



## Toolkit: Insights for Communities From OIG's Historical Work on Emergency Response

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This toolkit contains key insights and lessons learned from Office of Inspector General (OIG) reports published from 2004 to 2020 about community emergency preparedness and response. These reports address State and local actions during outbreaks of emerging infectious diseases (such as Ebola and H1N1 pandemic influenza) and natural disasters (such as Hurricane Katrina and Superstorm Sandy), as well as bioterrorism preparedness and response. OIG conducted these audits and evaluations prior to the COVID-19 pandemic. We provide this information to assist communities in responding to the current pandemic and to other emergencies as they arise.

For reports referenced in this document, OIG conducted audits in accordance with the *Generally Accepted Government Auditing Standards* issued by the U.S. Government Accountability Office and conducted evaluations in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency. Citations to the referenced reports containing more information are at the end of this toolkit.

### FUNDING

#### Clear guidance, flexibility, and appropriate oversight are important when distributing emergency funds to local entities

- **Managing response and recovery funds.** Local entities benefit from clear guidance regarding how funds may be used, when funding sources expire, and which documents or other evidence must be maintained for program integrity purposes. ([OEI-09-15-00200](#), [OEI-04-14-00410](#), [A-05-05-00031](#), [A-05-04-00027](#))
- **Flexible use of funds.** Allowing local entities flexibility in the use of funds for emergency response and recovery helps them address community-specific needs. ([OEI-09-15-00200](#))
- **Internal controls.** Effective Federal and State oversight of funds for emergency response and recovery includes ensuring that recipients:
  - use funds timely;
  - submit required financial status reports;
  - do not draw down cash advances in excess of immediate needs; and
  - do not claim expenditures that were reimbursed by other sources.([A-02-15-02009](#), [A-02-15-02005](#), [A-02-14-02010](#), [OEI-09-15-00200](#), [A-02-14-02013](#), [A-05-05-00031](#), [A-05-04-00027](#))

## TRAINING

### Training of community organizations, staff, and volunteers helps enable effective emergency planning and response

- **Hands-on training for volunteers.** When possible, supplementing computer-based training with hands-on training better prepares emergency response volunteers or others who assist in response efforts. ([OEI-09-06-00030](#))
- **Timely training of volunteers.** Training emergency response volunteers or others who assist in response efforts before they are deployed or as soon as they are deployed will increase overall response effectiveness. ([OEI-04-13-00350](#), [OEI-09-06-00030](#))
- **Training according to community needs.** Community training and technical assistance on emergency preparedness and response is most effective when based on an assessment of local challenges and needs. ([OEI-04-08-00260](#))
- **Community-wide participation in emergency training.** Regular participation of local entities (including childcare facilities and nonhospital facilities such as nursing homes) in community emergency exercises and drills can help ensure collaboration with local emergency management agencies when an emergency occurs. ([OEI-04-14-00410](#), [OEI-06-09-00270](#), [OEI-04-08-00260](#))

## LABORATORY TESTING

### Coordination and communication among public and private labs are essential for rapidly expanding the capacity to test for infectious diseases; ongoing oversight is essential to maintain quality testing

- **Coordinating among laboratories.** Private clinical laboratories and State public health laboratories can coordinate to decrease the time needed to detect and report outbreaks. ([OEI-04-07-00670](#))
- **Information-sharing with health care professionals.** Timely sharing of information about test results (from State public health laboratories to health care professionals) helps to support effective community response. ([OEI-04-07-00750](#))
- **Sharing clear expectations for public health reporting.** Clear communication from State public health laboratories helps to ensure that hospitals and health care systems report information to the appropriate partners for public health and emergency response. ([OEI-04-07-00670](#))
- **Augmenting laboratory testing capacity.** Developing and implementing operational plans and preparedness exercises helps to augment laboratory capacity to meet increased testing needs during a pandemic. ([OEI-04-07-00670](#))
- **Oversight of laboratories.** Regular reviews of diagnostic testing proficiency among State public health laboratories and private clinical laboratories, and adherence to safety protocols, helps to ensure laboratory readiness for outbreaks. ([OEI-04-07-00670](#))
- **Safety of laboratory staff.** Surveillance for illness among laboratory personnel working with viruses can help track and mitigate the spread of a disease. ([OEI-04-07-00670](#))

- **Proficiency of laboratory staff.** To detect a disease outbreak and help slow its spread, it is essential that frontline clinicians and laboratory personnel are knowledgeable and competent with respect to safe specimen collection, testing, reporting potential cases of diseases, and submitting specimens to referral laboratories. ([OEI-04-07-00670](#))

## VACCINATION PROGRAMS

### Developing strategies to adequately staff and manage community vaccination programs is needed in advance of vaccine availability

- **Plans for community distribution and dispensing of vaccines.** These plans should be outlined in detailed, formal agreements with partnering agencies that identify:
  - the organizations or individuals responsible for carrying out specific actions;
  - facilities to serve as dispensing sites;
  - the sources that will be necessary to hire and support distribution and dispensing staff;
  - individuals who should be authorized to receive medication shipments; and
  - specific plans to dispense vaccines to vulnerable populations and priority groups. ([OEI-04-08-00260](#))
- **Exercises to test vaccine dispensing.** Effective community response plans include conducting exercises for vaccine distribution and dispensing. Exercises are most beneficial when followed by after-action reports, development of improvement plans, and testing of proposed solutions. ([OEI-04-08-00260](#))
- **Sufficient vaccination staff.** When deploying staff skilled to administer vaccines, a sufficient number and distribution of staff are needed to help meet community and site needs. ([OEI-04-10-00020](#))
- **Vaccination storage.** Using CDC-recommended containers, and monitoring and recording storage temperatures, helps to ensure safe vaccine storage. ([OEI-04-10-00020](#))
- **Educating the public about vaccines.** Providing clear and consistent information to the public about vaccines, including the dosage needed and any potential adverse reactions, helps ensure the success of community vaccination programs. ([OEI-04-10-00020](#))

## EMERGENCY PLANNING

### Community emergency preparedness plans should incorporate a wide range of health and human service needs

- **Health Care Coalitions.** Community Health Care Coalitions can better plan a whole-community emergency response when they ensure that their members include diverse types of entities (such as long-term care facilities, outpatient clinics, and home health agencies in addition to hospitals, public health agencies, emergency medical services, and emergency management). ([OEI-04-18-00080](#))
  - Communities that do not yet have Health Care Coalitions should also involve a wide array of health care providers in emergency response planning. ([OEI-06-09-00270](#), [OEI-02-08-00210](#))

- **Managing medical equipment and supplies.** Community planning for managing and distributing medical equipment and supplies should include identifying sufficient storage space; maintaining and replacing equipment; and determining the logistics of transporting the equipment when needed. ([OEI-02-08-00210](#))
- **Alternate care sites.** Effective community emergency plans should:
  - identify alternate care sites (such as temporary hospitals) to use during a pandemic;
  - determine the scope of care to be provided at these sites; and
  - decide how the sites would be managed, staffed, and supplied. ([OEI-02-08-00210](#))
- **Childcare services to support essential workers.** Emergency plans specific to keeping and restoring childcare services are important to help essential workers who rely on those services to work. ([OEI-04-14-00410](#))
- **Emergency preparedness checklists.** Regular use of emergency preparedness checklists can help ensure that community emergency plans are complete and updated. ([OEI-06-09-00270](#))

# Referenced Reports

<b>Report Title and Date of Publication</b>	<b>Report Number</b>
1. <i>Selected Health Care Coalitions Increased Involvement in Whole Community Preparedness But Face Developmental Challenges Following New Requirements in 2017</i> , April 2020.	<u>OEI-04-18-00080</u>
2. <i>Economic Opportunity Commission of Nassau County, Inc., Claimed Some Unallowable Hurricane Sandy Disaster Relief Act Funds</i> , April 2017.	<u>A-02-15-02009</u>
3. <i>New Jersey Claimed Some Unallowable Costs Under a Hurricane Sandy Disaster Relief Act Grant</i> , February 2017.	<u>A-02-15-02005</u>
4. <i>New Jersey Should Strengthen Hurricane Sandy Social Services Block Grant Internal Controls</i> , January 2017.	<u>A-02-14-02010</u>
5. <i>Superstorm Sandy Block Grants: Funds Benefited States' Reconstruction and Social Service Efforts, Though ACF's Guidance Could be Improved</i> , September 2016.	<u>OEI-09-15-00200</u>
6. <i>Link2health Solutions, Inc., Budgeted Costs That Were Not Appropriate and Claimed Some Unallowable Hurricane Sandy Disaster Relief Act Funds</i> , March 2016.	<u>A-02-14-02013</u>
7. <i>The Response to Superstorm Sandy Highlights the Importance of Recovery Planning for Child Care Nationwide</i> , December 2015.	<u>OEI-04-14-00410</u>
8. <i>Medical Reserve Corps Volunteers in New York and New Jersey During Superstorm Sandy</i> , May 2015.	<u>OEI-04-13-00350</u>
9. <i>Gaps Continue to Exist in Nursing Home Emergency Preparedness and Response During Disasters: 2007–2010</i> , April 2012.	<u>OEI-06-09-00270</u>
10. <i>2009 H1N1 School-Located Vaccination Program Implementation</i> , June 2010.	<u>OEI-04-10-00020</u>
11. <i>State and Local Pandemic Influenza Preparedness: Medical Surge</i> , September 2009.	<u>OEI-02-08-00210</u>
12. <i>Local Pandemic Influenza Preparedness: Vaccine and Antiviral Drug Distribution and Dispensing</i> , September 2009.	<u>OEI-04-08-00260</u>
13. <i>Public Health Laboratory Testing To Detect and Report Biological Threats</i> , October 2008.	<u>OEI-04-07-00750</u>
14. <i>Laboratory Preparedness for Pandemic Influenza</i> , October 2007.	<u>OEI-04-07-00670</u>
15. <i>The Commissioned Corps' Response to Hurricanes Katrina and Rita</i> , February 2007.	<u>OEI-09-06-00030</u>
16. <i>Audit of Unobligated Balances of Funds Awarded Under the Public Health Preparedness and Response for Bioterrorism Program</i> , December 2006.	<u>A-05-05-00031</u>

17. *Nationwide Audit of State and Local Government Efforts to Record and Monitor Subrecipients' Use of Public Health Preparedness and Response for Bioterrorism Program Funds*, August 2004.

A-05-04-00027

## For More Information

To obtain additional information concerning this information brief, contact the Office of Public Affairs at [Public.Affairs@oig.hhs.gov](mailto:Public.Affairs@oig.hhs.gov). OIG reports and other information can be found on the OIG website at [oig.hhs.gov](http://oig.hhs.gov).

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