**Interim CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies**

**March 20, 2020**

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# Purpose:

This document is written for public health decision-makers confronting the Coronavirus Disease 2019 (COVID-19) outbreak in their communities. It provides guidance and resources from the Centers for Disease Control and Prevention (CDC) and other sources, based on the contemporaneous science and practice available as of March 2020. It outlines a set of public health response activities that jurisdictions can implement in order to contain the spread of coronavirus and mitigate impact.

These activities may change as more is learned about COVID-19.

Effective public health response depends on a multi-capability approach involving many agencies and partners in a jurisdiction. A coordinated set of public health actions is needed across laboratory, epidemiology, risk communication, infection prevention and healthcare services. This document aims to more specifically explain what capabilities are needed for the COVID-19 scenario. The format and objectives match those in the Cooperative Agreement for Emergency Response: Public Health Crisis Response COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance dated March 15, 2020.

Public health departments have been preparing for a pandemic as component of the Public Health Emergency Preparedness (PHEP) program. They stand ready as but one asset in a whole-community effort. They take on both leadership and support roles in the COVID-19 response alongside their emergency management, transportation, business and community partners.

This document is organized using the six domains of preparedness outlined in the Public Health Emergency Preparedness and Response Capabilities:[[1]](#endnote-2)

1. Community Resilience: Preparing for and recovering from emergencies.
2. Incident Management: Coordinating and effective response.
3. Information Management: Making sure people have information to take action.
4. Countermeasures and Mitigation: Getting medicines and supplies where they are needed.
5. Surge Management: Expanding medical services to handle large events.
6. Biosurveillance: Investigating and identifying health threats.

This document offers:

* Goals for improving response capabilities supported by immediate (zero to twelve weeks) and longer term (twelve weeks to twenty-four months) objectives.
* Resources and references that support the achievement of objectives. Responders should check the websites frequently for updates.
* A planning guidance checklist for jurisdictions to help assess their status of readiness.
* A template for a community intervention plan.

# Scope

This guidance is targeted to planners and decision-makers at the state, local, tribal and territorial levels responsible for an effective public health response to COVID-19. While public health departments bring strong leadership to this effort, they do not act alone, but rather in coordination and collaboration with many other partners and community representatives.

The response activities outlined in this document are not meant to be prescriptive or comprehensive but rather to provide examples of priority issues that should be addressed.

The document is time-based as the COVID-19 outbreak is quickly emerging and changing. Consult the CDC website for future iterations of this document that may appear, depending on the course of the COVID-19 outbreak over time.

# Background:

There is an expanding global outbreak of a respiratory illness caused by a novel (new) coronavirus. This virus has been named “SARS-CoV-2;” the disease it causes has been named COVID-19. The potential public health threat posed by COVID-19 is high, both globally and to the US, but individual risk is dependent on exposure. For the general public, the immediate health risk from COVID-19 is low. Under current circumstances, certain people will have an increased risk of infection. For example, healthcare workers caring for patients with COVID-19, and other close contacts of persons with COVID-19. CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat. The public health response is aggressive and multi-layered, with the goal of detecting introductions of this virus in the US and reducing the spread and the impact of this virus.

# Basic Planning Assumptions:

* Community transmission of COVID-19 virus in the continental US, US territories and affiliated Pacific Island countries have occurred and will continue to occur.
* No vaccines or proven clinical treatments are available to treat or prevent COVID-19 infections.

# Definitions:

* *Isolation* separates sick people with a contagious disease from people who are not sick.
* *Quarantine* separates and restricts the movement of people who were exposed, or potentially exposed, to a contagious disease to see if they become sick.

# Overall CDC Strategic Goals:

* Implement strategies to prevent, mitigate, and respond to COVID-19 transmission in US.
* Ensure timely reporting of cases.
* Ensure human surveillance systems are fully functional.
* Ensure sufficient laboratory testing capability including surge capability.
* Ensure sufficient diagnostic testing capacity and delivery of information to patients as quickly as possible.
* Ensure clinicians are aware of diagnosis and management of COVID-19 infection.
* Development of new products, methods, and systems to address COVID-19 infection.

# Specific Immediate and Longer-Term Preparedness and Response Objectives

This section is intended to outline, at a high level, both the immediate and longer-term proposed activities for planning and managing a COVID-19 virus disease outbreak in the US. Each section includes the goal(s), objectives, and proposed activities.

## Jurisdictional Recovery

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| **Goal** |
| To implement measures that support the recovery of the community public health, emergency management, healthcare, mental health, environmental health, and applicable human services. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Collaborate with jurisdictional partners to identify public health services that can be implemented for short- and long-term recovery operations, including previously identified services and new services, as appropriate. * Conduct after-action reviews as necessary and develop improvement plans that lead to improved readiness for future operations. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Maintain operations at a level that balances the needs of public health staff with the need to return services to a community. |

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| **Discussion and Resources** |
| The term “jurisdictional recovery” can describe the period where the disease transmission in a community decelerates and responders prepare for another phase of acceleration. The term can also describe the period after which an effective vaccine or treatment is available, and the disease is no longer a threat to the community. Recovery planning and operations is an integral part of the response operation and partners in a community can take actions to shorten recovery time.  As the pandemic activity lessens in a jurisdiction and across the nation community leaders should plan to decrease response activities and prepare for another acceleration interval, if necessary. Decreasing the level of activation for the emergency operations center (EOC) will provide some relief for staff. Adjustments can be made to emergency declarations and intervention measures as necessary. Public health and medical facilities can restock critical supplies in preparation for the next acceleration interval. Partners with businesses will focus on extensively cleaning the work areas and resuming operations. Public messaging will focus on containing any potential spread and highlight that the risk of disease is not over. Corrective action plans will focus on improving actions in preparation for a new acceleration interval.  When an effective vaccine or treatments are available, and the pandemic activity lessens in all jurisdictions in the nation responders can initiate the last recovery phase. Many of the actions are the same, only public messaging will focus on ensuring the public receives the vaccine or treatment as appropriate. Routine public health services are restored as staff become available and community health programs and restaurant inspection programs should resume. CDC may request further surveillance activities to track certain populations, such as women who were COVID-19 positive when they gave birth and their child. Planners should ensure plans are updated to reflect lessons learned during the COVID-19 response. |

## Incident Management

### Emergency Operations and Coordination

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| **Goals** |
| * To develop or revise plans for COVID-19 preparedness and response based on:   + Risk levels associated with current, ongoing COVID-19 community spread.   + Cross-sector and vertical integration at the federal, state, local, tribal and territorial levels. * To establish a central command and control structure for the coordination and support of the community’s COVID-19 planning, response, and recovery. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Conduct a jurisdictional risk assessment based on COVID-19 and identify and prioritize risk reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. * Develop, review, or revise plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies. * Identify gaps in response capabilities in each of the focus areas and identify both short-term and long-term solutions to address the gaps. * Implement procedures to ensure plans incorporate the latest CDC guidance and direction. * Establish a team to provide recommendations and aid in decision-making related to the jurisdiction’s response to COVID-19. * Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response. * Adequately staff the EOC with the numbers and skills necessary to support the response and continually monitor absenteeism. * Use established systems to ensure continuity of operations when the COVID-19 situation effects the facilities or staff in the EOC. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| * Review, develop, or revise plans for the introduction and use of medical countermeasures (MCM), antivirals, vaccines, etc. to include:   + A mass vaccination campaign in preparation for future availability of a vaccine.   + Plans to prioritize limited MCM based on guidance from CDC and the Department of Health and Human Services (HHS). * Determine methods to sustain the COVID-19 response for up to two (2) years. |

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| **Discussion and Resources** |
| Jurisdictions will need to develop or modify the [risk assessment](https://www.cdc.gov/cpr/readiness/00_docs/CDC_PubHlthPrepCap_Oct2018_508_Cap1.pdf)[[2]](#endnote-3) in their plans to serve as a basis for the response to COVID-19. Engaging partners in conducting the risk assessment will help in identifying problem areas and getting started on developing solutions. Areas requiring special attention include:   * At-risk populations that may be disproportionately impacted by the effect of the disease on their health and the health of the community to include:   + The elderly, patients with chronic diseases, and people with an immunocompromising condition.   + The economically fragile to include homeless populations.   + Those who have language barriers that effect their understanding of public health messaging.   + Those who are incarcerated or who are unable to leave their residence. * Reviewing the [capabilities of the health care system](https://www.cdc.gov/cpr/readiness/healthcare/documents/CPF-Package.pdf)[[3]](#endnote-4) to determine where to send people for triage and care and to determine the capacity of facilities to care for patients. * The socio-economic factors in the community to include school lunch programs, counseling services, and the effect the closing of businesses will have on the community.   Departments and agencies in the federal government have planned extensively for pandemic influenza and these plans and publications guide the current response because of the similar nature of COVID-19. These plans and publications are currently available on the Internet.   * Department of Health and Human Services (HHS), [Pandemic Influenza Plan: 2017 Update](https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf).[[4]](#endnote-5) * Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report, [Updated Preparedness and Response Framework for Influenza Pandemics](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm), dated September 26, 2014.[[5]](#endnote-6) * US Department of Homeland Security (DHS), [Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans Final](https://www.fema.gov/media-library-data/1511178017324-92a7a7f808b3f03e5fa2f8495bdfe335/BIA_Annex_Final_1-23-17_(508_Compliant_6-28-17).pdf) – January 2017.[[6]](#endnote-7)   On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern.” On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a [public health emergency](https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx) (PHE) for the United States to aid jurisdictions in responding to COVID-19. On March 13, 2020, the President signed an [emergency declaration](https://www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration) pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”).[[7]](#endnote-8) The Federal Emergency Management Agency (FEMA) published a [fact sheet](https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures)[[8]](#endnote-9) to help responders understand how this declaration can aid in the response. FEMA has also published a [memorandum](https://www.fema.gov/media-library-data/1584457999950-7186ffa29ace3e6faf2ca2f764357013/Procurement_Under_EE_Circumstances_Memo_final_508AB.pdf)[[9]](#endnote-10) and [fact sheet](https://www.fema.gov/media-library-data/1584386517416-40bc24e5a2c4154c1ee44ed143e6491b/Procurement_During_EE_Circumstances_Fact_Sheet_508AB.pdf)[[10]](#endnote-11) focused on procurement under grants for the COVID-19 response. The PHE and Stafford Act declarations provide access to additional resources, grants additional authorities to federal agencies, and expands access to funding. Leaders should also determine if the declaration of a state or local emergency will benefit the response effort. The CDC’s Public Health Law Program provides the [Public Health Emergency Law Online Training](https://www.cdc.gov/phlp/publications/topic/trainings/ph-emergencylaw.html)[[11]](#endnote-12) to aid responders in understanding how legal tools may aid a response, but leaders should check with the jurisdictions legal counsel for advice.  The level of activation and staffing of an emergency operations center (EOC) is dependent on needs in the jurisdiction. At a minimum, community leaders should have a team consisting of public health, health care, and emergency management personnel who will provide recommendations and aid in making decisions related to the COVID-19 response in the community. If the community has a healthcare coalition active during the response, that team can play a role in the decision-making process. To assist local public health, the CDC has issued [guidance](https://www.cdc.gov/coronavirus/2019-ncov/downloads/public-health-management-decision-making.pdf) designed to aid in conducting risk assessments and aid in decision making based on those assessments.[[12]](#endnote-13) |

### Responder Safety and Health

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| **Goals** |
| To take measures that promote the health and safety of those involved in the COVID-19 response. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Implement programs to promote staff resiliency, occupational health and safety, and mental health. * Promote the availability and proper use of personal protective equipment (PPE) for those staff most at risk for contracting COVID-19. * Disseminate proper infection control procedures to all partners and to the public. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Monitor the status of PPE inventory and of adherence to appropriate infection control procedures. |

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| **Discussion and Resources** |
| The Department of Health and Human Services (HHS) and the Department of Labor (DOL) have collaborated on guidance designed to help [protect employees during the COVID-19 outbreak](https://www.osha.gov/Publications/OSHA3990.pdf).[[13]](#endnote-14) The CDC has also developed [interim guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html) to help employers protect their workforce.[[14]](#endnote-15) Though this disease does not pose a direct threat to the nation’s food supply, the Food and Drug Administration (FDA) has posted [information to help alleviate fears regarding the food supply](https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19).[[15]](#endnote-16) The guidance related to healthcare and emergency medical services (EMS) is covered in the section related to medical surge.  A critical resource for protecting the respiratory tract of personnel is the N95 respirator. During the COVID-19 response the supply of N95s may become limited. [Strategies for optimizing the use of N95s](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html)[[16]](#endnote-17) are available for implementation in health care settings. The website includes recommendations during conventional, contingency, and crisis levels of supply. US Government decision-makers are also considering whether to release stockpiles of [N95s stored beyond the manufacturer-designated shelf life](https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html). [[17]](#endnote-18) These guidelines aid decision-makers in organizations as they balance the need to protect all staff while focusing on those employees who are engaged in direct contact with COVID-19 patients. |

### Identification of Vulnerable Populations

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| **Goal** |
| Inclusion of vulnerable populations and at-risk individuals’ needs in all COVID-19 preparedness and response planning and implementation of activities. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Identify governmental and non-governmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or a risk of exposure) receive proper information to connect them to available social services. * Leverage social services and behavioral health, which are a critical component of an overall health strategy for preparing to manage COVID-19. * Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to prevention of COVID-19. * Identify gaps and develop appropriate work plans for at-risk populations to encourage risk-reduction behaviors. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Maintain engagement with community for continuous evaluation on the needs of the community and revise plans based on updated information as needed. |

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| **Discussion and Resources** |
| The jurisdictional risk assessment includes the populations most at risk during a COVID-19 response and the partners that support those populations should have been included in discussions related to the assessment. The CDC website has a section that includes information for [those who may be at a higher risk](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html)[[18]](#endnote-19) if they contract COVID-19. HHS’s [Administration for Children and Families](https://www.acf.hhs.gov/blog/2020/03/stay-safe-and-be-informed-about-covid-19) (ACF)[[19]](#endnote-20) and [Health Resources and Services Administration](https://www.hrsa.gov/) (HRSA)[[20]](#endnote-21) are two agencies whose programs should be considered and leveraged.  Along with the partners to engage in planning for populations most at risk the CDC and other federal agencies have provided guidance for specific populations. Since the elderly and those with underlying conditions are most vulnerable to COVID-19 the CDC has developed guidance specifically for [long-term care facilities](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html)[[21]](#endnote-22) and for [dialysis centers](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html).[[22]](#endnote-23) Jurisdictions should also coordinate with the agencies and departments responsible for programs related to chronic disease. The Federal Bureau of Prisons (BOP) has developed an [action plan](https://www.bop.gov/resources/news/20200313_covid-19.jsp) for the federal correction facilities.[[23]](#endnote-24) |

## Information Management

### Information Sharing

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| **Goal** |
| To maximize the sharing of information between partners and the public to improve disease surveillance, monitoring, and mitigation efforts. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public. * Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. * Develop new systems or utilize existing systems to rapidly report public health data. * Develop community messages that are accurate, timely, and reach at-risk populations. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Continue with efforts to provide timely information to partners and improve on systems for information exchange. |

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| **Discussion and Resources** |
| Providing accurate and timely communication with the public and partners is key during any response. The CDC frequently [updates information](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html)[[24]](#endnote-25) for use by health departments. The public can also view the [frequently asked questions](https://www.cdc.gov/coronavirus/2019-ncov/faq.html)[[25]](#endnote-26) to gain a better understanding of the disease and how they can protect themselves. The [CDC Newsroom](https://www.cdc.gov/media/)[[26]](#endnote-27) shares press releases and provides media outlets with the opportunity to sign up for media telebriefings on their website. Health departments should engage with the media and community partners to help [combat stigma](https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html)[[27]](#endnote-28) related to PUIs and those who are ill with COVID-19. |

### Emergency Public Information and Warning and Risk Communication

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| **Goal** |
| To produce an informed public that is involved, interested, reasonable, thoughtful, solution-oriented, and collaborative with regard to COVID-19. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. * Update scripts for jurisdictional call centers with specific-COVID-19 messaging. * Evaluate COVID-19 messaging and other communication materials and revise messages and material as needed. * Contract with local vendors for translation (as necessary), printing, signage, audiovisual, public service announcement development and dissemination. * Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Continue with efforts to provide timely evidence-based communication messages and products. |

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| **Discussion and Resources** |
| The CDC has a host of [resources available to communicators](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html)[[28]](#endnote-29) supporting the COVID-19 response to include posters, videos, resources for travelers, and guidance for public health communicators. Some resources are already translated to different languages. The CDC [Crisis and Emergency Risk Communication](https://emergency.cdc.gov/cerc/resources/index.asp) (CERC)[[29]](#endnote-30) website has information on how to deliver the messages on COVID-19 to the public and can assist in preparing speakers.  Call centers help in providing information to the public that may meet their needs and direct them to the proper place for supplies, testing, or treatment. Jurisdictions may consider coordinating the messages related to COVID-19 with all [call centers in their system](https://www.cdc.gov/h1n1flu/callcenters.htm)[[30]](#endnote-31) or establishing a single call center for the public. Communications specialists should assist in developing the scripts for each of the call centers to strive for consistent messaging across the jurisdiction. |

## Countermeasures and Mitigation

### Nonpharmaceutical Interventions

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| **Goal** |
| To reduce the spread of COVID-19 to the greatest extent possible. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Develop plans and triggers for the implementation of community interventions. * Anticipate disruption caused by community spread and interventions to prevent further spread. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Adjust the actions identified above for COVID-19 based on the situation in the jurisdiction. |

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| **Discussion and Resources** |
| In an infectious disease response, especially if a vaccine is unavailable, the most effective way of protecting the health of the public is taking measures to mitigate the spread of the disease through non-pharmaceutical interventions (NPI). This involves decision-making at all levels of government, in private industries, and at a personal level. The CDC has dedicated a website to [preventing COVID-19 spread in communities](https://www.cdc.gov/coronavirus/2019-ncov/community/index.html)[[31]](#endnote-32) which includes recommended actions for multiple settings in a community to include business, schools, health care, first responders (including law enforcement), and at home. Health departments should direct those in the community to this website to find the answers to their questions related to mitigation. If their business or situation is not specifically covered, they can use the general guidelines to help mitigate the spread in their area. In addition, some states have developed guidelines for implementing NPI. The Arizona Department of Health Services product is posted on their [website](https://www.azdhs.gov/documents/preparedness/emergency-preparedness/response-plans/adhs-npi-playbook.pdf)[[32]](#endnote-33) and Washington state has developed a list of 13 interventions and material to aid in making decisions regarding implementation.  **Washington State’s 13 interventions to mitigate the spread of a contagious disease**  1. Increase handwashing and use of alcohol-based sanitizer  2. Respiratory hygiene and cough etiquette  3. Keep distance from others (> 6 feet)  4. Frequently clean and disinfect surfaces  5. Remain home during a respiratory illness  6. Voluntary isolation of sick persons  7. Voluntary quarantine of contacts of sick persons  8. Involuntary isolation of sick persons  9. Involuntary quarantine of contacts of sick persons  10. Recommend or order cancellation of major public and large private gatherings  11. Recommend or order closure of schools, child care facilities, workplaces, and public buildings  12. Prevent non-emergency travel outside of the home  13. Establish cordon sanitaire |

### Quarantine and Isolation Support

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| **Goal** |
| To reduce the spread of COVID-19 to the greatest extent possible by isolating persons who have COVID-19 and by quarantining those at risk for developing the disease. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Identify and secure safe housing for persons subject to restricted movement and other public health orders. * Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible to be paid for by another source. * Review and update state quarantine and isolation laws, regulations, and procedures as necessary. * Develop and implement behavioral health strategies to support affected populations. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Implement actions identified above for COVID-19 |

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| **Discussion and Resources** |
| Isolation and quarantine procedures are an important aspect of mitigating the spread of disease and are likely not well understood by community leaders because they are infrequently implemented. Isolation procedures are used in health care settings, especially with tuberculosis patients. On January 31, 2020 the [CDC issued quarantine orders](https://www.cdc.gov/media/releases/2020/s0131-federal-quarantine-march-air-reserve-base.html) to US citizens repatriated from Wuhan, China[[33]](#endnote-34) and both quarantine and isolation authorities have been used in several states in response to COVID-19 since then. CDC’s Public Health Law Program has developed material to aid leaders in understanding the legal authorities available to them and this material includes the [Social Distancing Law Assessment Project](https://www.cdc.gov/phlp/publications/social_distancing.html),[[34]](#endnote-35) the Public Health Law Academy Training, [Public Health Threats and the US Constitution](https://www.changelabsolutions.org/product/public-health-threats-us-constitution),[[35]](#endnote-36) and Unit 2 of the [Public Health Emergency Law Online Training](https://www.cdc.gov/phlp/publications/topic/trainings/ph-emergencylaw.html).[[36]](#endnote-37). Leaders in each jurisdiction must engage with their epidemiologists and their legal counsel to determine their options related to isolation and quarantine authorities.  Early actions in the COVID-19 response focused on trying to stop the introduction of the disease to communities. The CDC frequently updates [travel information](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)[[37]](#endnote-38) that provides guidance for the traveler and for public health officials as they determine procedures they will follow related to testing, isolation, and quarantine. Those recommended for quarantine based on [guidance from CDC](https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html)[[38]](#endnote-39) will require:   * An understanding of how the health department will conduct active monitoring or supervise self-monitoring, if necessary, to include who to contact and what to do if they become symptomatic. * A clear understanding of applicable movement restrictions, if warranted, to prevent the possible spread of COVID-19. * Housing if they do not reside in the jurisdiction or are not able to safely navigate to their home. This could include foreign travelers and the homeless. The housing unit must meet the needs of the person under quarantine, to include those with disabilities, and ensure the person can avoid direct contact with others. * If housing is provided, the basic needs must also be met to include food, toiletries, and other necessities. * Transportation if there is a need to leave the housing unit for required functions (e.g., dialysis). * The timeline of when the quarantine will end and what documentation the health department will provide to show the person is released from quarantine.   If a person recommended for quarantine will travel to their home to begin the quarantine process, the health department should exchange information with the health department of the jurisdiction the person is traveling to. If a person under quarantine becomes symptomatic, the health department will contact those responsible for transporting the person to a healthcare facility and ensure that transportation agency is warned that the person may have COVID-19.  If a person is identified as positive for COVID-19 then they will require isolation. This could include [isolation in a home or residence](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html)[[39]](#endnote-40) for those needing a lower level of care, or in a [health care setting](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)[[40]](#endnote-41) for those who need more acute care. The needs for these persons are much the same as for those in quarantine, though the timeline will include how the health facility or health department will determine they no longer must remain in isolation. |

### Distribution and Use of Medical Material

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| **Goal** |
| Improved capability to provide medical material to the community. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Prepare for the introduction and use of medical countermeasures (MCM), antivirals, vaccines, etc. to include:   + A mass vaccination campaign in preparation for future availability of a vaccine.   + Plans to prioritize limited MCM based on guidance from CDC and HHS. * Develop or maintain the capacity to store and distribute medical material and supplies. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Implement activities of the plan described above |

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| **Discussion and Resources** |
| A vaccine is not yet available for COVID-19, but communities should consider planning to administer the vaccine if or when it becomes available. Since the disease is like pandemic influenza, health departments can use the same resources in planning for COVID-19 vaccinations. Engage personnel from immunization services at the state and local level to lead this effort. The CDC issued Interim [Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine during an Influenza Pandemic](https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/index.html)[[41]](#endnote-42) and this guidance is available to aid in planning. This includes a prioritization framework that subdivides populations in groups, categories, and tiers. The Advisory Committee on Immunization Practices (ACIP) may provide recommendations during an incident as information emerges regarding populations most at risk.  The Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce[[42]](#endnote-43) is a tool designed to aid state and local jurisdictions in planning for targeting pandemic influenza vaccine to critical workforce personnel. This tool is based on the guidance outlined in the publication mentioned above. This tool not only covers vaccination planning for critical workforce personnel, but also contains useful guidance for implementing a general pandemic influenza vaccination program. The tool includes checklists and examples of material necessary to support an effective vaccination campaign.  The Assistant Secretary for Preparedness and Response (ASPR), Strategic National Stockpile (SNS) contains medical countermeasures to help treat ill patients and improve personal protection. The SNS also monitors the supply chain and recommends actions to improve the flow of resources needed during the response. In the early stage of the COVID-19 response this relates to PPE and ventilators. State health departments should communicate with their partners on how to request SNS assets should the need arise. |

## Surge Management

### Surge Staffing

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| **Goal** |
| To implement measures to increase the number and skills of public health and healthcare staff to meet needs during the COVID-19 response. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Activate mechanisms for surging public health responder staff. * Activate volunteer organizations including, but not limited to, Medical Reserve Corps. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Ensure mechanisms provide a balance to meet the needs of the response and promote good health among responders over a long response. |

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| **Discussion and Resources** |
| The declaration of a PHE provides some additional flexibility in augmenting public health staff. The PHE allows for the [temporarily reassignment of state and local personnel](https://www.phe.gov/Preparedness/legal/pahpa/section201/Documents/section319e-guidance.pdf) funded in whole or in part through programs authorized under the PHS Act.[[43]](#endnote-44) The DHS, Cybersecurity and Infrastructure Security Agency (CISA) has issued [guidance on critical infrastructure personnel](https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19) and their need to continue working in their sector.[[44]](#endnote-45) (Need More Here) |

### Public Health Coordination with Healthcare Systems

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| **Goal** |
| To implement measures to help mitigate the surge of persons seeking care at critical care facilities in the jurisdiction and to meet the greater public health needs in the jurisdiction. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Collaborate with healthcare coalitions and other partners to develop triggers for enacting crisis or contingency standards of care. * Coordinate with the Hospital Preparedness Program, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. * Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements and other emergency response needs. * Train hospitals, long-term care facilities, and other high-risk facilities on infection prevention control. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Coordinate with healthcare partners to determine triggers for restoring services impacted by the response. |

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| **Discussion and Resources** |
| The health care system in a community has a critical role in the COVID-19, especially since a vaccine is not yet available and treatment in a critical care setting is the only option for some with COVID-19 illness. Health care administrators and staff should review their infection disease response plans and make any adjustments based on the characteristics of COVID-19 and the resources available to responders. CDC has developed recommendations on [general steps](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html)[[45]](#endnote-46) health care settings can take to prepare for the COVID-19 and response and developed [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html)[[46]](#endnote-47) for healthcare settings with the goal to:   * Reduce morbidity and mortality * Minimize disease transmission * Protect healthcare personnel * Preserve healthcare system functioning   This guidance includes links to information regarding the disease, clinical management, and infection control procedures in health care settings. Both inpatient and outpatient health care administrators can tailor the guidance to provide recommendations to their staff to improve worker safety and the safety of those using the health care services. Since the elderly and those with underlying conditions are most vulnerable to COVID-19 the CDC has developed guidance specifically for [long-term care facilities](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html)[[47]](#endnote-48) and [dialysis centers](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html)[[48]](#endnote-49) and health departments are urged to work directly with those facilities to improve preparedness. In addition, CDC has developed [guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html) to aid emergency medical services (EMS) and Public Safety Answering Points (PSAP).[[49]](#endnote-50) The Centers for Medicare and Medicaid Services (CMS) [website](https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page)[[50]](#endnote-51) includes information related to the CMS response to COVID-19 and provides links to CMS waivers already in effect.  Those who have contact with known or suspected to have had COVID-19, or the deceased who was known to have had COVID-19, will need to take precautions. When a patient is confirmed to have COVID-19 [properly coding the information](https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf)[[51]](#endnote-52) on the patient records will assist public health in tracking cases. CDC has developed [guidance related to collecting specimens from deceased PUI for COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html)[[52]](#endnote-53) which includes collection, shipment, infection control, and disinfection of the environment. As with the proper coding of patient encounters, the records related to the death should include the [codes for COVID-19](https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf).[[53]](#endnote-54)  Acute care facilities should revise operations in accordance with the guidance and consider reviewing plans for [limiting elective services](https://www.cdc.gov/cpr/readiness/healthcare/essentialhc.htm)[[54]](#endnote-55) and implementing [crisis standards of care](https://asprtracie.hhs.gov/technical-resources/63/crisis-standards-of-care/0).[[55]](#endnote-56) CMS has issued [recommendations](https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf) regarding elective surgery and procedures.[[56]](#endnote-57) |

### Infection Control

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| **Goal** |
| To implement measures to improve infection control procedures and adherence. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Distribute and follow updated CDC guidance on infection control and prevention. * Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures. |
| **Long-term Objectives (Twelve weeks to twenty-four months)** |
| Update guidance as required. |

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| **Discussion and Resources** |
| CDC has developed [interim infection control guidance](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)[[57]](#endnote-58) which includes many facets of how health care facilities should implement these procedures in their facilities. A resource available to all clinicians to aid in their understanding of the disease and procedures used to protect patients and the workforce is the [Clinician Outreach and Communication Activity (COCA)](https://emergency.cdc.gov/coca/).[[58]](#endnote-59) |

## Biosurveillance

### Public Health Surveillance and Real-time Reporting

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| **Goal** |
| To manage a system capable of quickly detecting and reporting cases, monitoring the spread of cases, and sharing information with key partners to support the decision-making process. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Conduct surveillance and case identification. * Assess risk of travelers and other persons with potential COVID-19 exposures. * Enhance surveillance systems to provide case-based and aggregate epidemiological data. * Enhance existing syndromic surveillance for respiratory illness, such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. * Enhance systems to identify and monitor the outcomes of severe disease. * Enhance systems to track outcomes of pregnancies affected with COVID-19. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Continue implementation of short-term objectives for COVID-19 |

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| **Discussion and Resources** |
| All health departments should be prepared to identify and investigate potential COVID-19 cases in those who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset (see CDC’s [Evaluating and Reporting Persons Under Investigation (PUI)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html)). As health departments expand epidemiological investigations to persons in households who may have had close contact with COVID-19 cases, staff should be familiar with the [guidance for evaluating PUI in residential settings](https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html).[[59]](#endnote-60) Proper use of personal protective equipment (PPE) and proper [infection control procedures](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)[[60]](#endnote-61) are critical when conducting in-person interviews for the protection of health department staff. These activities are important to mitigate risk to the community.  Clinicians are integral to the surveillance process; all health departments should take steps to increase health care provider awareness of COVID-19 and establish procedures to submit samples for laboratory testing of potential cases. Health departments may need to establish clear protocols and procedures for receiving reports of COVID-19 cases from health care providers and laboratories, according the applicable SLTT disease and laboratory reporting laws. In addition, health departments should have established lines of communication with appropriate divisions, sections, or other units within their organizations and coordinate planning and response efforts, especially with those organizations that serve the elderly population and those with preexisting conditions.  Epidemiologists will report on PUIs, presumptive positive cases, and laboratory-confirmed COVID-19 case-patient by using the [COVID-19 Case Report Form](https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf)[[61]](#endnote-62) and following the [instruction](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Persons-Under-Investigation-and-Case-Report-Form-Instructions.pdf)s[[62]](#endnote-63) for completing that form. Data collected on the form will include:   * Demographic, clinical, and epidemiologic characteristics * Exposure and contact history * Course of clinical illness and care received   See the CDC website for [tips for submitting a report](https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html) on a PUI, presumptive positive case, or laboratory-confirmed case both for jurisdictions with and without a laboratory to do the testing.[[63]](#endnote-64) |

### Public Health Laboratory Testing, Equipment, Supplies, and Shipping

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| **Goal** |
| An enhanced capacity for testing for COVID-19 either through the public health laboratory system or through private and commercial enterprises, with rapid notification to the public health system on confirmatory tests. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Assess commercial and public health capacity for lab testing. * Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public * Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. * Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. * Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following:   1. Report weekly percent positive COVID-19 outpatient visits by age group.   2. Determine the rate of ILI/ARI outpatient visits and the rate of COVID-19 confirmed ILI patients. * Review and revise (if needed) laboratory surge capacity plans. * Determine maximum lab test capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. * Implement procedures, with the support of laboratory partners, to ensure labs receive updated guidance on appropriate testing algorithms and sample types. * Implement methods to communicate clear guidance to clinical labs and physicians on how to obtain appropriate lab testing. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Implement actions identified above for COVID-19 |

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| **Discussion and Resources** |
| Those drawing samples must review and understand the [guidelines for specimen collection and handling](https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html)[[64]](#endnote-65) which includes instructions for safely shipping samples. Personnel drawing samples must also be trained in the proper use of personal protective equipment (PPE) and follow [infection control procedures](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)[[65]](#endnote-66).  All laboratories capable of testing for COVID-19 should prepare for testing by performing a risk assessment, identifying willing staff, ensure reagent supply, and review the [Emergency Use Authorization](https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov) (EUA);[[66]](#endnote-67) specifically, the intended use and [procedure](https://www.fda.gov/media/134922/download)[[67]](#endnote-68) as these [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html)[[68]](#endnote-69) must be adhered to for relevant test results. Laboratory kits are being sent to qualified laboratories via the [International Reagent Resource](https://www.internationalreagentresource.org/) (IRR).[[69]](#endnote-70) Qualification of laboratories is determined by the IRR but is dependent on the labs ability to test for and other respiratory pathogens. Currently, all confirmation testing will be done at CDC, but that is subject to change over time as the situation progresses. Public health departments should inform clinicians on the criteria for testing and the recommended locations for testing.  CDC has developed [laboratory biosafety guidelines](https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html)[[70]](#endnote-71) specifically for COVID-19 and [frequently asked questions](https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html)[[71]](#endnote-72) related to biosafety. Review and check for updated guidance as the situation progresses and new information is learned about the virus. |

### Data Management

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| **Goal** |
| An enhanced capacity for collecting and sharing information with partners and decision makers that aids in coordinating response efforts. |

**Public Health Objectives**

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| **Short-term Objectives (zero to twelve weeks)** |
| * Ensure data management systems are in place and meet the needs of the jurisdiction. * Implement analysis, visualization, and reporting for surveillance and other available data to support understand of the outbreak, transmission, and impact of interventions. * Conduct efficient and timely data collection * Develop or enhance the ability to rapidly exchange data with public health partners. * Coordinate data systems for epidemiologic and laboratory surveillance. |
| **Long-term Objectives (nine weeks to twenty-four months)** |
| * Improve data sharing procedures with current partners and identify additional partners as necessary. |

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| **Discussion and Resources** |
| This area needs further development. Ties into the Epi and Lab systems. |

# Appendix A: State, Local, Territorial and Tribal (SLTT) Planning Guidance Checklist

This checklist incorporates the short-term objectives from each focus area and is used to capture the progress a jurisdiction is making in preparing to respond to COVID-19. The detailed information on how to meet the objectives is included throughout the preparedness and response guidance and will change as more information on COVID-19 is available.

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| **We will populate this checklist the short term objectives after the CDC SMEs provide their input.** |

# Appendix B: Community Intervention Plan Template

Under development to support the Crisis CoAg funding agreement.

# Endnotes

1. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health are found at <https://www.cdc.gov/cpr/readiness/capabilities.htm>. [↑](#endnote-ref-2)
2. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, Capability 1: Community Preparedness found at <https://www.cdc.gov/cpr/readiness/00_docs/CDC_PubHlthPrepCap_Oct2018_508_Cap1.pdf>. [↑](#endnote-ref-3)
3. CDC’s Community Planning Framework for Healthcare Preparedness is found at <https://www.cdc.gov/cpr/readiness/healthcare/documents/CPF-Package.pdf>. [↑](#endnote-ref-4)
4. HHS Pandemic Influenza Plan: 2017 Update is found at <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>. [↑](#endnote-ref-5)
5. CDC MMWR, Updated Preparedness and Response Framework for Influenza Pandemics is found at <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm>. [↑](#endnote-ref-6)
6. DHS Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans Final, January 2017 is found at <https://www.fema.gov/media-library-data/1511178017324-92a7a7f808b3f03e5fa2f8495bdfe335/BIA_Annex_Final_1-23-17_(508_Compliant_6-28-17).pdf>. [↑](#endnote-ref-7)
7. COVID-19 Emergency Declaration, March 13, 2020 is found at <https://www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration>. [↑](#endnote-ref-8)
8. FEMA Fact Sheet, Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures is found at <https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures>. [↑](#endnote-ref-9)
9. FEMA Memorandum dated March 17, 2020, subject: Procurement Under Grants Conducted Under Emergency or Exigent Circumstances for COVID-19 is found at <https://www.fema.gov/media-library-data/1584457999950-7186ffa29ace3e6faf2ca2f764357013/Procurement_Under_EE_Circumstances_Memo_final_508AB.pdf>. [↑](#endnote-ref-10)
10. FEMA Fact Sheet, Procurement Under Grants Conducted Under Exigent or Emergency Circumstances is found at <https://www.fema.gov/media-library-data/1584386517416-40bc24e5a2c4154c1ee44ed143e6491b/Procurement_During_EE_Circumstances_Fact_Sheet_508AB.pdf>. [↑](#endnote-ref-11)
11. Public Health Emergency Law Online Training is found at <https://www.cdc.gov/phlp/publications/topic/trainings/ph-emergencylaw.html>. [↑](#endnote-ref-12)
12. Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making is found at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/public-health-management-decision-making.pdf>. [↑](#endnote-ref-13)
13. HHS and DOL 2020 Guidance on Preparing Workplaces for COVID-19 is found at <https://www.osha.gov/Publications/OSHA3990.pdf>. [↑](#endnote-ref-14)
14. CDC Interim Guidance for Businesses and Employers is found at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html>. [↑](#endnote-ref-15)
15. FDA Food Safety and the Coronavirus Disease 2019 (COVID-19) is found at <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>. [↑](#endnote-ref-16)
16. Strategies for Optimizing the Supply of N95 Respirators are available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>. [↑](#endnote-ref-17)
17. Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response is found at <https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html>. [↑](#endnote-ref-18)
18. CDC People Who May Be at Higher Risk for Severe Illness is found at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>. [↑](#endnote-ref-19)
19. HHS, ACF, Stay Safe and Be Informed about COVID-19 is found at <https://www.acf.hhs.gov/blog/2020/03/stay-safe-and-be-informed-about-covid-19>. [↑](#endnote-ref-20)
20. HHS, Health Resources and Services Administration is found at <https://www.hrsa.gov/>. [↑](#endnote-ref-21)
21. Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF) are found at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. [↑](#endnote-ref-22)
22. CDC Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities is found at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>. [↑](#endnote-ref-23)
23. Federal Bureau of Prisons COVID-19 Action Plan is found at <https://www.bop.gov/resources/news/20200313_covid-19.jsp>. [↑](#endnote-ref-24)
24. Interim Guidance: Public Health Communicators Get Your Community Ready for Coronavirus Disease 2019 (COVID-19) is found at <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>. [↑](#endnote-ref-25)
25. Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions and Answers are found at <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>. [↑](#endnote-ref-26)
26. CDC Newsroom is found at <https://www.cdc.gov/media/>. [↑](#endnote-ref-27)
27. Stigma Related to COVID-19 is found at <https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html>. [↑](#endnote-ref-28)
28. CDC Communication Resources are located at <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>. [↑](#endnote-ref-29)
29. CDC Crisis and Emergency Risk Communications Manual and Tools are found at <https://emergency.cdc.gov/cerc/resources/index.asp>. [↑](#endnote-ref-30)
30. CDC Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool is found at <https://www.cdc.gov/h1n1flu/callcenters.htm>. [↑](#endnote-ref-31)
31. Preventing COVID-19 Spread in Communities is found at <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>. [↑](#endnote-ref-32)
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