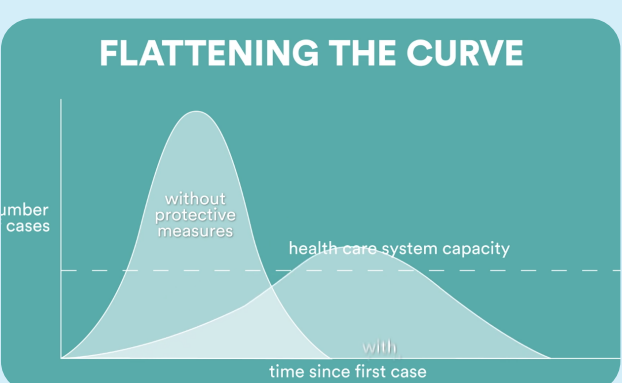



Overview

Context and purpose of tool



KEY ACTION #1




1

### Activate an Emergency Operations Center (EOC) and establish a whole-of-community incident management structure

Controlling a pandemic outbreak is a multi-disciplinary and whole-of-society endeavor; it requires engagement and coordination among government leaders, public health officials, civil society and religious leaders, the business community, academia, and others. The official response, and public reaction, is likely to have other community impacts such as supply chain disruption and public safety workforce shortages. Additionally, the EOC must begin to plan for potential attrition of first responders by establishing a continuity of operations plan to replace and supplement critical personnel.

A best practice from previous novel outbreak responses is to establish an EOC to host a whole-of-community incident management structure, leveraging existing plans and organizations where possible, that brings these domains together to streamline communication, planning, decision-making, and operational coordination. Ensure EOC is effectively communicating and aligned with higher-level EOC processes and decision cycles through liaison exchange whenever possible.



Immediate Priorities

☐ 1. Have you activated your emergency plans and emergency operations centers to assist with coordination?

2. Have you designated or appointed a response coordinator with:

☐ a. The authority to convene community and business leaders and officials across all departments and agencies?

☐ b. The authority to bring issues directly to you?

☐ c. The ability to connect with other state, local, and federal officials in charge of the response?

☐ 3. Have you defined the goals for the response and values you want to preserve in the response?

4. Are key governmental and non-governmental partners represented in the EOC and have they shared their continuity/contingency planning documents with the EOC?

☐ a. Hospitals, public health, EMS and other key elements of the health and medical sector

☐ b. Civil society groups, religious institutions, and other community leaders

☐ c. Appropriate representation from all departments and agencies

☐ 5. Linkages to technical advisory experts to keep abreast of emerging research

☐ 6. Is there a clearly delineated process by which these ESF-8 stakeholders advance resource requests to the jurisdictional EOC?

☐ 7. Do you have a Continuity of Government plan to ensure continued essential services?

Secondary Priorities


☐ 8. What declarations or legal/regulatory are implemented and how do they impact the decisions that are required to be made?

☐ 9. How is a common operating picture maintained during a prolonged event?

☐ 10. What process is in place to ensure that timely, accurate risk communications are available and coordinated with all jurisdictional agencies? Are public health information specialists integrated into the Joint Information System?

☐ 11. Does the jurisdiction have an active health care coalition (HCC) that coordinates the medical aspects of incident response, and how can emergency management maximize these coordination resources?


KEY ACTION #2



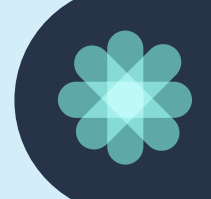
2

### Understand the real-time epidemiology of COVID-19 in your community

The elements of a pandemic control strategy begin with understanding transmission and clinical severity dynamics in the community. This entails amplifying surveillance, diagnostic testing, and reporting systems to ensure that data on outbreak dynamics is available on a real-time basis to inform strategy-setting and daily tactical decision-making. All of this is currently difficult due to testing shortfalls; scaling up local access to testing will be critical as more lab capacity comes on line over the coming weeks.




KEY ACTION #2



3

### Delay or reduce transmission, #FlattenTheCurve

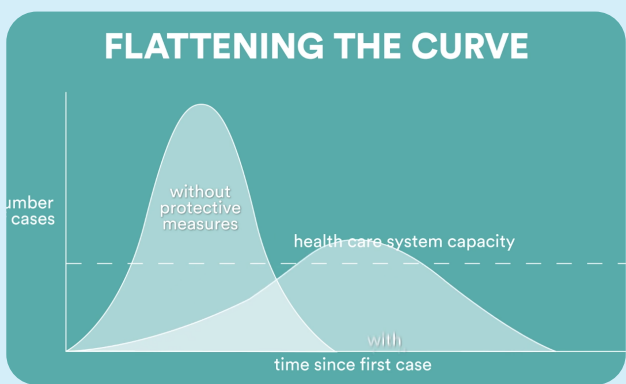
Slowing and limiting transmission through a community is a critical way of reducing the human cost of the outbreak, and ensuring that hospitals will be able to deliver life saving and life sustaining care. It can also be highly disruptive, as social distancing measures must become more aggressive in proportion to the exponential spread of the virus. Determinations on the best means of limiting transmission will depend on local factors, but in general should be calibrated to be more aggressive than what observable local conditions might intuitively suggest.





Overview

Context and purpose of tool



KEY ACTION #1

1

Activate an Emergency Operations Center (EOC) and establish a whole-of-community incident management structure

Controlling a pandemic outbreak is a multi-disciplinary and whole-of-society endeavor; it requires engagement and coordination among government leaders, public health officials, civil society and religious leaders, the business community, academia, and others. The official response, and public reaction, is likely to have other community impacts such as supply chain disruption and public safety workforce shortages. Additionally, the EOC must begin to plan for potential attrition of first responders by establishing a continuity of operations plan to replace and supplement critical personnel.

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KEY ACTION #2

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Understand the real-time epidemiology of COVID-19 in your community

The elements of a pandemic control strategy begin with understanding transmission and clinical severity dynamics in the community. This entails amplifying surveillance, diagnostic testing, and reporting systems to ensure that data on outbreak dynamics is available on a real-time basis to inform strategy-setting and daily tactical decision-making. All of this is currently difficult due to testing shortfalls; scaling up local access to testing will be critical as more lab capacity comes on line over the coming weeks.

Immediate Priorities

☐

1. Have you activated your emergency plans and emergency operations centers to assist with coordination?

2. Have you designated or appointed a response coordinator with:

☐

a. The authority to convene community and business leaders and officials across all departments and agencies?

☐

b. The authority to bring issues directly to you?

☐

c. The ability to connect with other state, local, and federal officials in charge of the response?

Phase 0

☐

3. Have you defined the goals for the response and values you want to preserve in the response?

4. Are key governmental and non-governmental partners represented in the EOC and have they shared their continuity/contingency planning documents with the EOC?

☐

a. Hospitals, public health, EMS and other key elements of the health and medical sector

☐

b. Civil society groups, religious institutions, and other community leaders

☐

c. Appropriate representation from all departments and agencies

5. Linkages to technical advisory experts to keep abreast of emerging research

6. Is there a clearly delineated process by which these ESF-8 stakeholders advance resource requests to the jurisdictional EOC?

7. Do you have a Continuity of Government plan to ensure continued essential services?

Phase 1

☐

8. What declarations or legal/regulatory are implemented and how do they impact the decisions that are required to be made?

☐

9. How is a common operating picture maintained during a prolonged event?

☐

10. What process is in place to ensure that timely, accurate risk communications are available and coordinated with all jurisdictional agencies? Are public health information specialists integrated into the Joint Information System?

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11. Does the jurisdiction have an active health care coalition (HCC) that coordinates the medical aspects of incident response, and how can emergency management maximize these coordination resources?

KEY ACTION #2

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Delay or reduce transmission, #FlattenTheCurve

Slowing and limiting transmission through a community is a critical way of reducing the human cost of the outbreak, and ensuring that hospitals will be able to deliver life saving and life sustaining care. It can also be highly disruptive, as social distancing measures must become more aggressive in proportion to the exponential spread of the virus. Determinations on the best means of limiting transmission will depend on local factors, but in general should be calibrated to be more aggressive than what observable local conditions might intuitively suggest.



## FLATTEN THE CURVE DECISION SUPPORT CHECKLIST

The Decision-Making Support Tool below is designed to provide state and local leaders with key questions to ask and answer as they initiate COVID-19 preparedness and response.



### ACTION 1: Activate an Emergency Operations Center and establish a whole-of-community incident management structure

#### Immediate Priorities

- ☐ 1. Have you activated your emergency plans and emergency operations centers to assist with coordination?

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- 2. Have you designated or appointed a response coordinator with:*
  - ☐ a. The authority to convene community and business leaders and officials across all departments and agencies?

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  - ☐ b. The authority to bring issues directly to you?

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  - ☐ c. The ability to connect with other state, local, and federal officials in charge of the response?

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- ☐ 3. Have you defined the goals for the response and values you want to preserve in the response?

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4. Are key governmental and non-governmental partners represented in the EOC and have they shared their continuity/contingency planning documents with the EOC?
  - ☐ a. Hospitals, public health, EMS and other key elements of the health and medical sector

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  - ☐ b. Civil society groups, religious institutions, and other community leaders

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  - ☐ c. Appropriate representation from all departments and agencies

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- ☐ 5. Linkages to technical advisory experts to keep abreast of emerging research

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- ☐ 6. Is there a clearly delineated process by which these ESF-8 stakeholders advance resource requests to the jurisdictional EOC?

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- ☐ 7. Do you have a Continuity of Government plan to ensure continued essential services?



**ACTION 1: Activate an Emergency Operations Center and establish a whole-of-community incident management structure**

**Secondary Priorities**

- ☐ 8. What declarations or legal/regulatory are implemented and how do they impact the decisions that are required to be made?
- ☐ 9. How is a common operating picture maintained during a prolonged event?
- ☐ 10. What process is in place to ensure that timely, accurate risk communications are available and coordinated with all jurisdictional agencies? Are public health information specialists integrated into the Joint Information System?
- ☐ 11. Does the jurisdiction have an active health care coalition (HCC) that coordinates the medical aspects of incident response, and how can emergency management maximize these coordination resources?