



Tribal Public Health Emergency Preparedness Checklist

ABOUT THIS DOCUMENT

The American Indian Health Commission has prepared this document for Tribes and urban Indian health programs (UIHPs) who are developing and/or updating their comprehensive emergency response plans or hazard specific plan annexes. Tribes and UIHPs can select which items they wish to incorporate into their action plan, comprehensive emergency plans, or other policies and procedures. This checklist is based on Tribes and UIHPs in Washington reporting to AIHC their best practices for responding to the COVID-19 pandemic. We will continue to update this checklist as we collect more Tribal input.

Capability 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover from public health emergencies.

<input type="checkbox"/>	1. Cultural Values and Obligations. Ensure public health plans and codes incorporate/reflect the Tribe's cultural values and obligations in responding to a pandemic.
<input type="checkbox"/>	2. Incident Command System. Stand up an incident command structure early on in an emergency response strengthens pandemic response.
<input type="checkbox"/>	3. Comprehensive Emergency Management Plan. Create or update a comprehensive emergency management plan and exercise it regularly. Incorporate what the Tribe/UIHP learned during the COVID-19 pandemic.
<input type="checkbox"/>	4. Public Health Codes. Create or update public health codes which address public health governance structure and appointment of a Tribal public health officer.

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<input type="checkbox"/>	5. Tribal Public Health Officer. Recruit or maintain/support a Tribal Public Health Officer position.
<input type="checkbox"/>	6. Emergency Preparedness Meetings. Create a regular meeting schedule for emergency preparedness (e.g., quarterly meetings with Tribal/UIHP emergency response team).
<input type="checkbox"/>	7. Staff Training. Develop and implement a staff training and exercise plan for public health emergency preparedness response, including regular FEMA training.
<input type="checkbox"/>	8. Continuity of Operations Plan (COOP). Create or update a COOP. Review or develop COOP to ensure impacted areas can still run when staff is limited. Lessons learned from COVID-19 pandemic about maintaining the continuity of essential services should be incorporated into emergency plans and job descriptions, including telehealth use.
<input type="checkbox"/>	9. Information Technology Infrastructure. <ul style="list-style-type: none">a. <input type="checkbox"/> Identify and implement technology trainings for the staff and community (e.g., Zoom).b. <input type="checkbox"/> Outline the Tribe's information technology department's role in the pandemic response including supporting telehealth and remote work.c. <input type="checkbox"/> Collaborate with IT to identify and resolve technology gaps from prior pandemic response.
<input type="checkbox"/>	10. Community Needs. Include in applicable Tribal plans considerations for providing people food, getting supplies, responding to power outages, and deciding when to close the reservation.
<input type="checkbox"/>	11. Flexibility. Ensure public health plans and codes incorporate/reflect that when responding to a pandemic, responders must be flexible and change certain practices after trial and error. Recognize that current emergency plans may not match the incident or current Tribal structure and may need to be significantly adapted or disregarded in part to have a more effective response. The Tribe can instead look to what pandemic response activities are working for their Tribe as well as neighboring local jurisdictions and Tribes.

Capability 2: Community Recovery

Community recovery is the ability to identify vital assets within public health and other sectors that can guide and prioritize recovery operations. This involves collaboration with other jurisdictions and partners to return to at least pre-incident day-to-day levels of functioning.

<input type="checkbox"/>	1. Cultural Activities. Resuming cultural events is an important aspect of pandemic recovery. During periods when social distancing is required, continue conducting cultural activities by utilizing virtual meeting platforms (e.g., Zoom).
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<input type="checkbox"/>	2. Food. Identify opportunities to strengthen community participation in food sovereignty and traditional foods such as creating/maintaining community gardens and meal delivery.
<input type="checkbox"/>	3. Pandemic Response Team. Utilize the pandemic response team to assist the Tribe in returning to pre-incident levels through standardizing policies and procedures, sharing administrative capacity, keeping all sites on the same page, and creating cross-site supports.

Capability 3: Emergency Operations Coordination

Emergency operations coordination refers to the ability to coordinate with emergency management and to direct and support an incident with health implications by creating a scalable response structure capable of providing oversight, organization and supervision that is consistent with the jurisdiction's standards and practices.

<input type="checkbox"/>	<p>1. Choose/Maintain Incident Command Structure. Formalize the emergency response command structure within Tribal emergency plans and/or codes. Tribes and UIHPs may want to assess and choose whether a formal or flexible Incident Command Structure works within their existing governance structure.</p> <p>a. <input type="checkbox"/> Incident Command Team (ICT). Adopt/maintain the incident command structure based on the FEMA model. The incident command structure (ICS) should be made up of the various Tribal departments (e.g., IT, legal, human services, and facilities) to strengthen pandemic response. In formal incident command, each person fills only one role in the command structure, and this may be challenging during staffing shortages. It may be beneficial to be flexible with the incident command structure and assign tasks to staff based on the strengths and skills they are familiar with in their current positions. The Tribe/UIHP may require decisions made by incident command to be approved by Tribal Council/Executive Director.</p> <p>b. <input type="checkbox"/> Pandemic Team. Separate from the command team, Tribes may choose to have a pandemic team which allows employees to make recommendations directly to the Tribal Council. The team can propose changes to policies and procedures. The Pandemic Team can work together with ICT, and then report to the emergency management team and/or the Tribal Council. The pandemic team can be comprised of medical staff and other experts who consult with the ICT. The pandemic team can play a key part in medical countermeasure distribution planning. The ICT and the pandemic team should meet periodically to ensure efforts are coordinated.</p>
<input type="checkbox"/>	<p>2. Mutual Aid Agreement. To improve internal and external coordination, regularly exercise the mutual aid agreement for current staff to review and orient new Tribal employees in their potential duties relating to pandemic response.</p>

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<input type="checkbox"/>	<p>3. Tribal Public Health Officer. Address the role of the Tribal Public Health Officer in the comprehensive emergency management plan, resolutions, and/or codes, including, but not limited to, the following:</p> <ul style="list-style-type: none">a. <input type="checkbox"/> whether the public health officer position is permanent or temporary;b. <input type="checkbox"/> the powers and authorities of the public health officer; andc. <input type="checkbox"/> who the public health officer reports to. It may be beneficial to have the Tribal public health officer act in a direct advisory capacity to the Tribal Council to allow strategies to be quickly implemented and modified, when necessary.
<input type="checkbox"/>	<p>4. Tribal Council. The Tribal Council can serve as the public health board in making major decisions for the Tribe. These decisions may/should be informed by the Tribal Public Health and Safety Officer and the Executive Team/Committee.</p>
<input type="checkbox"/>	<p>5. Just-in-Time Training. Conduct just-in-time training for staff so they are familiar with their roles, responsibilities, and can ask for clarification if needed.</p>
<input type="checkbox"/>	<p>6. Virtual Emergency Meetings. Ensure that emergency plans include language on when and how to use virtual technology (i.e., Zoom). Build technology availability and skills within the community (Zoom, etc.).</p>

Capability 4: Emergency Public Information and Warning

Emergency public information and warning is the ability to develop, coordinate, disseminate information, alerts, warnings, and notifications to the public and incident management responders.

<input type="checkbox"/>	<p>1. Communication Infrastructure. Identify and describe the existing communication infrastructure used for keeping people informed during a pandemic response.</p>
<input type="checkbox"/>	<p>7. Communications Officer. Recruit or maintain/support of a Tribal Public Communications Officer or Public Information Officer.</p>
<input type="checkbox"/>	<p>8. Asynchronous Communication. Conduct asynchronous communication which is communication that does not happen in real-time (e.g., on the phone, in-person, or during a live video conferencing meeting).</p>
<input type="checkbox"/>	<p>9. Communications Training. Identify and implement staff training on the systems and skills necessary to effectively communicate in the rapidly changing media landscape. Require/provide/encourage staff to receive training in crisis and emergency risk communication and in public speaking through various platforms such as TV/local radio stations.</p>

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<input type="checkbox"/>	10. Social Media. Be prepared to engage on social media platforms and identify/develop methods for counteracting disinformation.
<input type="checkbox"/>	11. Mass Texting. Utilize mass texting for rapidly disseminating critical information through electronic health record software packages or other platforms.
<input type="checkbox"/>	12. Phone/Voicemail/Hotline. Set up a voicemail system and a hotline for disseminating critical emergency information. Conduct phone calls for those who do not utilize electronic forms of communication or have limited access to the internet.
<input type="checkbox"/>	13. Email. Utilize email including use of programs such as Constant Contact for disseminating critical emergency information.
<input type="checkbox"/>	14. Community Listening Sessions. Have trusted Tribal staff and leaders conduct virtual question and answer sessions, presentations, and lunch and learns on issues such as vaccines to ease community and staff members' fears.
<input type="checkbox"/>	15. Tribal Newsletter. Include in emergency plans a newsletter template for Tribal Council chair and CEO to provide regular pandemic updates for Tribal citizens and employees. The newsletter should summarize current information and response plans and utilize the credibility and trust of key Tribal figures.
<input type="checkbox"/>	16. Tribal Emergency Resolutions. Distribute Tribal Council emergency response resolutions through multiple methods including posting at gates, council offices, and electronically.

Capability 5: Information Sharing

Information sharing is the ability of Tribal, federal, state, and local governments to exchange information and situational awareness data in preparation for, and response to, a public health emergency.

<input type="checkbox"/>	1. Information Exchange. Assign various Tribal leadership and staff to exchange information with other Tribal, federal, state, and local jurisdictions.
<input type="checkbox"/>	2. Meeting and Training Attendance. Identify training and updates provided by Tribal organizations and the State that are beneficial during an ongoing pandemic response. Include in the comprehensive emergency management plan, a strategy for identifying relevant meetings to attend and which staff positions will attend.
<input type="checkbox"/>	17. Public Health Data Systems. Consider data systems that would better support public health data collection to better share more accurate information with the Tribe and external partners.

<input type="checkbox"/>	18. Communications Infrastructure. Build up internet infrastructure on the reservation (ongoing issue with internet providers). Include power outage considerations in emergency response plans.
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Capability 6: Vaccines and Antivirals Acquisition and Dispensing

Vaccines and antivirals acquisition and dispensing refers to the ability to:

- acquire, manage, transport, track vaccines and antivirals during a public health emergency; and
- provide vaccines and antivirals to prevent, mitigate, or treat the public to ensure improved health outcomes during the pandemic.

<input type="checkbox"/>	1. Direct Vaccination. Plan for and conduct Tribal vaccine clinics for Tribal members since direct vaccination is an exercise of Tribal sovereignty and community preference.
<input type="checkbox"/>	2. Vaccine Uptake. Identify the most effective strategies for increasing vaccine uptake including whether incentives, mandates, or both are more effective.
<input type="checkbox"/>	19. Tribal Sovereign Authority. Continue to conduct Tribal advocacy at the state and federal levels to respect Tribes as public health jurisdictions with the authority to receive and dispense vaccines, as well as identify their own priority and service populations
<input type="checkbox"/>	20. Vaccine Anxiety. Establish written protocols/methods for reducing anxiety around receiving vaccine including implementing comfortable, small, and supportive environments for dispensing vaccine.
<input type="checkbox"/>	21. Vaccine Ordering/Receiving. Establish processes for ordering and receiving vaccine and antivirals prior to their availability/arrival to allow the Tribe to quickly acquire/dispense vaccines and antivirals upon arrival. Ensure that all state/federal forms for receiving vaccine are completed as soon as possible to increase the probability of receiving vaccine sooner.
<input type="checkbox"/>	22. Vaccine Prioritization. Identify/review vaccine prioritization in the Tribe's pandemic plan to ensure consistency with Tribal values and needs.
<input type="checkbox"/>	23. Cross-Jurisdictional Collaboration. Collaborate with other jurisdictions to make sure there is sufficient vaccine access in the community.
<input type="checkbox"/>	24. Tribal Members Residing Off Tribal Land. Make considerations for Tribal members that do not live on Tribal land in future planning.

Capability 7: Medical Material Management and Distribution

Management and distribution of medical material is the ability to acquire, manage, transport, and track medical material during a public health emergency and recover excess material after the response.

<input type="checkbox"/>	1. PPE Supply. Ensure that the Tribe has sufficient PPE in case other governments/partners such as Tribal, local, state, federal, and private entities cannot provide PPE.
<input type="checkbox"/>	2. PPE Ordering. Establish processes/procedures for ordering PPE through IHS and/or DOH with specific requests to IHS/DOH to coordinate prior to delivery of specified PPE to avoid receipt of unwanted PPE supplies.
<input type="checkbox"/>	3. Inventory Staff. If not already included in the comprehensive emergency management plan, include a FEMA-trained inventory person within the emergency management team.
<input type="checkbox"/>	4. AIHC Emergency Response Update Meetings. Connect with others at weekly AIHC updates to get access to resources.
<input type="checkbox"/>	5. Community Member Kits. Include in emergency plans materials for and delivery of pandemic kits to membership.
<input type="checkbox"/>	6. Inventory Tracking System. Formalize inventory tracking in plans including conducting regular and ongoing inventory to make sure the Tribe has adequate medical material. Identify what essential supplies need to be stockpiled and in what quantities. If using an inventory management program, ensure several staff are trained to use it.

Capability 8: Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed limits of the normal medical infrastructure of an affected community. It includes the healthcare system's ability to survive hazard impact and maintain or rapidly recover compromised operations.

<input type="checkbox"/>	1. Telehealth. a. <input type="checkbox"/> Utilize telehealth to continue conducting patient visits. b. <input type="checkbox"/> Advocate at the federal and state level for permanent funding and expansion of Telehealth as one tool for mitigating workforce shortages.
<input type="checkbox"/>	25. At-Home Monitoring Devices. Utilize remote physiological monitoring tools such as glucose monitoring for clinic patients.

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<input type="checkbox"/>	26. Population Health Data Software. Utilize RPMS or other population data software to identify high risk groups and conduct outreach early in the response.
<input type="checkbox"/>	27. IHS Core Commission Officer. Acquire/maintain an IHS core commission officer position during the pandemic response to assist with maintaining operations.
<input type="checkbox"/>	28. Return-to-Work Policies. Ensure clear return to work employment policies for pandemic related illness.
<input type="checkbox"/>	29. Restrictive Indoor Patient Visits. Depending on circumstances of disease, conduct indoor visits with patients with positive symptoms with the following requirements: a. Utilize negative pressurized room with separate door/entrance; b. Require staff to wear full PPE; and c. Limit staff in the room to one person when possible.
<input type="checkbox"/>	30. Hospital Transportation. Update emergency plans to include strategies/procedures for addressing challenges in transporting community members to available beds/ER services at local hospitals including Tribal staff transporting Tribal members when an ambulance will take longer to arrive. Explore WATrac as a tool to monitor hospital capacity.

Capability 9: Nonpharmaceutical Interventions

Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or to reduce the adverse impact of public health emergencies. Contextual examples include isolation and quarantine, social distancing, and masking.

<input type="checkbox"/>	1. Rapid Testing/Self-Isolation. Update plans to rely more on rapid testing and self-isolation to manage ongoing pandemic activity.
<input type="checkbox"/>	31. Masking. Plans should indicate when masking is voluntary vs. mandatory.
<input type="checkbox"/>	32. Building Infrastructure. Update plans to incorporate recent lessons learned on infection control including aspects of improved ventilation for airborne diseases, improved filtration, and increased air exchanges and increased air flow.
<input type="checkbox"/>	33. Lockdowns. Include in emergency plan use of reservation lockdowns to slow disease spread. Identify situations that require lockdowns such as overload of Tribal response systems. The plan should include procedures for allowing certain visitors to come on the reservation and should also encourage compassion when interacting with community members.
<input type="checkbox"/>	34. Community Education. Conduct education to community members on non-pharmaceutical interventions through flyers, social media, and virtual question and

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	answer sessions on how to slow the spread of illness, including isolation and quarantine.
<input type="checkbox"/>	35. Temperature Check. Check the temperatures of people coming on the reservation including Tribal enterprises, as necessary.
<input type="checkbox"/>	36. Contact Tracing. Develop and implement a tracking system for individuals entering/exiting the reservation and coordinate with local jurisdictions for contact-tracing.
<input type="checkbox"/>	37. Community Kits. Deliver community pandemic kits to community members which can include food and medications to people and periodically check-in on community members via phone calls.

Capability 10: Testing

Public health laboratory testing is the ability to detect, characterize, and confirm public health threats. It also includes the ability to provide surveillance and report timely data, provide investigative support, and use partnerships to address exposure to public health threats and emergencies.

<input type="checkbox"/>	1. Rapid Home Testing. Update plans to focus on quickly deploying rapid home testing instead of reliance on mass testing and/or lab-based PCR testing which are slower.
<input type="checkbox"/>	38. Testing Location. Designate space for communicable disease testing. In emergency plans, include means for testing people in their cars to keep them socially distanced from others.
<input type="checkbox"/>	39. Testing Supplies. Maintain/inventory adequate testing supplies. Reach out to multiple sources for testing supplies during the pandemic response. Collaborate with neighboring jurisdictions for access to tests.
<input type="checkbox"/>	40. Mass Testing. Determine factors for conducting mass testing for the community and staff.
<input type="checkbox"/>	41. Community Education. Provide community members being tested with information about what to do while waiting for their results and what to do if they should test positive.

Capability 11: Responder Health and Safety

Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

<input type="checkbox"/>	1. Employee Mental Health. Include in emergency plans considerations for mental health for staff and responders and strategies for addressing and preventing staff burnout.
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<input type="checkbox"/>	2. Occupational Health Standards. Continuously update occupational health standards and ensure they are evidence-based.
<input type="checkbox"/>	42. Employee Vaccinations. Determine when and if vaccines will be mandatory or the possible use of incentives. Determine what employee vaccination policies would be most effective and update/revise any existing employee vaccination policies accordingly.
<input type="checkbox"/>	43. Employee Masking. Decide on/adopt policies on employee masking including factors for implementing mandatory masking. Consider using CDC and/or Washington State Department of Health guidance and recommendations where appropriate.
<input type="checkbox"/>	44. Employee Social Distancing. Identify resources and strategies to increase social distancing between staff members and patients including installing plexiglass, rearranging office space to avoid shared spaces, and implementing staff furloughs.

Capability 12: Volunteer Management

Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post deployment.

<input type="checkbox"/>	1. Volunteer List. Update pandemic plans to identify sources of volunteers for mass vaccination events such as active Community Emergency Response Teams (CERT), volunteer firefighters, and first responders.
<input type="checkbox"/>	45. University Students. Utilize university nursing students as needed to assist with medical surge.
<input type="checkbox"/>	46. IHS Commission Corp. Utilize IHS commission corp. officers as needed to assist with medical surge.

Capability 13: Cross-Jurisdictional Collaboration

Cross-jurisdictional collaboration is the ability of a government and its partners to work across traditional boundaries to prepare for, respond, and mitigate a public health emergency. Cross-jurisdictional collaboration is about (1) increasing a government's capacity to respond to a public health emergency; (2) reducing the cost of public health response; (3) preserving and improving local decision-making and public health response to community members; and (4) improving the overall effectiveness and efficiency of public health response.

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<input type="checkbox"/>	1. Mutual Aid Agreements (MAA). Update MAA and hold regular MAA exercises to help strengthen/maintain Tribe/county relationships.
<input type="checkbox"/>	47. Tribal Jurisdiction Coordination. Coordinate and collaborate with other Tribal health jurisdictions in sharing vaccines, PPE, and hosting vaccine events.
<input type="checkbox"/>	48. Local Health Jurisdiction Coordination. Maintain strong relationships with neighboring local jurisdictions. Coordinate and collaborate with other local health jurisdictions during pandemic response including vaccine ordering and distribution and sharing technical resources.
<input type="checkbox"/>	49. State of Washington. Request the State of Washington to provide critical updates and information at general council meetings. Request that during an emergency, the State of Washington should coordinate with AIHC on regular emergency response update calls for the Tribes and UIHPs to help improve coordination and reduce meeting fatigue.
<input type="checkbox"/>	50. Federal Coordination. Request that appropriate IHS staff attend AIHC's regular emergency response update calls to improve coordination and reduce meeting fatigue.
<input type="checkbox"/>	51. Cross-Jurisdictional Meetings. Regularly attend cross-jurisdictional collaboration meetings, such as the weekly AIHC updates call.