted only if requested and will be used to identify promising practices, inform technical assistance, and advance overall program improvement.

[6] For additional information regarding PHEP program requirements for AARs and IPs, please refer to NOFO RRF activity AHA-C (pg. 31), AHA-D (pg. 31), and ADM-B (pg. 48).

Appendix

PHEP Individual Exercise Requirements

Discussion-based Exercises

Administrative Preparedness

Detail Categories	Details
Description	Discuss various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery at state, territorial, local, and tribal levels of government.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • ADM-A: Update administrative preparedness plans using lessons learned from emergency responses (pg. 47) • WKF-A: Develop plans, processes, and procedures to hire, recruit, train, and retain a highly qualified and diverse workforce (pg. 50) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) **Related to exercise:** • ADM-B: Integrate administrative and budget preparedness recommendations into training and exercises (pg. 48) • AHA-D: Submit exercise and incident response improvement plan data elements (pg. 31) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • AHA-C: Develop and conduct required exercises (pg.31)
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • Directly Funded Localities (DFLs) • TFAS
Participants	Administrative, fiscal, and human resources staff responsible for contracting, procurement, staffing, and others expected to support administrative aspects of a public health response
Objectives	• **Contracting:** Discuss/develop and include strategies to expedite the contracting approval process for the purchase of services during an emergency into plans. • **Procurement:** Discuss/develop and include the processes to procure supplies needed to support emergency responses into plans. • **Receiving/Accepting Emergency Funds:** Discuss/develop and include strategies to expedite process(es) for accepting emergency preparedness funding into plans. • **Surge Staffing:** Discuss/develop and include strategies to expedite process(es) for hiring and/or reassigning staff and volunteers to support surge staffing needs during responses into plans.

Rural, Frontier, and Tribal Coordination

Detail Categories	Details
Description	Discuss ways to improve response and recovery coordination and operations among state, rural, frontier, and tribal jurisdictions. The following resources provide information to help indetermining if a specific jurisdiction is rural or frontier. What is Rural? Overview - Rural Health Information Hub Rural Health Grants Eligibility Analyzer – Health Resources & Services Administration Health and Healthcare in Frontier Areas Overview - Rural Health Information Hub
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • AHA-B: Complete and submit MYIPP and data elements (pg. 30) • LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises (pg. 53) • LOC-C: Include local representation on senior advisory committees (pg. 54) **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities in public health preparedness planning and exercises (pg. 53) • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39)
Frequency	Once during the period of performance
Who	• States • Puerto Rico
Participants	Local and tribal representatives responsible for coordinating response and recovery activities in rural, frontier, and tribal jurisdictions during a public health emergency
Objectives	• **Incident Command System:** Discuss coordination of Incident Command, Unified Command, and notification for when additional support is needed. • **Jurisdictional Risks:** Discuss jurisdictional risks including biological mass casualty events (emerging infectious disease, anthrax, pandemic influenza, and respiratory illness.) • **Public Health Roles and Functions:** Engage participants about their potential ESF8 coordination and risk communication roles and functions during a large-scale incident. • **Mass Prophylaxis/Administration:** Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput. • **Intervention Strategies:** Discuss/develop pharmaceutical and nonpharmaceutical intervention strategies.

Biological Incident (100)

Detail Categories	Details
Description	Discuss potential public health roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • RSK-A: Develop or update crisis and emergency risk communication (CERC) and information dissemination plans (pg. 43) • REC-A: Incorporate recovery operations into public health MYIPPs (pg. 45) • DM-A: Incorporate data systems and data source functionality and infrastructure into public health emergency response plans (pg. 38) **Related to exercise:** • RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises (pg. 44) • LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness (pg. 44) • AHA-D: Submit exercise and incident response IP data elements (pg. 31) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39)
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, public health biological laboratories, environmental health programs, health care coalitions, and other partners responsible for coordinating or supporting response and recovery efforts to a mass casualty biological incident.
Objectives	• **Public Health Roles and Functions:** Discuss equity considerations (e.g., access and functional, health, inequitable environment) and identify roles and functions for preparing, responding, and recovering from biological incidents and how public health would coordinate with health care partners and regulatory agencies during a biological incident. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for biological mass casualty incidents (e.g., emerging infectious disease, anthrax, pandemic influenza, and other respiratory illnesses with pandemic potential). Educate participants about your jurisdiction's capabilities to assess the health needs of populations impacted by biological incidents, equitably direct resources, and protect the health of responders. • **Medical Countermeasures:** Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput in response to a mass casualty biological incident. • **Laboratory:** Discuss the role of the Laboratory Response Network for Biological Threats (LRN-B) during a large-scale biological incident response.

Chemical Incident

Detail Categories	Details
Description	Discuss potential public health roles, functions, and countermeasures when responding to large-scale chemical incident.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • DM-A: Incorporate data systems and data source functionality and infrastructure into public health emergency response plans (pg. 38) • HE-A: Update RA to include people who are disproportionately impacted by public health emergencies (pg. 42) • HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises (pg. 55) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • RSK-A: Develop or update CERC and information dissemination plans (pg. 43) • REC-A: Incorporate recovery operations into public health MYIPPs (pg.45) **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31) • AHA-G: Complete training to ensure baseline competency and integration with preparedness requirements (pg. 33) • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises (pg. 44) • LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness (pg. 54) • LAB-A: Participate in LRN-C specimen packaging and shipping (SPaS) exercises (pg. 34)
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, public health chemical laboratories, environmental health programs, health care coalitions, state emergency response commission/local emergency planning committee, and other partners responsible for coordinating or supporting response and recovery efforts to a mass casualty chemical incident.
Objectives	• **Public Health Roles and Functions:** Discuss equity considerations (e.g., access and functional, health, inequitable environment), identify roles and functions for preparing, responding, and recovering from chemical incidents and how public health would coordinate with health care partners and regulatory agencies during a chemical incident. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for chemical mass casualty incidents (e.g., chemical plant release, transportation accident/leak, terrorism). Educate participants about your jurisdiction's capabilities to assess the health needs of populations impacted by chemical incidents, equitably direct resources (including CHEMPACK and other MCMs) and protect the health of responders.

	• **Medical Countermeasures:** Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput in response to a mass casualty chemical incident. Educate participants about the Chempack program and how to access Chempack-related MCMs at the time of an incident. • **Laboratory:** Discuss the role of the Laboratory Response Network for Chemical Threats (LRN-C) during a large-scale chemical incident response.

Radiological/Nuclear Incident

Detail Categories	Details
Description	Discuss the various aspects of public health response operations during a radiological/nuclear incident within your jurisdiction. Discuss potential public health roles, functions, monitoring, and countermeasures when responding to a large-scale radiological incident.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • RSK-A: Develop or update CERC and information dissemination plans (pg. 43) • REC-A: Incorporate recovery operations into public health MYIPPs (pg. 45) • DM-A: Incorporate data systems and data source functionality and infrastructure into public health emergency response plans (pg. 38) **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31) • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42) • RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises (pg. 44) • LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness (pg. 54) • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39)
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, environmental health programs, radiation control programs, health care coalitions, and other partners responsible for coordinating and/or supporting response and recovery efforts to a mass casualty radiological or nuclear incident.
Objectives	• **Public Health Roles and Functions:** Discuss equity considerations (e.g., access and functional, health, inequitable environment) and identify roles and functions in preparing for, responding to, and recovering from radiological or nuclear incidents; as well as how public

	health would coordinate with health care partners and regulatory agencies during a radiological/nuclear incident. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for radiological or nuclear mass casualty incidents (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation.). Educate participants about your jurisdiction's capabilities to assess the health needs of populations impacted by radiological/nuclear incidents, equitably direct resources and protect the health of responders. • **Medical Countermeasures:** Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput in response to a mass casualty radiological or nuclear incident. • **Community Reception Centers (CRCs):** Discuss strategies to set up, activate, and perform population monitoring activities such as at a CRC in response to a radiological incident.

Natural Disasters

Detail Categories	Details
Description	Discuss the various aspects of public health response operations during potential natural disasters and climate related public health impacts within your jurisdiction. Discuss potential public health roles and functions when responding and recovering from a natural disaster.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). • RSK-A: Develop or update CERC and information dissemination plans (pg. 43). • REC-A: Incorporate recovery operations into public health MYIPPs (pg. 45). • DM-A: Incorporate data systems and data source functionality and infrastructure into public health emergency response plans (pg. 38). • HE-A: Update RA to include people who are disproportionately impacted by public health emergencies (pg. 42). • HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises (pg. 55). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • AHA-G: Complete training to ensure baseline competency and integration with preparedness requirements (pg. 33). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39). • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). • RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises (pg. 44). • LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness (pg. 54).

Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, environmental health programs, health care coalitions, and other partners responsible for coordinating and/or supporting response and recovery efforts to natural disasters and climate related incidents.
Objectives	• **Public Health Roles and Functions:** Discuss equity considerations (e.g., access and functional, health, inequitable environment) and identify roles and functions in preparing, responding, and recovering from natural disasters and climate related incidents and resulting environmental degradation, injuries, respiratory and cardiovascular disease, mental health impacts, and food- and water-borne illnesses. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for natural disaster mass casualty and mass care incidents (e.g., earthquakes, hurricanes, tornadoes, wildfires). Explore the public health consequences of jurisdictional risks for natural disasters and climate related public health impacts. • **Mass Fatality:** Explore opportunities to improve fatality management in response to a mass fatality incident.

Capstone (100)

Detail Categories	Details
Description	Discuss various aspects associated with preparing and conducting your capstone track (full-scale) exercise during this period of performance. Prior chemical, biological, radiological/nuclear, and natural disaster discussion-based exercises can meet the Capstone 100 requirement if aligned to risks identified within your risk assessment.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). • RSK-A: Develop or update CERC and information dissemination plans (pg. 43). • REC-A: Incorporate recovery operations into public health MYIPPs (pg. 45) • HE-A: Update RA to include people who are disproportionately impacted by public health emergencies (pg. 42). • HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises (pg. 55). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). • RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises (pg. 44). • LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness (pg. 53).

	• HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises (pg. 55).
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, and other partners responsible for coordinating/supporting response and recovery efforts to the jurisdictional risk selected as the primary area of focus for your capstone exercise.
Objectives	• **Public Health Roles and Functions:** Engage participants regarding the potential ESF8 roles/functions of public health for the risk selected as the primary area of focus for your capstone exercise. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for the primary area of focus of your capstone exercise. • **Public Health Roles and Functions:** Discuss equity considerations (e.g., access and functional needs, health, inequitable environment) and identify roles and functions in preparing, responding, and recovering from the risk selected as the primary area of focus for your capstone exercise and how public health will coordinate with health care partners and regulatory agencies during that incident. • **Jurisdictional Risks and Response Capabilities:** Discuss jurisdictional risks and response capabilities for the primary area of focus of your capstone exercise. Educate participants about your jurisdiction's capabilities to assess the health needs of populations impacted by those incidents, equitably direct resources and protect the health of responders. • **Medical Countermeasure/Medical Materiel Management Strategies:** Discuss strategies to efficiently distribute, dispense or administer MCMs and medical materiel to the public and measure throughput/inventories in response to the jurisdictional risk selected as the primary area of focus for your capstone exercise.

Operations-based Exercises (Drill)

Drill - Capstone (200)

Detail Categories	Details
Description	Each jurisdiction must exercise one specific primary operation or function critical to the success of your capstone exercise.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39).

Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, and other partners responsible for coordinating and supporting response and recovery efforts to the jurisdictional risk selected as the primary area of focus for your capstone exercise.
Objectives	• **Test and Validate a Critical Response Function:** Test and validate at least one critical response function based on the jurisdictional risk you selected as the primary area of focus of your capstone exercise.

Drill - Critical Contacts

Detail Categories	Details
Description	The purpose of the Critical Contacts Drill is to test and validate critical contact information for the epidemiologist on-call, laboratorian on-call, and the PHEP Director on-call. This drill also provides opportunities to optionally exercise jurisdictional internal notification systems and promote process improvement as necessary. The Critical Contacts Drill will alternate each year between biological and chemical laboratory on-call staff, will be **unannounced,** and conducted between Monday and Friday. The time to complete the drill is measured using a start time and a stop time. The **performance target is 60 minutes**. **Start Time:** Date and time the CDC Emergency Operations Center (EOC) initiates contact with the on-call epidemiologist. **Stop Time:** Date and time the PHEP director and the LRN-B and LRN-C contacts notify the CDC EOC watch officer to confirm the drill notification cycle is complete. See appendix for full drill process.
Related RRF Activities (see page in PHEP NOFO for activity detail)	**Related to exercise:** • AHA-D: Submit exercise and incident response improvement plan data elements (pg. 31). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39).
Frequency	Each budget period
Who	• States • DFLs (Chicago is exempt from on-call laboratory critical contact notification) • Puerto Rico
Participants	On call epidemiologist, on-call LRN B/C personnel, and the on-call PHEP director

Objectives	• **Contact**: Ensure on-call staff have access to on-call contact numbers and the on-call numbers work. • **Verify**: Verify and update on-call critical contact numbers. • Exercise additional internal notification procedures (optional).

Drill - Inventory Data Exchange

Detail Categories	Details
Description	Test your jurisdiction's ability to provide inventory of MCMs to U.S. Department of Health and Human Services Administration for Strategic Preparedness and Response/Strategic National Stockpile (HHS ASPR/SNS). **NOTE:** For additional information about the inventory data exchange (IDE) process and technical assistance/support, contact the ASPR/SNS IDE help desk at IDEHelp@hhs.gov.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	Related to exercise: • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39).
Frequency	Each budget period
Who	• States • DFLs • TFAS
Participants	Preparedness and response staff responsible for managing MCM inventories, to include state-level coordinators, emergency management officials, logistics managers, warehouse managers, and others as required by plans, policies, and procedures.
Objectives	• **Report:** Ensure preparedness and response staff are familiar with and can successfully report MCM inventory. • **Translate:** Successfully demonstrate ability to receive inventory requests and submit MCM inventory reports to ASPR/SNS.

Functional - Biological Incident (200)

Detail Categories	Details
Description	Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration, throughput, distribution, partnerships, and include biological laboratory participation.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • LAB-B: Participate in LRN-B challenge panels (pg. 35). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39). • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42).
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, public health biological laboratories, environmental health programs, health care coalitions, and other partners responsible for coordinating and/or supporting response and recovery efforts to a mass casualty biological incident.
Objectives	See Capability 8: Medical Countermeasure Dispensing and Administration • Determine MCM dispensing/administration strategies. • Receive MCMs to be dispensed/administered. • Activate MCM dispensing/administration operations. • Dispense/administer MCMs to targeted population(s). See Capability 9: Medical Materiel Management and Distribution (Direct and activate medical materiel management and distribution.) • Acquire medical materiel from national stockpiles or other supply sources. • Distribute medical materiel. • Monitor medical materiel inventories and medical materiel distribution operations. • Recover medical materiel and demobilize distribution operations. **Note:** The Biological 200 functional exercise can be conducted using open and closed dispensing and vaccination modalities in alignment with jurisdictional roles, responsibilities, and expected jurisdictional operations. For additional technical support regarding the distribution and dispensing of MCMs, refer to the HHS/ASPR SNS Technical Assistance and Resources SharePoint site or contact the SNS Office of State, Local, Tribal, and Territorial Preparedness at sns-sltt@hhs.gov.

Functional - Capstone (300)

Detail Categories	Details
Description	Validate and evaluate multiple response capabilities critical to the success of your capstone exercise.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • LAB-A: Participate in LRN-C SPaS exercises (pg. 35). • LAB-C: Participate in LRN-C proficiency testing (pg. 35). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises (pg. 39). • PAR-A: Include critical response and recovery partners in required plans and exercises (pg. 42).
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • TFAS
Participants	Public health, emergency management, and other partners responsible for coordinating or supporting response and recovery efforts to the jurisdictional risk selected as the primary area of focus for your capstone exercise
Objectives	• **Incorporate Public Health Emergency Preparedness and Response Capabilities:** Identify and incorporate applicable capability functions related to the risk identified during the RA process. • **Incorporate the Five Cross-cutting RRF Program Priorities That Must Be Included in All Exercises** (see pg. 7 of this document): Identify and ensure required RRF program priority activities outlined within the PHEP NOFO are also incorporated into this exercise.

Full-Scale Exercise: Capstone (400)

Detail Categories	Details
Description	Test the ability of your jurisdiction to operationalize response plans according to the risk selected during the risk assessment process.
Related RRF Activities (see page # in PHEP NOFO for activity detail)	**Related to planning:** • PAR-A: Include critical response and recovery partners in required plans and exercises jurisdictional exercises (pg. 42). • LAB-E: Develop surge capacity plans for public health LRN laboratories and incorporate related surge activities in jurisdictional exercises (pg. 37). • WKF-B: Provide guidance, direction, and training to maintain a ready responder workforce across the entire health department (pg. 51). **Related to exercise:** • AHA-D: Submit exercise and incident response IP data elements (pg. 31). • LAB-E: Develop surge capacity plans for public health LRN laboratories and incorporate related surge activities in jurisdictional exercises (pg. 37). • DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into (pg. 39). • PAR-A: Include critical response and recovery partners in required plans and exercises jurisdictional exercises (pg. 42).
Frequency	Once during the period of performance
Who	• States • CRI local planning jurisdictions • DFLs • Puerto Rico, optional for other TFAS
Participants	Public health, emergency management, and other partners responsible for coordinating or supporting response and recovery efforts based on the risk selected as the primary area of focus for your capstone exercise
Objectives	• **Incorporate Public Health Emergency Preparedness and Response Capabilities:** Incorporate applicable capability functions related to the risk identified during the risk assessment process. • **Incorporate the Five Cross-cutting RRF Program Priorities That Must Be Included in All Exercises** (see pg. 7 of this document): Ensure all required RRF program priority areas outlined within the PHEP NOFO are also incorporated into this exercise.

Critical Contacts Drill

Background and Purpose

Prior to the COVID-19 pandemic, the CDC Division of State and Local Readiness (DSLR) administered a twice yearly "PHEP 24/7 Emergency Contact Drill." This drill was established to ensure a timely and effective response to incidents of public health significance by promoting rapid communication between the on-call epidemiologist and on-call laboratorian (and vice versa). CDC used a specific process to initiate the drill by accessing on-call numbers for epidemiology and laboratory points of contact and verify a return response to the CDC EOC. This drill was sometimes also leveraged by recipients to optionally practice internal notifications systems.

As a result of the COVID-19 pandemic response, the prior PHEP 24/7 Emergency Contacts Drill was put on hold. It is now being reinstated with minor modifications.

The purpose of the revised Critical Contacts Drill is to ensure CDC maintains accurate critical contact on-call information, ensure communication can occur among the on-call epidemiologist, on-call laboratorian, and on-call PHEP director. The opportunity for recipients to optionally exercise jurisdictional notification systems such as health alert network(s) will remain. This drill may be adjusted in subsequent budget periods.

Concept of Operations

The Critical Contacts Drill comprises two similarly designed annual drills. The target of the Critical Contacts Drill is verification of critical contact information and return notification to the CDC EOC within 60 minutes. The Critical Contacts Drill will occur annually, be unannounced, and be conducted between Monday and Friday.

> **Drill 1:** The CDC EOC will send a simulated emergency message to the on-call epidemiologist. The on-call epidemiologist is then expected to contact the on-call laboratorian, who in turn, will contact the CDC EOC to complete the drill and verify that contact and notifications were made. Each year the drill will alternate between on-call biological and chemical laboratory staff. For example, if LRN-B is contacted in PHEP Budget Period 1 then LRN-C will be contacted in in PHEP Budget Period 2.
>
> **Drill 2:** Similarly, during the second drill, the CDC EOC will send a simulated emergency message to the on-call epidemiologist. The on-call epidemiologist is then expected to contact the on-call PHEP director, who in turn, will then contact the CDC EOC to complete the drill and verify that contact and notifications were made.
>
> **Drill 2 (optional):** Public health preparedness and response programs are encouraged to leverage this drill to exercise internal jurisdictional notification systems, such as health alert networks, and engage in process improvement as necessary. CDC will not participate in this optional exercise of your jurisdictional notification systems.

CDC EOC watch 0fficers will use a standardized script when conducting the Critical Contacts Drill. In the event the listed on-call epidemiologist contact cannot be reached, the CDC EOC watch officer will leave a message and wait approximately 10 minutes for the on-call epidemiologist to acknowledge the notification. In the event the notification is not received, an alternate on-call contact number will be used if

available. Should a response not occur after using the alternate on-call contact number, the CDC EOC watch officer will contact the on-call epidemiologist one additional time.

CDC will obtain critical contact information through Ready CAMP to generate a data collection instrument from which CDC EOC watch officers will conduct the drills. Therefore, it is imperative recipients maintain up-to-date critical contact information in Ready CAMP. CDC EOC watch officers will record drill start time and stop time and the name(s) and email address(s) of the 24/7 on-call epidemiologist, laboratorian, and PHEP director participating in this drill.

Predrill Activities

Two predrill tasks are necessary for the Critical Contacts Drill.

- **Task 1:** Update on-call contact numbers and email addresses for the following in Ready CAMP to ensure the CDC EOC has correct contact information.
  - PHEP director or on-call designee
  - Epidemiologist or on-call designee
  - LRN-B laboratorian or on-call designee
  - LRN-C laboratorian or on-call designee
  - Optional: Identify an alternate on-call number for the drill

- **Task 2:** Ensure internal on-call staff have access to contact numbers and email addresses of other on-call staff to be involved in the Critical Contacts Drill.
  - PHEP directors should ensure that the on-call epidemiologist has contact information and for the on-call laboratorian and vice versa.
  - PHEP directors should ensure that the on-call epidemiologist has contact information and for the on-call PHEP director or designee and vice versa.

Drills in Detail

Drill #1: Epidemiologist and Laboratory Critical Contacts Drill

Summary: This drill requires the CDC EOC to contact the on-call epidemiologist and for the on-call epidemiologist to contact the on-call LRN laboratorian. The on-call laboratorian is expected to respond back to the CDC EOC acknowledging the message, verify the accuracy of phone numbers and email addresses, and provide updated contact information as needed. The Epidemiologist and Laboratory Critical Contacts Drill will occur as follows:

- The CDC EOC will contact the on-call epidemiologist.
- The On-call epidemiologist will continue the drill by contacting the LRN-B or LRN-C on-call laboratorian (depending on the budget period)
- The On-call laboratorian will contact the CDC EOC to complete the drill.

Drill #2: Epidemiologist and PHEP Director Critical Contacts Drill

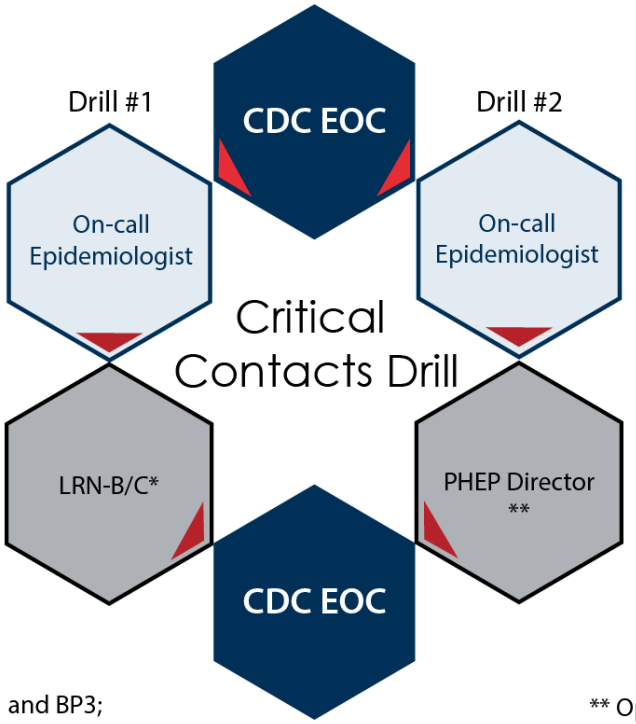
Summary: This drill requires the CDC EOC to contact the on-call epidemiologist and for the on-call epidemiologist to contact the on-call PHEP director. The on-call PHEP director will then respond back to the CDC EOC acknowledging the message, verify the accuracy of phone numbers and email addresses, and provide updated contact information as needed. The on-call PHEP director may optionally use this drill to

exercise jurisdictional internal notification procedures. The Epidemiologist and PHEP Director Critical Contacts Drill will occur as follows:

- The CDC EOC will contact the on-call epidemiologist.
- The on-call epidemiologist will continue the drill by contacting the on-call PHEP director or designee.
- The on-call PHEP director will contact the CDC EOC to complete the drill.

Recipients who do not complete the drill cycle within four hours will be notified as "did not complete" and a retest will occur within 30 days.

The following diagram summarizes the flow of the Critical Contacts Drill



* LRN-B will be tested in BP1 and BP3; LRN-C will be tested in BP2 and BP4

** Optional Test of Jurisdictional Notification System

Technical Support

Resource	Contact Information
Division of State and Local Readiness (DSLR)	Contact your designated project officer directly with questions. For additional information, please refer to the State and Local Readiness webpage and Ready CAMP Knowledge Center. Technical assistance can be requested through your designated project officer or by email at preparedness@cdc.gov
Strategic National Stockpile (SNS)	The SNS Office of SLTT Preparedness was created to engage partners to assist with MCM logistics planning and coordinate access to SNS training and exercise support to enhance SLTT l readiness to respond to public health threats. SLTT partners can contact the SNS Office of SLTT Preparedness at sns-sltt@hhs.gov and can find their assigned SNS preparedness advisors and other tools and resources at the SNS Technical Assistance and Resources SharePoint site at https://orau.sharepoint.com/sites/SNS-SLTT.
HHS Coordination Operations and Response Element (H-CORE)	H-CORE is housed within the Administration for Strategic Preparedness and Response (ASPR) and is the administrator of HPOP, the Health Partner Ordering Portal. HPOP enables partners to order, distribute, and track inventory of MCMs and other resources needed for future public health response operations. Please refer to the H-CORE home page for additional information.
Regional Operations - Regional Emergency Coordinators (RECs)	ASPR' RECs are assigned to each of the HHS regions throughout the country to further help identify needs and assist with your preparedness and response programs. Please refer to the REC home page for additional information.