

**Centers for Disease Control and Prevention (CDC)  
Medical Countermeasure (MCM) Operational Readiness Review (ORR)  
Frequently Asked Questions**

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Budget Period 4

July 1, 2015 – June 30, 2016

# MCM ORR Frequently Asked Questions

## CAPABILITY-SPECIFIC QUESTIONS

### 1. **Capability 1 Function 1a (Planning)**

**Question:** Is CDC looking for us to define the term “risk”?

**Answer:** No. We are looking for evidence of an HVA or JRA to determine the risks to the health of your jurisdiction. For example, potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental/behavioral health systems.

### 2. **Capability 1 Function 2a (Planning)**

**Question:** What type of acceptable documentation is required to show partner engagement and acknowledgement of response roles?

**Answer:** Each jurisdiction should provide agency acknowledgement of their roles and responsibilities through signatory pages, Letters of Agreement, signed MOU/MOAs, or signed contracts.

### 3. **Capability 1 Function 2a (Operational)**

**Question:** This element includes four (4) planning criteria 1) private sector, 2)local, 3)state and 4)regional); however, our jurisdiction can only provide proof of 1-2 items being exercised. What will be our level of implementation?

**Answer:** If a jurisdiction can provide evidence of how the roles and responsibilities of partners (private sector, local, state and regional) have been used within the last five years, the implementation level would correlate to the number (percentage) of criteria and exercises.

For general context:

EARLY IMPLEMENTATION:	Included NONE of the planning criteria in an exercise
INTERMEDIATE IMPLEMENTATION:	Included one of four planning criteria in ANY exercise
ESTABLISHED IMPLEMENTATION:	Included 2 or 3 of the 4 planning criteria in a FE or FSE
ADVANCED IMPLEMENTATION:	Included ALL four of the planning criteria in a FSE

### 4. **Capability 3 Function 1a (Planning)**

**Question:** What do you mean by the term “analyze data” and what type of documentation and evidence is acceptable?

**Answer:** CDC is looking for evidence showing who your SMEs are and how they will provide data analysis to your staff in order to inform the decision making process.

### 5. **Capability 3 Function 1a (Operational)**

**Questions:**

- 1) Do all types of SMEs need to participate in a FSE/incident?
- 2) Can a single SME be sufficient for an advanced rating if they meet all three planning requirements?

**Answers:**

1) No. SMEs that are necessary to include for a specific exercise or real world event is dependent on the scenario. For example, a jurisdiction that exercised a biological incident would include medical and pharmaceutical SMEs, but not necessarily chemical or radiological SMEs.

2) One SME can do all three planning elements, but if the FSE/incident has multiple agents, such as chemical and rad/nuc, then multiple SMEs will be necessary.

**6. Capability 3 Function 1b (Planning)**

**Question:** What are examples of pre-event indicators?

**Answer:** Some examples include:

- Overt messages of an attack
- Weather forecasts indicating a storm coming into an area
- Spike in activity in syndromic surveillance
- Intelligence information from Law Enforcement Agency (LEA)

**7. Capability 3 Function 1b (Planning)**

**Question:** What actions should be included in plans for initiating demobilization?

**Answer:** Each jurisdiction should determine, and include in the demobilization actions, plans for SNS assets that were distributed to PODs, treatment centers, or other facilities. For example, some states have determined that MCMs from the SNS will remain with the local health department. This example and others are provided throughout V11 and are specifically outlined, including demobilization actions for POD and RSS operations, Inventory Management, and Dispensing and Distribution staff.

**8. Capability 3 Function 1c (Operational)**

**Question:** How would you rate the following:

- Web EOC--used daily
- RACES--tested quarterly
- HAN--tested annually
- Sat phone--tested annually

**Answer:** Intermediate. If only two communication platforms are tested quarterly, the status level would be rated as intermediate. If communication platforms are used more frequently than quarterly, credit will be provided.

**9. Capability 3 Function 2a (Planning)**

**Question:** Who should be the SMEs to fulfill the required Incident Command and Emergency Management roles in my EOC as required during a MCM response?

**Answer:** Based on the type of incident, you should include subject matter experts from respective fields of the incident scenario, i.e., in a radiological event, include experts in radiological emergency preparedness, HAZMAT, and environmental radiation.

**10. Capability 4 Function 1a (Planning)**

**Question:** What are examples of MCM training for this element?

**Answer:** MCM training should provide an understanding of the roles and responsibilities in an MCM response – Public Information staff should understand the MCM policies and procedures of the jurisdiction.

- 11. Capability 4 Function 3a (Planning)**  
**Question:** What type of procedures should be outlined for media notification and credentialing?  
**Answer:** Develop procedures to maintain a list of media contacts that include how often the list is updated; who is responsible for updating, how the list is updated, etc., (think in terms of “who, what, when and where”).
- 12. Capability 6 Function 1a (Planning)**  
**Question:** If presented with a draft communications plan—can that be used as adequate documentation?  
**Answer:** No. The guidance emphasizes that “Documents must be submitted in final form; documents in draft form will not be accepted.”
- 13. Capability 8 Function 1a (Planning)**  
**Question:** How do you define a tiered priority? What is the difference between an alternate modality and a tiered priority?  
**Answer:** A tiered priority is an overall dispensing strategy that encompasses open and closed PODs and alternate dispensing modalities.  
An alternate modality is one part of the overall dispensing strategy that provides alternative methods to ensure the entire population is covered, such as drive-through PODS and door-to-door distribution.
- 14. Capability 8 Function 1a (Operational)**  
**Question:** If only an open POD has a FSE would that meet the guideline for advanced?  
**Answer:** No. To be considered “Advanced”, all three modalities in the planning section are to be tested. If a jurisdiction tests at least one, but less than the total number of criteria, the jurisdiction will receive an intermediate or established implementation level depending on the type of exercise/incident conducted. Refer to the note in the MCM ORR Guidance accompanying the tool.
- 15. Capability 8 Function 1 b (Planning)**  
**Question:** Other than aerosolized anthrax, what are other dispensing scenarios that call for transitioning to a sustained response?  
**Answer:** Dispensing campaigns do not have to be an anthrax plan. Any plans that show an initial response then transition to sustaining the response would work, such as H1N1 or Ebola response plans.
- 16. Capability 8 Function 1 c (Planning)**  
**Question:** What is the acceptable level of training to meet this training requirement?  
**Answer:** Training provided to health care partners should include an understanding of the roles and responsibilities for all partners included in a MCM response. For example, trainings on MCM logistical plans for pickup or delivery to hospitals and the request process could be included. Additionally, representative health care partners should be involved in the planning process for plans and exercises for awareness and expertise on hospitals operations.

**17. Capability 8 Function 2a (Planning)**

**Question:** Does every identified open POD facility need a site-specific plan?

**Answer:** Yes. Set-up procedures for a dispensing site are conducted more efficiently when administrative details have been established prior to the opening of the site. If a POD facility does not have a site-specific survey, including one for security, then the facility is not considered a POD.

**18. Capability 8 Function 2a (Operational)**

**Question:** Why are Table Top Exercises (TTX) excluded from this element?

**Answer:** TTX exercises are not included in 8.2.a because the intent of this element is to test the operations of a dispensing site set-up, which cannot be adequately accomplished via a tabletop exercise. Therefore a TTX would not be an ideal method for testing this type of situation.

**19. Capability 8 Function 2a (Operational)**

**Question:** Do we really need to test dispensing site set-up for all open POD sites?

**Answer:** Yes. The expectation is within five years, functional or full-scale exercises or drills will be conducted, testing dispensing site set-up. This can also be demonstrated during a real incident. Therefore, it is recommended to include this in your Training and Exercise Planning Workgroup (TEPW) agenda and the final MYTEP. For example, if your jurisdiction has 100 PODs, you could plan to test at least 20 site set-ups each year over the next five years.

**20. Capability 8 Function 3a (Planning)**

**Question:** How do you determine the percentage of personnel identified?

**Answer:** The denominator will be the number of personnel required to staff all open (public) PODs (planning estimates) and the numerator will be the number of personnel actually identified.

**21. Capability 8 Function 3a (Planning)**

**Question:** What is an acceptable contact list for volunteer staff?

**Answer:** Use listings of staff identified from your Medical Reserve Corps, ESARVP or HAN listings of individual volunteer staff, or volunteer agencies and organizations.

**22. Capability 8 Function 3a (Operational)**

**Question:** The state does not have dispensing sites. Should we select not applicable in the MCM ORR on-line tool?

**Answer:** Yes. If a state selects not applicable, an explanation must be provided within the "comment" section and include a description of the process for providing guidance, tracking and monitoring local deliverables. States may have a role in conducting call down drills for core staff included in dispensing operations for state employees, military installations, federal employees, or tribal nations, in addition to applicable local monitoring and training responsibilities.

**23. Capability 8 Function 3a (Operational)**

**Question:** What do you want to see from the state if they do not have responsibility for PODs?

**Answer:** In general, states should document procedures for monitoring local operational activities for operational elements that truly do not apply to a state. In this example, while primary operational responsibilities pertain to local jurisdictions, the state has a direct role in providing guidance and training on appropriate staffing levels and types of staff, as well as monitoring and evaluating call down procedures. In some situations, the state may be able to show documentation of technical assistance provided to local jurisdictions on these issues.

**24. Capability 8 Function 3a (Operational)**

**Question:** What if the state does not have a role in conducting call-down drills for core staff?

**Answer:** The state should show how guidance is provided for all the elements. On the tool, the status can be marked not applicable, along with justification on how guidance is provided for each of the planning criteria listed within the element.

**25. Capability 8 Function 3a (Operational)**

**Question:** How would you rate the element for the following?

**Answer: (in yellow)**

Missing quarterly call-down? **Early**

Acknowledgement percentage is inconsistent between quarters,

Example:

Q1=22%

Q2=27%

Q3=55%

Q4=89%

**Use the average = 48.25% (Intermediate)**

**26. Capability 8 Function 3a (Operational)**

**Question:** How do you determine quarterly call-down among pre-assigned core staff at each POD (operations)?

**Answer:** Compile a list of all pre-assigned core staff from each POD and conduct quarterly call-downs every three months, four times a year.

**27. Capability 8: Function 4a (Planning)**

**Question:** Does this element refer to PODs at the state or local level?

**Answer:** Depending on the specific jurisdiction, PODs may be operationalized at the state level, at the local level, or at both levels. In general, states should document procedures for monitoring local operational activities for operational elements that truly do not apply to a state.

**28. Capability 8 Function 4a (Operational)**

**Question:** Since we plan for all-hazards, can we use seasonal flu vaccine throughput (medical model) to meet the requirement even though it is not using our non medical model plans?

**Answer:** No. Dispensing vaccine is considered a medical model requiring additional assessments and decreases the throughput in comparison to a non medical model, such as the rapid dispensing of pills.

**29. Capability 9**

**Question:** Why was Capability 9 renamed from "Materiel" to "Material"?

**Answer:** During the re-write of V11, CDC communication authors used "material" to lessen the confusion among the nation's public health workforce. The BP4 MCM ORR verbiage is consistent with V11, as is all of the new guidance documents subject to release.

**30. Capability 9 Function 1a (Planning)**

**Question:** What if the state has 4 RSS sites, but only 2 have MOUs and RSS Site Surveys within the MCM SharePoint site reviewed by the project officer and USMS?

**Answer:** During the time of an event, CDC would only use facilities that were reviewed by the project officer and USMS. Therefore, you need to ensure that all RSS sites have current MOUs and site surveys on file within the MCM SharePoint site. These should be reviewed by the project officer and USMS every 3 years.

**31. Capability 9 Function 1a (Operational)**

**Question:** If a state delivers to the POD and there is no local distribution site, would the state select N/A?

**Answer:** No. The intent of this element is for all receiving sites to be exercised within the last 5 years. Meaning, ALL receiving sites (RSS, RDS, or LDS) should be tested.

**32. Capability 9 Function 1a (Operational)**

**Question:** If a jurisdiction has one RSS and one back-up RSS and has exercised only one of these giving the justification that only one of them would be used at any one time, what would be the operation level?

**Answer:** This element refers to ALL receiving sites to be tested. Exercising one of two sites would be 50% or "Established" implementation. It is important to note that these exercises do not have to occur at the same time; the intent is to ensure that each has been exercised within the last five years.

**33. Capability 9 Function 1b (Planning)**

**Question:** What happens if primary and back-up transportation is provided by the state but there is no contract? What would you recommend?

**Answer:** If primary and back up transportation is provided by the jurisdiction, no MOU is needed. However, roles and responsibilities need to be outlined for the entities providing that function, such as a signature on the plan signifying they have agreed to their responsibility to provide transportation. The jurisdiction providing this type of documentation would be considered "Advanced". If there was NO signature on the plan providing jurisdiction/state proof that they agreed upon their responsibilities, they would be considered "Established."

**34. Capability 9 Function 1b (Operational)**

**Question:** Would a FSE that uses a portion of the transportation assets be acceptable for the advanced level?

**Answer:** Yes. Not ALL transportation assets are required to be used in a FSE. The transportation assets used would be those actually NEEDED for the incident. For example, if a refrigerated truck is a transportation asset, but the incident/exercise does not call for that asset, it would not be expected to be used in the exercise.

**35. Capability 9 Function 1b (Operational)**

**Question:** What if transportation assets are split? For example, some assets are coming from the state RSS and others assets are coming from the local RDS to the POD. How should we properly address this within exercise documentation such as our AAR?

**Answer:** You should test split assets for transportation by creating exercise objectives that will demonstrate both routes of asset distribution from the RSS to RDS ending at the PODs, and documented according to HSEEP in the AAR.

**36. Capability 9 Function 1c (Planning)**

**Question:** Can the same people be identified at multiple RSS sites?

**Answer:** Only if they are not activated at the same time. For an advanced rating CDC recommends your plans include primary and back up personnel who have evidence of training and are pre-assigned according to operational positions.

**37. Capability 9 Function 2a (Planning)**

**Question:** What does “request procedures from a jurisdiction” mean?

**Answer:** There should be a process in place to request assets from all levels of government (local, state, and federal), private agencies (hospitals and healthcare facilities), and for jurisdictions across borders using mutual aid agreements.

**38. Capability 9 Function 3a (Operational)**

**Question:** Can on-line IMATS be considered the primary inventory management system and will the off-line IMATS be considered the back-up inventory management system?

**Answer:** Yes. Both primary and back-up inventory management systems can be IMATS as long as they are not used on the same platform.

If you have any further questions specific to IMATS you can be sure to send them directly to the IMATS team through their email [ctshelp@cdc.gov](mailto:ctshelp@cdc.gov).

**39. Capability 9 Function 3b (Planning)**

**Question:** If our Inventory Management System was configured in 2013 to ensure that our data could be provided directly to CDC, will we need to reconfigure in 2015? We heard that IMATS recently upgraded their software system and want to confirm.

**Answer:** In order to ensure that there is a valid connection to CDC, awardee should test with CTS again using the Inventory Data Exchange Specification form and the IDE Participation Form. These forms can found on the IMATS webpage, [www.cdc.gov/cts/imats](http://www.cdc.gov/cts/imats) under Supporting Information.

**40. Capability 9 Function 3b (planning)**

**Question:** Is the intention of 9.3 to push us towards IMATS even though it is not as robust as other inventory management systems?

**Answer:** PHEP awardees are now required to report inventory levels to CDC's Division of Strategic National Stockpile (DSNS) using IMATS or an existing inventory management system configured with CDC's "Inventory Data Exchange Specification Standards. Therefore, awardees may choose to use another inventory management system, however it must be configured to transmit data to CDC's Inventory Data Exchange Specification Standards."

**Awardees can find more information on how to do this online at [www.cdc.gov/cts/imats](http://www.cdc.gov/cts/imats)**

**41. Capability 9 Function 4a (Planning)**

**Question:** What if 50% of the distribution sites have incomplete plans? What would be their status implementation level?

**Answer:** Established implementation states 50-74% of all sites have security plans. However, if the plans are deemed incomplete or are insufficient to facilitate an operational response, the PO and US Marshal, if appropriate, may recommend a lower status level. Complete security plans should include all sections referenced for this element in the guidance document.

**42. Capability 9 Function 4c (Planning)**

**Question:** The local health department has MCM plans to secure a security escort between RSS and POD sites. However, the lead Law Enforcement Agency explained that they would only supply security escorts "if available". How have other jurisdictions addressed this gap?

**Answer:** Promising practices across the nation have accounted for a primary and backup LEA, such as obtaining a contracted security agency through normal ESF channels or using mutual aid agreements between neighboring jurisdictions.

**43. Capability 9 Function 4c (Planning)**

**Question:** Does this element also refer to transportation from an airport (if applicable)?

**Answer:** It doesn't matter if the assets are coming from air or ground transportation. When the assets are transferred to the jurisdictional authority, they are then the responsibility of that jurisdiction.

**44. Capability 9 Function 5a (Operational)**

**Question:** A tabletop (TTX) could potentially be only modeling the distribution strategy. Would this element receive the TTX implementation level? Or, because this is part of the guidance elsewhere (Cap 8, F4.Oa), would modeling not qualify as a TTX?

**Answer:** Modeling is identified in the ORR and accepted as an exercise, IF all of the criteria in the planning element are tested.

**45. Capability 14 Function 1a (Planning)**

**Question:** How do we develop procedures for protecting volunteer and PH staff responders?

**Answer:** Prior to an incident, identify medical, environmental exposure, and mental/behavioral health risks that may affect staff responding to the public health incident—based on the JRA or THIRA and in conjunction with lead partner agencies.

- Identify PPE and other protective actions or mechanisms related to a medical countermeasures mission, when appropriate
- Next, *communicate medical and behavioral health risks* by working with SMEs to identify and validate, or develop informational resources on potential acute and chronic health conditions

**46. Capability 14 Function 1a (Planning)**

**Question:** What should be included in written plans and procedures for this function?

**Answer:** *Develop written plans* that address safety and health risk scenarios likely to be faced by public health responders—based on pre-identified jurisdictional incident risks:

- Include partner agencies (e.g., environmental health, occupational health and safety, jurisdictional LEPC, and risk-specific SMEs)
- Plans should include documentation that identifies public health roles and responsibilities related to your identified risks

**47. Capability 14 Function 1a (Operational)**

**Question:** What is the best way to exercise newly developed protocols for public health?

**Answer:** Start with a workshop to bring everyone to the table to work through some of the questions/issues. This also helps in refining public health protocols.

**48. Capability 14 Function 1b (Planning)**

**Question:** How do you want us to identify all responders, by name, type, role, or by agency?

**Answer:** In conjunction with partner agencies, identify all responders (public health responders and critical infrastructure staff) by agency and functional role.

**Key point:** Only include individuals from each agency that have a role in the MCM mission.

**49. Capability 14 Function 2a (Planning)**

**Question:** How should we identify safety and personal protective needs?

**Answer:** Coordinate with occupational health and safety and other SMEs, based on incident-specific conditions, to determine the necessary personal protective equipment, medical countermeasures, mental/behavioral health support services and other items and services, and distribute these, as applicable, to protect the health of public health responders. The needs of various responder groups may differ.

**50. Capability 14 Function 3a (Planning)**

**Question:** What type of training would a jurisdiction provide for critical infrastructure staff (CIS)? CIS would not be at the warehouse or dispensing site.

**Answer:** Develop and include risk-specific physical safety, mental/behavioral health, and personal protective equipment topics (based on jurisdictional risk assessments) into public health responder training to prepare CIS and those identified as surge-capacity personnel for the incident.

**51. Capability 14 Function 3a (Planning)**

**Question:** Can we submit job aids, without a verbal walk-through, as just-in-time training?

**Answer:** The element states, “Plans document procedures for MCM Just-in-Time Training.....” Job aids themselves are not procedures, but could be used as supplemental evidence for this element. The plan should include procedures (who, what, when and where) for how the job aids are to be used.

**52. Capability 15 Function 2a (Operational)**

**Question:** On this specific item, does the jurisdiction have to also drill the 3 planning elements?

**Answer:** No. CAP 15, F2. on the operational side does not specify that all 3 elements in the Planning section have to be addressed. The operational element only refers to conducting a call down drill for all volunteers required to support an MCM mission. Jurisdictions will be assigned a level of implementation based on the drill and percent acknowledgement.

## **GENERAL QUESTIONS**

53. **Question:** How is the MCM ORR report different from the Technical Assistance Review (TAR) report?

**Answer:** The TAR effectively outlined the planning steps needed to support distribution and dispensing of medical countermeasures but did not reflect the ability of state, local, and territorial jurisdictions to implement and execute their medical countermeasure operations. CDC designed the MCM ORR tool to better account for a jurisdiction’s ability to plan and successfully execute any large-scale response requiring distribution and dispensing of medical countermeasures.

The new operational readiness review builds upon the medical countermeasure planning progress PHEP awardees have made over the years and is intended to identify medical countermeasure response operational capabilities. Data also will be used to identify operational gaps that may require more targeted technical assistance to help jurisdictions improve their ability to successfully execute a medical countermeasure mission.

54. **Question:** What happened to the percentage score from the TAR?

**Answer:** The MCM ORR does not use numerical scoring. Instead, it indicates a jurisdiction’s readiness status for each element using a continuum of implementation levels: early, intermediate, established, and advanced.

55. **Question:** What information related to the MCM ORR will the CDC report for my jurisdiction?

**Answer:** CDC will report national summary data which includes aggregated implementation status levels for both planning and operations at the awardee and CRI MSA level. A report template will be released prior to the beginning of Budget Period 4 (BP4) that will include examples of data that may be reported nationally, as well as portions of the report that are intended solely for the jurisdiction.

56. **Question:** How can I interpret each level of implementation?

**Answer:** Awardees can use the following descriptions to help interpret the levels of implementation:

Early Implementation - Jurisdiction demonstrates *some* of the planning and / or operational criteria.

Intermediate Implementation - Jurisdiction demonstrates *many* of the planning and / or operational criteria.

Established Implementation - Jurisdiction demonstrates *most* of the planning and / or operational criteria.

Advanced Implementation - Jurisdiction demonstrates *all* planning and *all* operational criteria. Descriptions for these levels reflect enhancements based upon evaluation of Budget Period 3 data and jurisdictional feedback.

57. **Question:** What is CDC’s expectation for a jurisdictions level of implementation? Are all jurisdictions expected to be advanced?

**Answer:** No, CDC expects that, by the end of the next project period (2022, all jurisdictions should be at the “Established” level of implementation.

58. **Question:** My jurisdiction consistently scored a 100% on the TAR, is it safe to assume my jurisdiction will also receive implementation levels of advanced?

**Answer:** No, awardees should not expect that a score of 100% on the TAR would equate to implementation levels of advanced for the MCM ORR. The TAR effectively outlined the planning steps needed to support distribution and dispensing of medical countermeasures but did not address the ability of state, local, and territorial jurisdictions to implement and execute their medical countermeasure operations. The MCM ORR tool better accounts for a jurisdiction’s ability to plan and successfully execute any large-scale response requiring distribution and dispensing of medical countermeasures.

Note: New operational and planning elements have been added to the tool that include the next 50 days, demobilization strategies, and responder health and safety issues.

59. **Question:** How are these data aggregated?

**Answer:** We will use the following method to aggregate levels of implementation:

Planning Status	Value	Range
Early	1	1 – 1.9
Intermediate	2	2 – 2.9
Established	3	3 – 3.9
Advanced	4	4

Each status is assigned a numeric value and range.

The numeric value of each status will be summed, the average value calculated, and an overall status will be determined based on the status range values.