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# Emergency Preparedness and Response Manual for Pennsylvania's Oral Health Workforce



DIVISION OF VIOLENCE PREVENTION

ORAL HEALTH PROGRAM



Pennsylvania  
Department of Health

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## Table of Abbreviations

ASH	Office of the Assistant Secretary of Health
ASPA	Office of the Assistant Secretary of Public Affairs
ASTDD	Association of State and Territorial Dental Directors
BPER	PA Department of Health Bureau of Emergency Preparedness and Response
BRFFS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHIP	Children’s Health Insurance Program
CHW	Community Health Workers
COOP	Continuity of Operations Plan
DA	Dental Assistant
DHS	Department of Homeland Security
DoD	Department of Defense
EFDA	Expanded Function Dental Assistant
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HRSA	Health Resources and Services Administration
MCO	Managed Care Organization
NIH	National Institute of Health
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NVPO	National Vaccine Program Office



OGC	Office of Government Counsel
OGHA	Office of Global Health Affairs
OHP	Pennsylvania Department of Health Oral Health Program
PA	Pennsylvania
PA DHS OMAP	PA Department of Human Services Office of Medical Assistance Programs
PA DOS	PA Department of State
PEMA	PA Emergency Management Agency
PLAN	Pennsylvania Oral Health Plan 2020-2030
OPHEP	Office of the Assistant Secretary of Public Health Emergency Preparedness
PCOH	Pennsylvania Coalition for Oral Health
PHE	Public health emergency
PPE	Personal Protective Equipment
SEALS	Sealant Efficiency Assessment for Locals and States
SHARRS	School Health Annual Reimbursement Request System
USDA	Department of Agriculture



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## Executive Summary

The Emergency Preparedness and Response Manual for Pennsylvania’s Oral Health Workforce outlines a coordinated framework to strengthen Pennsylvania’s ability to maintain safe and continuous dental care during public health crises. This plan aligns with state and federal emergency systems to ensure the resilience of the oral health workforce before, during, and after emergencies.

Public health crises such as natural disasters, pandemics, and environmental hazards pose significant risks to population health and access to care. When these events disrupt health services, including dentistry, they can worsen disease outcomes and deepen health disparities. Preparedness requires proactive planning, strong partnerships, and efficient communication among federal, state, and local entities.

The Pennsylvania Oral Health Emergency Preparedness and Response Framework is structured around four key action areas—Mitigation, Preparation, Response, and Recovery—that guide ongoing improvement:

- **Mitigation:** Reducing risks through infection control, PPE readiness, and digital care solutions.
- **Preparation:** Building readiness with training, continuity of operations planning, and stakeholder coordination.
- **Response:** Implementing emergency protocols, sustaining urgent dental care, and supporting public health response efforts.
- **Recovery:** Restoring services, managing care backlogs, and integrating lessons learned for future resilience.

Looking ahead, emerging threats underscore the need for adaptable policies, cross-sector collaboration, and dedicated oral health emergency funding. Through leadership, planning, and data-driven evaluation, the OHP ensures that oral health remains a vital part of the Commonwealth’s public health emergency response—protecting access, equity, and community well-being during times of crisis.



# Background

## Overview of a Public Health Crisis

A public health crisis is an event that poses a threat to the well-being or health of a population and requires an emergency response. These situations are often complex and vary in severity, complicating factors, and scope, but ultimately have significant impacts on the health of a community, potentially resulting in reduced access to health care, harmful health outcomes, and even loss of life. Public health emergencies (PHE) can arise from natural disasters, environmental hazards, and infectious disease outbreaks, such as the COVID-19 pandemic.

Unlike routine public health challenges, a public health crisis is triggered by an event causing a hazard to the health of the community that requires an immediate and coordinated response from government agencies and health care providers to minimize its impact and protect public safety. Events like flooding, hurricanes, wildfires, chemical exposure, or bioterrorism are examples of hazards for the public that in and of themselves are not a public health crisis; rather, they have the potential to trigger health consequences that impact a population based on how the response is managed. For example, a natural disaster like a hurricane can trigger a public health emergency when there are significant disruptions in secure housing, health care services, water and food security, and for other elements of the public health infrastructure.

Because a public health crisis arises based on how potential hazards are managed, community preparation is essential. This includes addressing immediate risks, providing medical care, and ensuring local access to resources and support. These efforts are intended to help minimize devastation, reduce poor health outcomes, and prevent loss of life.

## Defining Public Health Crisis Preparedness

Public health emergency preparedness is the coordinated planning and implementation process by a public health system, which includes health care systems, community-based partners, government agencies, businesses, and residents, to prevent, protect against, respond quickly to, and recover from a public health crisis that may overwhelm the routine capabilities of the current infrastructure.<sup>1</sup> Public health crisis management is a continuous, cyclical process of improvement that occurs both during periods of stability and emergencies to prevent long-term health consequences.



Assessing the preparedness status of the public health infrastructure, including dental public health, requires understanding the capacity and resources that can be activated as part of public health emergency response. Essential activities to best leverage available public health resources to support emergency preparedness include:<sup>2</sup>

- Acquiring all necessary emergency response training to understand federal, state, and local emergency response operations
- Developing good working relationships with key stakeholders: all public and private organizations that would be involved in emergency response efforts
- Developing an Emergency Preparedness and Response Plan that includes continuity of operations for the oral health program
- Assessing private and public dental service delivery systems and service areas
- Assuring the provision of emergency dental treatment and disease prevention
- Conducting disease surveillance activities for early detection of disease outbreaks or to characterize the nature of a disease epidemic
- Facilitating the return to customary modes for health care delivery through close integration with local, state, and federal entities

### **Federal and State Roles—An Overview**

Federal and state entities are essential cornerstones of emergency preparedness, each playing a vital role in supporting communities during times of crisis. The first instance of federal intervention in response to a localized disaster by the United States government dates back to 1803, when Congress passed legislation to provide relief to the community of Portsmouth, New Hampshire, after the port city was impacted by a series of fires. The United States government would continue to pass various congressional acts or establish independent agencies with specific authority to respond to disasters until President Jimmy Carter established the Federal Emergency Management Agency (FEMA) in 1979.<sup>3</sup> Since that time, federal and state policies, including executive orders, have been continually revised to meet the changing landscape of government agencies' roles in responding to disasters and public health emergencies, creating a vast network of key agencies and departments involved in emergency preparedness and response. Below is a list of federal agencies responsible for emergency preparedness and response to detecting and containing pandemics:<sup>4</sup>

- Centers for Disease Control and Prevention (CDC) - Works with partners throughout the nation and the world to monitor health, detect and investigate health problems; develops, evaluates and modifies disease control and prevention strategies; stockpiles antiviral drugs and other essential materials; promotes and supports influenza vaccination programs



- Department of Agriculture (USDA) - Conducts surveillance for influenza in domestic animals
- Department of Defense (DoD) - Provides surge capacity of medical equipment, materials, and personnel when needed during an emergency
- Department of Health and Human Services (HHS) – Directs pandemic response activities as led by the Secretary of Health and Human Services
- Department of Homeland Security (DHS) - Has the overall authority for emergency response activities and will coordinate interventions to maintain community services during a pandemic
- Food and Drug Administration (FDA) - Regulates and licenses vaccines and antiviral agents through the Center for Biologics Evaluation and Research and the Center for Drug Evaluation and Research, respectively; develops influenza viral reference strains and reagents and makes them available to manufacturers for vaccine development and evaluation
- Health Resources and Services Administration (HRSA) - Oversees the National Vaccine Injury Compensation Program; coordinates planning for health care and hospital surge capacity and emergency preparedness
- National Institutes of Health (NIH) - Conducts and supports biomedical research, including vaccine research and development
- National Vaccine Program Office (NVPO) - Coordinates development and revisions of the pandemic preparedness and response plan; coordinates and monitors preparedness activities during the inter-pandemic period, reporting to ASH; coordinates HHS agencies on vaccine issues via the Interagency Vaccine Group (IAVG)
- Office of Assistant Secretary for Health (ASH) - Coordinates HHS pandemic activities and monitors progress
- Office of Global Health Affairs (OGHA) - HHS division; oversees interactions with other governments and international organizations related to pandemic preparedness
- Office of the Assistant Secretary for Public Health Emergency Preparedness (OPHEP) - Coordinates HHS response activities with other federal departments and agencies
- Office of the Assistant Secretary of Public Affairs (ASPA) - HHS division; responsible for developing communications plans including public messages and materials
- Office of the General Counsel (OGC) - Advises on law related to key HHS pandemic response activities



Public health events typically present at the local level, and it is the primary responsibility of state governments to produce emergency preparedness plans in cooperation with regional and local entities, as events escalate, state-level coordination and management with federal partners becomes critical.<sup>5,6</sup> To address these complexities, the National Incident Management System (NIMS) was developed to coordinate all levels of government, nongovernmental organizations, and private sector entities to work together to prevent, protect against, mitigate, respond to, and recover from emergencies. NIMS is the standardization of how involved personnel collaborate to address incidents using a shared vocabulary, defined systems and processes defined in the National Preparedness System.<sup>7</sup> The National Preparedness System includes National Planning Frameworks in five mission areas including prevention, protection, mitigation, response, and recovery. The goal is to maximize the efficient coordination of information, resources, and personnel from the local level to the federal level as the scale and needs of the emergency changes.<sup>8</sup> The most significant framework as it relates to the coordination of public health emergencies impact the oral health workforce is the National Response Framework which include an Emergency Support Functions (ESFs) section dedicated to Public Health and Medical Services which provides the structure for coordinating Federal interagency support for a federal response to an incident.<sup>9</sup> Using this framework, DOH's Bureau of Emergency Preparedness and Response (BEPR) developed Pennsylvania's Emergency Support Function (ESF) 8 Public Health and Medical Services (ESF 8) Strategic Plan as a guidebook for how DOH will work across sectors to ensure public health is protected during emergencies, as well as in the prevention and response phases of disasters that threaten the Commonwealth residents in the post-COVID-19 era.<sup>10</sup>

In addition to leveraging emergency resources and support from federal agencies, attention must also be provided to Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). The Centers for Medicare and Medicaid Services (CMS) provides federal oversight, while states are responsible for administering these programs. As part of the federal-state infrastructure, the implementation of public health insurance programs is essential to ensuring critical access to emergency and preventive services. In the context of a public health emergency, CMS's role may include issuing guidance or permitting flexibilities to states with the intent to maintain safety and continuity around care delivery. As observed during the COVID-19 public health emergency, CMS issued numerous flexibilities to support state Medicaid programs and dental providers, varying from allowing temporary suspension of pre-authorization and provider requirements, implementing temporary rate increases, retainer payments, and benefit modifications, as well as expanded flexibilities to cover telehealth services.<sup>11,12,13</sup> Additionally, CMS in conjunction with the CDC also supported



states and providers with dental-specific toolkits focused on infection prevention and control guidance.<sup>14</sup> Federal guidance paired with strategic state implementation is central to maintaining safe access to dental services, as demonstrated during the COVID-19 pandemic.

### **Role of the Pennsylvania Department of Health Oral Health Program**

State oral health programs play a critical role in emergency preparedness and response by ensuring the stability of the oral health workforce and infrastructure during public health crises. As the leading state subject matter experts, state dental directors and oral health program staff provide insight into how emergencies impact dental professionals, facilities, and patient access to care. Their expertise and connection to stakeholders is essential in developing effective response strategies that maintain continuity of dental services and mitigate disruptions caused by public health disasters.

The OHP plays a critical role in emergency preparedness by developing and implementing response plans in coordination with local, state and federal authorities that align with the Pennsylvania Oral Health Plan 2020-2030 (Plan). These efforts ensure continued access to dental care, workforce sustainability, and the mitigation of health disparities that may be worsened during emergencies.

To maintain oral health services during crises, the OHP must anticipate the risk to the state's oral health infrastructure, workforce, and patient population, identifying vulnerabilities to strengthen sector resilience before, during, and after an emergency. Additionally, the OHP serves as the primary liaison between state public health authorities and key stakeholders, including the dental workforce and patients. In this role, OHP facilitates the efficient and bidirectional flow of critical information, keeping decision-makers informed of real-time challenges and ensuring stakeholders receive updates on emerging public health threats, evolving guidelines, and best practices for dental care continuity. This coordination includes working with the Pennsylvania Department of Human Services Office of Medical Assistance Program (PA DHS OMAP) to assist with issuing provider alerts, distributing PPE, and ensuring dental service continuity. Engagement with the state's Medicaid Managed Care Organizations (MCOs) is also critical to ensure alignment and consistent implementation of temporary protocols.

The OHP also shares state-specific guidance for dental settings in alignment with federal and state public health directives, covering infection prevention, personal protective equipment (PPE) management, and workforce safety. By providing clear, up-to-date protocols, the OHP helps dental professionals maintain safe and effective patient care, even in emergency situations.



Through leadership, expertise, and strategic planning, the OHP ensures oral health services remain accessible and resilient during public health crises. By coordinating with stakeholders, developing response plans, and equipping PA's dental workforce with essential guidance, the OHP upholds oral health as a critical component of public health and emergency preparedness. These efforts support the long-term goals of the Plan, including expanding preventive dental care, enhancing health equity, and integrating oral health into overall health systems. By focusing on both immediate response and long-term resilience, the OHP plays a crucial role in protecting and improving oral health in PA, even in times of crisis.



# Pennsylvania Oral Health Emergency Preparedness and Response Framework

The Pennsylvania Oral Health Workforce Emergency Preparedness and Response Framework was developed to ensure that communities can retain access to all necessary health care services like dental care without undue risk for patients or the provider workforce during a public health emergency as guided by the Public Health Dental Director for DOH.

As depicted in Figure 1, the framework is centered on supporting the oral health workforce to address personal planning and continuity of operations through guidance from state and federal authorities. To strengthen the oral health infrastructure and the ability to ensure uninterrupted access to services, the framework includes four key action areas: mitigation, preparation, response, and recovery. Each of these action areas are critical to effectively manage risks and sustain the delivery of care by dental providers during a public health emergency.



FIGURE 1: PENNSYLVANIA ORAL HEALTH EMERGENCY PREPAREDNESS AND RESPONSE FRAMEWORK



## Composition of the Pennsylvania Oral Health Workforce

Pennsylvania is home to a broad range of professionals that contribute both directly and indirectly to the delivery of dental services. Together, these professionals, whether involved in direct patient care, supporting the operation of dental offices, or educating future providers, form a diverse oral health workforce whose role must be a part of comprehensive public health preparedness planning.

### Clinical Dental Care Professionals

Clinical dental care professionals are responsible for diagnosing, treating, and preventing oral health issues. These provider types include:

- **Dentists:** Diagnose and treat problems related to the teeth, gums, and mouth. They perform procedures like fillings, root canals, and extractions, and may specialize in areas such as orthodontics or periodontics.
- **Dental Hygienists:** Focus on preventive care, cleaning teeth, taking X-rays, and educating patients about oral health. They work under the supervision of a dentist but can also operate independently in some settings.
- **Expanded Function Dental Assistants (EFDAs):** Perform advanced tasks such as polishing teeth, placing restorations, and applying fluoride treatments under a dentist's supervision.
- **Dental Assistants (DAs):** Professionals that assist dentists during procedures, sterilize equipment, take X-rays, and perform other supportive tasks in the dental office.

These clinical professionals work together to ensure the delivery of comprehensive dental care, from preventive services to more complex treatments, to maintain and improve oral health for patients.

### Non-Clinical Dental Care Professionals

Non-clinical dental care professionals play an essential role as part of the oral health workforce, supporting the overall operation of dental practices and ensuring smooth patient care delivery. These roles include:

- **Practice Managers:** They oversee the day-to-day operations of a dental office, managing staff, finances, and ensuring efficient workflow. They also handle administrative tasks like budgeting and scheduling.
- **Administrative Staff:** These professionals manage office tasks such as scheduling appointments, patient intake, billing, insurance verification, and maintaining patient records, ensuring the practice runs efficiently.



- Community Health Workers (CHWs): CHWs support community outreach and education, helping improve health outcomes by connecting patients with dental care services, providing assistance based on shared community experiences.

## **Personal Planning**

Personal planning as it relates to emergency preparedness and response involves individuals taking a proactive approach in preparing for a potential disaster with the goal to maintain safety and well-being. Generally, this includes assessing potential risks, gathering emergency supplies, and establishing communication and evacuation plans.

It is important for oral health providers to engage in personal planning activities to ensure the safety of all people in the dental care setting in the event of a public health crisis. Personal planning allows them to secure essential resources, such as protective equipment and medical supplies, and establish clear communication and evacuation strategies.

## **Continuity of Operations Planning**

A Continuity of Operations Plan (COOP) for a public health crisis is intended to identify the essential services and functions that will continue during and after a crisis. Developing a COOP involves identifying critical operations, securing backup resources, and establishing communication and recovery strategies to minimize disruptions.

An emergency preparedness and response plan for the oral health workforce ensures that essential dental services remain available during and after emergencies, minimizing disruptions to patient care and practice operations. It involves identifying critical functions such as emergency dental procedures, securing backup resources like alternative clinic locations and supply chains, and establishing communication strategies for staff and patients. By having a structured plan, oral health providers can protect public health, support community resilience, and sustain the delivery of urgent and preventive dental care during crises.

## **State and Federal Authorities**

As described previously, during a public health emergency state and federal governments hold pivotal roles in coordinating responses, providing resources, and communicating directives that ensure the safety and well-being of the public. States focus on local efforts, such as implementing health measures, managing health care facilities, and coordinating emergency services. The federal government provides broader support by offering resources, funding, and expert guidance to assist states in their response to a public health emergency.



## **A Continuous Cycle of Improvement**

Emergency preparedness and response follows a continuous cycle of improvement, ensuring that past experiences shape future planning. This cycle includes mitigation, preparation, response, and recovery, each contributing to stronger resilience and reduced disaster impacts. Regular evaluation and updates help communities and organizations respond effectively to emergencies.

In a public health crisis, the oral health workforce plays a vital role in ensuring access to essential dental care while adapting to evolving challenges. By following the continuous cycle of improvement—mitigation, preparation, response, and recovery—oral health professionals can minimize disruptions, protect patients and staff, and contribute to broader public health efforts.

### **Mitigation: Proactive Risk Reduction**

Mitigation involves taking proactive steps to reduce the likelihood and impact of disasters before they occur. This includes enforcing building codes, implementing flood control systems, and conducting public education campaigns to minimize risks.<sup>15</sup>

Mitigation efforts within the oral health workforce focus on reducing risks before a crisis occurs. This includes implementing infection control protocols, adopting teledentistry services, ensuring access to personal protective equipment (PPE), and integrating emergency preparedness into dental practice policies.<sup>16</sup> By proactively addressing vulnerabilities, oral health providers can minimize the impacts of public health emergencies for both patients and practitioners.

### **Preparation: Building Readiness**

Preparation focuses on readiness efforts, such as developing emergency plans, conducting training and drills, and stockpiling critical supplies. Effective preparation ensures a swift and coordinated response when disasters strike.<sup>17</sup>

Preparation involves training dental professionals in emergency protocols, establishing communication networks, and ensuring that clinics have the necessary supplies to operate during a crisis.<sup>18</sup> This may include developing contingency plans for patient care, coordinating with public health agencies, and participating in emergency response training to enhance readiness for various public health threats.

### **Response: Addressing Immediate Needs**

The response phase includes actions taken during and immediately after a disaster to protect lives and reduce harm. Emergency medical care, evacuations, and first responder deployment are critical in stabilizing affected areas.<sup>19</sup>



During a crisis, the oral health workforce plays a key role in providing emergency dental care, alleviating hospital burdens by managing non-life-threatening oral health issues, and assisting in broader public health efforts.<sup>20</sup> Dentists and dental teams may contribute by offering triage services, distributing hygiene supplies, or supporting vaccination and testing initiatives, as seen during the COVID-19 pandemic.

### **Recovery: Restoring and Strengthening Systems**

Recovery focuses on rebuilding communities, restoring infrastructure, and providing financial and social support. This phase incorporates lessons learned to strengthen future disaster resilience.

The recovery phase focuses on rebuilding oral health services, addressing backlogs of delayed care, and strengthening the workforce's ability to respond to future emergencies.<sup>21</sup> This may involve revising policies, improving infection control measures, and integrating lessons learned to enhance resilience in future crises. Recovery efforts ensure the continued delivery of essential dental care while promoting long-term improvements in public health preparedness.



# Pennsylvania Oral Health Emergency Preparedness and Response Plan

The PA Oral Health Emergency Preparedness and Response Plan was adapted from the Emergency Preparedness and Response Manual for State and Territorial Oral Health Programs with permission from the ASTDD. This plan establishes a structured framework, designating the Public Health Dental Director and the DOH OHP staff, as the lead entity responsible for coordinating PA’s oral health workforce response during public health crises in managing collaboration with state and federal authorities, disseminating critical information and resources, and ensuring the continuity of essential dental services while prioritizing the safety of both patients and providers. Designed as a guiding resource for oral health stakeholders and state agencies, this framework enhances preparedness, supports effective crisis management, and reinforces the resilience of the Pennsylvania oral health system.

## Mitigation

	PERSONAL PLANNING	CONTINUITY OF OPERATIONS	STATE COORDINATION & RESPONSE	FEDERAL COORDINATION & RESPONSE
<b>MITIGATION ACTIVITIES:</b>	Anticipate risks (e.g., health hazards, physical hazards, supply chain disruptions)	Safeguard equipment and records (e.g., digitize files, relocate at-risk items)	Identify emergency preparedness leaders and key stakeholders	Ensure alignment with federal guidelines and regulations
	Secure critical documents digitally	Identify and prioritize essential program functions	Assess the capacity of community-based dental care services	
	Familiarize with decision makers and first line responders at the state and local level		Review and/or develop procedures and policies (e.g., essential services, infection prevention & control measures, teledentistry)	
			Develop plan for pre-approved emergency billing protocols and preventive and urgent CDT code sets	

TABLE 1: MITIGATION ACTIVITIES



**ASTDD Resources:**

- Appendix C - ASTDD Key Stakeholder in Preparedness Planning Worksheet

**Preparation**

	<b>PERSONAL PLANNING</b>	<b>CONTINUITY OF OPERATIONS</b>	<b>STATE COORDINATION &amp; RESPONSE</b>	<b>FEDERAL COORDINATION &amp; RESPONSE</b>
<b>PREPARATION ACTIVITIES:</b>	Develop an emergency plan for practice setting	Establish a continuity of operations plan	Strengthen cross sectional partnerships with emergency response authorities	Ensure access to dental supplies and PPE
	Create a staff communication strategy	Train staff and personnel on emergency protocols	Elevate the importance of necessary dental care operations	
	Prepare and maintain a list of office inventory (e.g., PPE, dental materials, tools/equipment)	Ensure availability of backup resources	Establish regular communication with leaders and key stakeholders	
	Prepare a “go-kit” with essential documents and supplies	MCOs developed standard operational procedures for PHEs (triage, referral, surge support)	Disseminate best practices information	
			Create joint communication plans	

TABLE 2: PREPARATION ACTIVITIES

**ASTDD Resources:**

- Appendix A - ASTDD Self-Assessment for Emergency Preparedness and Response
- Appendix B - ASTDD Checklist of Essential Documents
- Appendix C - ASTDD Key Stakeholder in Preparedness Planning Worksheet
- Appendix D - ASTDD Preparing a Continuity of Operations Plan
- Appendix E - ASTDD Office Inventory

**Additional Resources:**

- [CDC – Personal Protective Equipment Burn Rate Calculator](#)



- The National Institute for Occupational Safety and Health (NIOSH) – PPE Tracker App

## Response

	PERSONAL PLANNING	CONTINUITY OF OPERATIONS	STATE COORDINATION & RESPONSE	FEDERAL COORDINATION & RESPONSE
<b>RESPONSE ACTIVITIES:</b>	Identify method(s) to receive up-to-date information regarding practice activities	Implement emergency protocols	Provide guidance to dental providers on crisis operations	Activate appropriate federal resources
	Follow personal safety procedures (e.g., evacuate if necessary, seek shelter, use PPE)	Maintain essential dental services as feasible to current practice guidelines	Assist with state emergency response efforts	Provide guidance on national response efforts and regulatory waivers
	Communicate with staff and patients about any practice changes	Provide guidance to patients on necessary dental care and emergency dental services	Communicate with key stakeholders and partners	Support state-based emergency operations
		Increase teledentistry services	Deploy emergent outreach teams and resources	
			Leverage federal flexibilities that retain access to emergency and preventive care	

TABLE 3: RESPONSE ACTIVITIES

### ASTDD Resources:

- Appendix F - ASTDD Resource Request Form (RFF) for Federal Assistance

### Additional Resources:

- [ASPR – Center for the Strategic National Stockpile](#)



## Recovery

	PERSONAL PLANNING	CONTINUITY OF OPERATIONS	STATE COORDINATION & RESPONSE	FEDERAL COORDINATION & RESPONSE
<b>RECOVERY ACTIVITIES:</b>	Assess ongoing needs for staff and patients	Transition operations back to normal levels	Support reintegration of oral health services into public health systems	Assess federal support for long-term recovery
	Adjust workflow and schedules as needed	Address backlog of delayed care	Monitor state-level recovery needs and self-sustainability efforts	Provide funding and policy adjustments to strengthen future resilience
		Evaluate and update emergency response plans based on lessons learned	Extend temporary policies/flexibilities that reduce access barriers	Provide guidance to the state regarding the extension or rollback of PHE-related policies
			Collect and analyze data to evaluate impacts on workforce composition and service delivery	

TABLE 4: RECOVERY ACTIVITIES

### ASTDD Resources:

- Appendix E - ASTDD Office Inventory



## Data Collection and Evaluation Plan

The Emergency Preparedness and Response Manual for Pennsylvania’s Oral Health Workforce is intended to provide an overview of current emergency preparedness frameworks in place at the federal and state levels. The plan also identifies the operational role of the OHP as lead collaborator, supporting the oral health workforce through public health preparation and response.

Part of this role includes assessing the implementation and impact of emergency response activities across the dental care continuum, through a focused approach of data collection and evaluation. By systematically tracking core metrics, such as provider participation, patient encounters, delivery modalities, and clinic functionality, the OHP aims to generate actionable insights to guide real-time recovery efforts, evaluate system vulnerabilities, and inform future preparedness strategies.

### Gap

While general preparedness is well discussed, there is limited mention of how impact will be measured post-response.

### Recommendation

- Add a simple data tracking and evaluation strategy: How will success be measured?
- Suggest metrics (e.g., # of providers operating, # of patients served, use of telehealth, claims submitted).
- Recommend using systems like SHARRS, SEALS, or Medicaid claims data.

### Data Collection

Consistent with the data infrastructure used in the Plan, this framework, as shown in Table 5 below, leverages both administrative and surveillance data sources. These include Medicaid claims, the School Health Annual Reimbursement Request System (SHARRS), the Sealant Efficiency Assessment for Locals and States (SEALS), and population-level tools like the Behavioral Risk Factor Surveillance System (BRFSS). These sources will enable the OHP and its partners to evaluate performance across emergency phases and ensure emergency efforts produce measurable improvements in access, resilience, and continuity of care.



<b>METRIC</b>	<b>EVALUATION</b>	<b>RECOMMENDED DATA SOURCES</b>
Number of active providers, by type	Measure change in the number of dental providers delivering direct care	<ul style="list-style-type: none"> <li>- State Board of Dentistry licensure data</li> <li>- Medicaid provider lists</li> </ul>
Dental utilization	Measure change in volume of select CDT codes	<ul style="list-style-type: none"> <li>- Medicaid claims data</li> </ul>
Dental services delivered via teledentistry	Measure change in count and type of service conducted via teledentistry	<ul style="list-style-type: none"> <li>- Medicaid claims data</li> </ul>
PPE inventory and distribution	Quantity of PPE available vs. distributed to dental sites	<ul style="list-style-type: none"> <li>- State stockpile tracking</li> </ul>
Dental care access	Measure change in operational status of dental sites based on operating hours, staff availability, etc	<ul style="list-style-type: none"> <li>- Licensure surveys administered by the Pennsylvania Department of State (PA DOS)</li> <li>- Self-reported surveys</li> </ul>

TABLE 5: CORE METRICS AND RECOMMENDED DATA SOURCES FOR EVALUATING ORAL HEALTH SYSTEM PERFORMANCE DURING AND AFTER EMERGENCIES

### **Evaluation Use and Reporting**

Mirroring the cyclical process present in the stages of addressing a public health emergency, this data collection strategy supports a continuous cycle of improvement. Through collaboration, the OHP will analyze data collected during the active response, through the recovery phase, and in post-event after-action reviews. Findings will be used to guide resource allocation and inform system-level policy changes that support Pennsylvania’s oral health workforce in the safe and continuous delivery of care. Where possible, data will be disaggregated by geography, provider type, and population served to identify disparities and target interventions accordingly.

This framework ensures that oral health emergency preparedness is not static, but evolves through data-informed feedback loops, strengthening Pennsylvania’s ability to respond to future public health emergencies effectively.



# Future Considerations

## Recommendation

Expand to address:

- Emerging threats (e.g., climate change, cyberattacks).
- Expanding dental roles in public health (e.g., vaccine delivery, health screenings).
- Ongoing integration of teledentistry.
- Policy advocacy for oral health emergency funding.

As the public health landscape continues to evolve, PA's oral health emergency preparedness should include provisions that permit flexibility to address a broader range of threats. Climate-related disruptions, natural disasters, and environmental hazards such as extreme weather events, flooding, and poor air quality can impair clinic operations, limit transportation access, and displace both providers and patients. At the same time, power, water, and telecommunications infrastructure failures, combined with growing dependence on digital systems for scheduling, records, billing, and telehealth, introduce vulnerabilities to cybersecurity threats, data breaches, and service interruptions. Global and national supply chain instability further jeopardizes the availability of essential oral health care materials, including PPE, anesthetics, and sterilization products. These risks, whether occurring independently or in combination during a public health emergency or pandemic, highlight the importance of a strategic and responsive approach to safeguarding oral health care delivery, particularly for the most vulnerable populations.

To remain resilient and responsive, PA's emergency preparedness system may benefit from dynamic partnerships, adaptable policies, and flexible practice models that can shift in real time. The following areas reflect potential directions for future planning, investment, and system alignment. Each is intended to strengthen the state's oral health infrastructure and support the dental workforce in the face of future public health emergencies.

One opportunity to improve oral health workforce preparedness involves the integration of dental professionals into broader emergency response and routine public health systems. Dental providers may be able to support mass vaccination campaigns, infectious disease testing, and emergency health screenings. Including dental professionals in surge planning, interdisciplinary training, and emergency response



teams could enhance system capacity, particularly in community-based settings such as Federally Qualified Health Centers and Rural Health Clinics.

Similarly, incorporating oral health support into medical settings can improve access and care continuity. Training primary care and emergency providers to conduct oral health screenings, apply fluoride varnish, or facilitate dental referrals could help bridge service gaps. Pediatricians, school nurses, and urgent care teams might also benefit from access to oral health triage tools that help them identify and respond to dental needs. Bidirectional referral systems and integration of oral health assessments into electronic health records could further support care coordination between medical and dental providers.

Teledentistry continues to offer potential as both an emergency response tool and a component of routine care delivery. Looking ahead, the development of consistent regulations for use during emergencies, along with maintaining equitable reimbursement policies and addressing digital access barriers in underserved areas, may help make this model more reliable and inclusive.

In terms of infrastructure and funding, there may be value in exploring mechanisms that increase system stability and flexibility during times of disruption. Examples could include a dedicated oral health emergency response fund, provisions for emergency licensure, and adaptable billing arrangements that ensure service continuity. Strengthened coordination among state agencies, including the Departments of Health and Human Services, may also support timely communication, resource distribution, and overall readiness.

Together, these considerations suggest possible directions for strengthening the integration of oral health within PA's broader emergency preparedness efforts. Continued attention to these areas may support a more resilient, equitable, and responsive oral health system that can adapt to both current challenges and future uncertainties.



## Appendix: Methods

Development of the Emergency Preparedness and Response Manual for Pennsylvania's Oral Health Workforce involved a collaborative process that included utilizing the ASTDD Emergency Preparedness and Response Manual for State and Territorial Oral Health Programs as a guide. This guide helped explore the current preparedness of PA's public health crisis response infrastructure as well as prepare a framework to detail the essential operational role of an oral health program in supporting the safe and efficient recovery of the oral health workforce during a public health crisis.

Key steps in the plan development included:

- Oral health program self-assessment using Appendix A of the ASTDD Emergency Preparedness and Response Manual for State and Territorial Oral Health
- Identifying key stakeholders, resources and documents for a Continuity of Operations Plan
- Reviewing best practices in alignment with state and federal guidelines
- Elicit feedback from oral health professionals, stakeholders, and state agencies



## **Appendix: ASTDD Resources**

ASTDD Worksheets and tools to support the development of an Emergency Preparedness Plan. Access the ASTDD Emergency and Response Manual here, (<https://www.astdd.org/emergency-preparedness-manual/>).

Appendix A – Self-Assessment for Emergency Preparedness and Response

Appendix B – Checklist of Essential Documents

Appendix C – Key Stakeholder in Preparedness Planning Worksheet

Appendix D – Preparing a COOP

Appendix E – Office Inventory

Appendix F – Resource Request Form (RRF) for Federal Assistance



## Appendix A - Self-Assessment for Emergency Preparedness and Response

### ASTDD Public Health Emergency Preparedness and Response Self-Assessment

This self-assessment (check list) is intended to assess the ability of a state/territorial oral health program to prepare and respond to an emergency. It does not assess the proficiency or quality of a response.

This self-assessment is intended to be used in conjunction with the ASTDD Emergency Preparedness and Response Manual.

After completing the assessment, review responses as an indication of the ability of the state/territorial oral health program to respond to an emergency. A “No” or “Unsure” response should prompt follow up with the Emergency Preparedness and Response Manual and other resources indicated. Even a “Yes” response could lead to seeking more information and guidance to make changes/improvements to your program. It will help determine what works best for the program and state/territory, and with the information and resources in the Manual, providing guidance along the way. New members of ASTDD are recommended to review this self-assessment and all members review the self-assessment once every year with their individual oral health teams.

A stakeholders list from Appendix C follows the Assessment chart. As the Assessment is completed, it is easy to scroll down and note stakeholders that should be included in the OHP Emergency Preparedness and Response Plan and planning process.

### Incident Command System (ICS)

		Yes	No	Unsure, but I know who knows	Unsure
I am familiar with the ICS for my state/territory.					
If Yes:	I know who the point of contact for the ICS is. *				
If Yes:	I know who within Public Health is involved in the ICS.*				
If Yes:	I know where the ICS sits within the state/territorial government.				
If Yes:	I know what entities are involved with the ICS.				
My state/territory institutes ICS protocols during emergency response scenarios.					



	Yes	No	Unsure, but I know who knows	Unsure
I have had ICS Training.				
I am required to have ICS training.				
My staff has had ICS training.				

### Role of Dentistry/Oral Health in Emergency Preparedness and Response

	Yes	No	Unsure, but I know who knows	Unsure
Under a state/territorial disaster or an emergency declaration, dentistry is considered an essential service in my state/territory, by regulation or policy.				
In my state/territory, dentistry is seen by the public health agency as a health care profession that could aid in specific overall response efforts in an emergency situation such as vaccination, staffing at field hospitals, forensics, and as public health field personnel.				
In my state/territory, in an emergency situation, dental professionals are able to expand their scope of practice under emergency rules.				
My program is directly involved in establishing dental and oral health services and guidelines during state/territorial emergencies.				
In my state/territory, teledentistry is allowed within the scope of dental practice.				
My state/territory has an Emergency Response/Preparedness Leadership Team.				
I know where the Emergency Response/Preparedness Team is housed.				
<b>If Yes:</b> There is some level of dental representation on the Emergency Response/Preparedness Leadership Team.				
<b>If Yes:</b> I am part of the Emergency Response/Preparedness Leadership Team.				
<b>If Yes:</b> In this Leadership Team, oral health/dentistry is considered a need and my input is solicited to the same extent as other "frontline" entities (hospitals, nursing homes, etc.).				
<b>If Yes:</b> As the dental director, my input is solicited to the same extent as other dental entities (coalitions, associations, foundations, etc.).				



		Yes	No	Unsure, but I know who knows	Unsure
<b>If Yes:</b>	As the dental director, I have a significant role in the Emergency Response/Preparedness Leadership Team leadership hierarchy.				
	My agency has an Emergency Response/Preparedness Leadership Team.				
<b>If Yes:</b>	There is some level of dental representation on my agency's Emergency Response Leadership Team.				
<b>If Yes:</b>	I am part of my agency's Emergency Response Leadership Team.				
<b>If Yes:</b>	In this Leadership Team, oral health/ dentistry is considered a need and my input is solicited to the same extent as other "frontline" entities (hospitals, nursing homes, etc.).				
<b>If Yes:</b>	As the dental director, my input is solicited to the same extent as other dental entities (coalitions, associations, foundations, etc.).				
<b>If Yes:</b>	As the dental director, I have a significant role in my agency's Emergency Response Leadership Team hierarchy.				

### Partnerships and Communication

	Yes	No	To a limited extent	Unsure
During an emergency situation, I am able to coordinate and communicate with internal partners (such as Dept. of Education, Licensing, Medicaid, OSHA, etc.).				
During an emergency situation, I am able to coordinate and communicate with the Oral Health Coalition, if applicable.				
During an emergency situation, I am able to coordinate and communicate with state and local Dental Hygiene Societies.				
During an emergency situation, I am able to coordinate and communicate with state and local Dental Societies.				
During an emergency situation, I am able to coordinate and communicate with local/county health departments/agencies who operate dental clinics.				



	Yes	No	To a limited extent	Unsure
During an emergency situation, I am able to coordinate and communicate with Dental/Dental Hygiene School Deans/Directors.				
During an emergency situation, I am able to coordinate and communicate with primary care association dental programs.				
During an emergency situation, I am able to coordinate and communicate with other health professional associations.				
During an emergency situation, I am able to coordinate and communicate with the state/territorial dental board.				
Guidelines and updates about clinical practice, PPE, etc. are communicated with the dental community.				
My oral health program uses communication <a href="#">decision tree learning</a> to determine who to contact for what and when.				

### Oral Health Emergency Plan

	Yes	No	Unsure, but I know who knows	Unsure
My state/territory has an Oral Health Emergency Preparedness and Response Plan either embedded in a State Emergency Plan or as a separate plan.				
<b>If Yes:</b> The Oral Health Emergency Preparedness and Response Plan covers continuity of physical operations for the state/territorial oral health program.				
<b>If Yes:</b> The Oral Health Emergency Preparedness and Response Plan covers continuity of fiscal operations for the state/territorial oral health program.				
<b>If Yes:</b> The Oral Health Emergency Preparedness and Response Plan covers delivery of clinical services.				
My state/territory has a current Oral Health Plan.				
<b>If Yes:</b> The Oral Health Plan covers emergency response.				
<b>If Yes:</b> The Oral Health Plan covers continuity of operations for the state oral health program.				
<b>If Yes:</b> The Oral Health Plan covers delivery of clinical services.				



## Personal Protective Equipment (PPE) - Infection Control

	Yes	No	Unsure, but I know who knows	Unsure
In my state/territory, the oral health program is involved in setting and communicating infection control and PPE guidelines and recommendations.				
My state/territory has its own stockpile of PPE for emergency preparedness needs.				
<b>If Yes:</b> PPE from the Emergency Supply are shared with dentists/dental clinics.				
<b>If Yes:</b> I know how PPE is distributed to frontline dentists/dental clinics in an emergency scenario.				

\* See Stakeholders List below and/or Appendix C. In the Stakeholder list, state also refers to DC and US territories

## Stakeholder List (See Appendix C)

Organization	Contact Name	Title	Work Phone No.	Cell Phone No.	Email
State Emergency Management Agency					
State Department Homeland Security					
State Director Medical Reserve Corps					
State Health Department Emergency Coordinator					
State Medicaid Office					
State Licensing Body					
State Oral Health Coalition					
State Dental Association					
State Dental Hygiene Association					



Organization	Contact Name	Title	Work Phone No.	Cell Phone No.	Email
State Primary Care Association					
State Dental and Dental Hygiene School Deans/Directors					
Local/County Health Departments					
Community-based dental clinics					
State Department of Education					
State MCH Program					
State Chronic Disease Program					
State Water Regulation Program					
State WIC Program					
State Head Start Collaboration Office					
State Immunizations Program					
State HIV/STD Program					
Other Health Professional Associations					



## Appendix B - Checklist of Essential Documents

Provides a list of documents necessary to develop or gather to prepare a Continuity of Operations Plan.

### Checklist of Essential Documents for the Continuity of Operations Plan

Document	Person Responsible for Document Updates	Date of Origin	Date of Update
Key Stakeholders in Preparedness Planning Worksheet			
State Oral Health Emergency Preparedness and Response Plan with Continuity of Operations			
Checklists of Important Steps			
Continuity of Operations Plan			
Staff Roster Worksheet			
Succession of Leadership Worksheet			
Delegation of Authority Worksheet			
Communications Worksheet			
Essential Function-Recovery Time Objectives Worksheet			
Interim Process to Restore Functionality Worksheet			
Personal Preparedness and Family Emergency Plan			
Pack and Go - Drive Away Kit Checklists			
Office Inventory Worksheet			
Resource Request Form (RRF) for Federal Assistance			
Add as Needed			



## Appendix C - Key Stakeholder in Preparedness Planning Worksheet

Provides a working list of stakeholders that are essential partners for planning and implementing a pre-crisis mitigation, preparedness, response, and recovery plan.

### Key Stakeholders in Preparedness Planning Worksheet

Organization	Contact Name	Title	Work Phone No.	Cell Phone No.	Email
State Emergency Management Agency					
State Department Homeland Security					
State Director Medical Reserve Corps					
State Health Department Emergency Coordinator					
State Medicaid Office					
State Licensing Body					
State Oral Health Coalition					
State Dental Association					
State Dental Hygienist's Association					
State Primary Care Association					
State Dental and Dental Hygiene School Deans/Directors					
Local/County Health Departments					
Community-based dental clinics					
State Department of Education					



Organization	Contact Name	Title	Work Phone No.	Cell Phone No.	Email
State MCH Program					
State Chronic Disease Program					
State Water Regulation Program					
State WIC Program					
Start Head Start Program					
State Immunizations Program					
State HIV/STD Program					
Other Health Professional Associations					

## Appendix D - Preparing a Continuity of Operations Plan

Provides an overview for identifying processes needed to maintain functionality of the oral health program in a crisis. Helps identify essential program functions, succession of leadership, delegation of authority, and communications are provided.



## Preparing a Continuity of Operations Plan (COOP)

A COOP describes the process by which a health agency shall ensure that the essential public health functions can be performed in a crisis. The COOP provides an organized approach to identifying essential program operations or functions, and the required facilities, equipment, records and personnel to perform those functions. It also includes alert and notification procedures to inform the key personnel, identify alternate communication processes when traditional routes are impaired, and provides access to personnel contact information.

### Essential Functions

To begin a COOP, the dental director must determine which activities performed by the state oral health program are essential functions. Essential functions are those that enable the health agency to protect the health and safety of residents and state visitors. Essential functions may include public health disease surveillance, immunization, billing for clinical services, providing media releases, etc. Each department and program should define its essential functions and identify the resources required by those functions. For example, state oral health programs may identify the monitoring and testing of water fluoridation systems as an essential function that should be resumed following a crisis event. Dental directors should identify any public health practices that are necessary to meet regulatory or statutory requirements. The dental director should ensure that oral health program staff have the capacity to assist in other areas of the public health system if needed.

### Recovery Time Objectives for Essential Functions

In addition to identifying which functions are essential, the program must also determine the Recovery Time Objective (RTO) for each essential function. The RTO is the maximum amount of time the function or service can be interrupted before it must be restored to an acceptable level of operation after an event. The following table provides a method to determine the RTO for your program's essential functions.

### Essential Function – Recovery Time Objectives Worksheet

Tier	Ratings	Recovery Time Objective
1	<b>IMMEDIATE – These functions involve those with the direct and immediate effect on the</b>	<b>0 - 24 hours</b>



	<b>agency to preserve life, safety and protect property. These functions preserve the institution of government through command and control.</b>	
	<i>IMMEDIATE Functions</i>	<i>Resources Required – Facilities - including work from remote location, Equipment, Records and Personnel</i>
<b>1A</b>		
<b>1B</b>		
<b>2</b>	<b>CRITICAL – These functions can be delayed until Tier 1 functions are restored but must be operational within 72 hours.</b>	<b>24 + hours to 72 hours</b>
	<i>CRITICAL Functions</i>	<i>Resources Required – Facilities - including work from remote location, Equipment, Records and Personnel</i>
<b>2A</b>		
<b>2B</b>		
<b>3</b>	<b>NECESSARY – These functions can be delayed until Tier 1 and 2 functions are established but must be operational within 1 week.</b>	<b>72 + hours to 1 week</b>
	<i>NECESSARY Functions</i>	<i>Resources Required - Facilities - including work from remote location, Equipment, Records and Personnel</i>
<b>3A</b>		
<b>3B</b>		
<b>4</b>	<b>IMPORTANT - These functions can be delayed until Tiers 1, 2 and 3 are operational.</b>	<b>1 week to 30 days</b>
	<i>IMPORTANT Functions</i>	<i>Resources and Equipment Required</i>
<b>4A</b>		
<b>4B</b>		

### Interim Processes to Restore Functionality

In preparing a COOP, the dental director will also identify interim processes that can restore some level of functionality until the resources normally supporting essential functions are recovered. For example, personnel should be allowed to work remotely



and be provided with equipment and clearances. COOP-designated temporary program records shall be used in place of vital records that are damaged or destroyed and require replacement or recreation at considerable expense or inconvenience. Another alternative is to use records obtained through mutual-aid agreements with other agencies using the same program systems.

### **Interim Processes to Restore Functionality Worksheet**

<b>Essential Function</b>	<b>Interim Process</b>	<b>Resources for Interim Process</b>	<b>Person Responsible</b>

### **Key Personnel**

Dental directors will also identify the key personnel necessary to carry out the program’s essential functions and fulfillment of its mission. These may include directors and program managers but can also include non-management positions. The COOP Plan is designed to address a denial of service due to reduced workforce. The building, systems and equipment may all be operational, but the employees are not able to report to work. Therefore, it is critical to identify backups for key personnel and ensure the back-up personnel are adequately trained or certified to perform the job.

### **Orders of Succession and Delegation of Authority**

Orders of succession and delegation of authority provisions are implemented when departmental personnel are incapacitated or unavailable to execute their duties during a crisis. These provisions allow for an orderly and predefined transition of leadership. In selecting successors, directors may identify any limitations that might affect a person’s ability to perform.

### **Succession of Leadership Worksheet**

<b>Key Personnel</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Limitations</b>

Delegations of authority specify who is authorized to make decisions or act on behalf of key department leadership and personnel if they are away or unavailable during an emergency. Consider the following authorities when determining personnel for delegations for your department:

1. Signing authority (e.g., contract approval, procurement and or approval of payment)



2. Emergency procurement
3. Approving emergency policy changes
4. Approving changes in standard operating procedures
5. Making personnel leave authorizations
6. Cash flow and debt management (e.g., monitor bank balances)
7. Duties that require regulatory or statutory authority.

### Delegation of Authority Worksheet

Position	Authority	Delegation to Position	Triggering Conditions	Procedures	Limitations

### Communication Planning

Programs should maintain current contact information for personnel. Contact information should be reviewed and updated quarterly by all personnel. Supervisors should maintain up-to-date contact information for all staff members who report to them.

### Staff Roster Worksheet

Last Name	First Name	Title	Work Phone No.	Cell Phone No.	Home Phone No.

Communication planning is a crucial part of building effective COOP capabilities. The program must establish specific procedures to alert and notify personnel of emergency situations, including building evacuation required by immediate danger, as well as impending events that have been forecasted. The communications worksheet may be used to document how the program staff will communicate during a crisis when standard communication systems are down (satellite phones, 800 MHz radios, etc.)

It is important to periodically test the communications plan with drills or exercises that evaluate procedures used for communication, the accuracy of the staff roster, and the ability to reach staff members in a timely manner.

### Communications Worksheet



Procedures for Alerting and Notifying Personnel: External and Internal Communication	Person Responsible	Equipment or Media to be Used	Additional Information

## Appendix E - Office Inventory



Provides a template for office equipment to expedite recovery and insurance claims for replacement of office equipment, computer hardware, and computer software for use in preparing the COOP.

**Office Inventory**

Keeping an office inventory will expedite recovery and insurance claims for replacement of office equipment, computer hardware, and computer software. Include descriptions of each item, the serial number, manufacturer, purchase price, and the date of purchase. Attach copies of receipts and photographs of the equipment if possible.

**Office Inventory Worksheet for the Continuity of Operations Plan**

Item	Serial Number	Manufacturer	Purchase Price	Date of Purchase



## Appendix F - Resource Request Form (RFF) for Federal Assistance

The form is required for federal assistance requests. Inclusion in the appendices allows for easy access when federal assistance is requested by the oral health program. You may access a fillable version of this form [here](#).

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>RESOURCE REQUEST FORM (RFF)</b>		O.M.B No. 1680-0047 Expires March 31, 2014 See Reverse for Paperwork Disclosure Notice	
<b>I. REQUESTING ASSISTANCE (To be completed by Requestor)</b>			
1. Requestor's Name (Please print)		2. Title	3. Phone No.
4. Requestor's Organization		5. Fax No.	6. E-Mail Address
<b>II. REQUESTING ASSISTANCE (To be completed by Requestor)</b>			
1. Description of Requested Assistance:			
2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> Normal <input type="checkbox"/> High		4. Date and Time Needed
5. Delivery Site Location		6. Site Point of Contact (POC)	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature			10. Date and Time
<b>III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)</b>			
1. <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> LOG Review by: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____	2. Source: <input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Assignment		3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IV. STATEMENT OF WORK (Operations Section Only)</b>			
1. OFA Action Officer		2. 24 Hour Phone No.	3. Fax No.
4. FEMA Project Manager		5. 24 Hour Phone No.	6. Fax No.
7. Statement of Work			<input type="checkbox"/> See Attached
8. Estimated Completion Date			9. Estimated Cost
<b>V. ACTION TAKEN (Operations Section Only)</b>			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Requestor Notified			
Reason / Disposition			
<b>TRACKING INFORMATION (FEMA Use Only)</b>			
ECAPS/NEMIS Task ID:	Resource Request No.	Program Code/Event No.	<input type="checkbox"/> Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

FEMA Form 010-0-7, (11/2013)

PREVIOUSLY FF 90-136



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