National Association of County and City Health Officials

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Project Public Health Ready 2011 Criteria

June 2010

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Introduction

Thank you for completing your PPHR application. Please ensure that your application meets all of the requirements outlined below.

Application Requirements

- ☐ *Executive Summary:* Specific items that must be addressed in the Executive Summary are listed in the Guidance on Evidence Elements section, which is located at the end of the PPHR Criteria.
- ☐ *Criteria Crosswalk:* The Criteria Crosswalk are the columns with the headings "Page Number(s)" and "Comments." The Criteria Crosswalk directs PPHR reviewers to the appropriate evidence documents in your application. The Criteria Crosswalk **must** meet the following requirements:
  - **Page Number(s) Column:** Applicants must include the precise location within their plans and/or supporting documentation that provides support for each evidence element. If support for an evidence element appears in multiple locations, include multiple page number references. Please site the strongest evidence first.
  - **Comments Column:** Applicants may include an explanation for evidence elements items that were not addressed (this may still result in a score of "Not Met") or any explanation that would assist a reviewer in understanding the plans and procedures for that jurisdiction. Comments should not include additional information that needs to be in the plan and or application itself.
- ☐ *Evidence:* **The application must include the supporting evidence and documentation for all evidence elements** (e.g., all-hazards plans, public health annexes, emergency response plans, etc.).
- ☐ *Hyperlinks:* The application **must** be hyperlinked as per PPHR Hyperlink Instructions. Ensure that all hyperlinks in the criteria checklist are functioning and lead to the correct evidence.

PPHR staff appreciates the time and effort you have put toward achieving PPHR national recognition.

If you have any questions, please feel free to contact Jenny Smock at jsmock@naccho.org or (202) 507-4203.

2011 PPHR Criteria for Local Health Departments (LHDs)

Goal I: All-Hazards Preparedness Planning: Measure 1

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence must be provided that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #1).

2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).

Goal I: All-Hazards Preparedness Planning PPHR *PPHR Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan* The LHD has documented its planned response to public health emergencies. To prove it has met this measure, the LHD should submit EITHER a written copy of its all-hazards public health emergency response plan OR the public health annex to its jurisdiction's emergency response plan. The plan should address the key elements of the sub-measures listed below.		
A. Table of Contents	**Page Number(s)**	**Comments**
a1. The table of contents correctly corresponds to the numbered pages of the plan.		
a2. The organization of the plan is consistent with the local/state civil defense or emergency management agency's response plan and compliant with the National Incident Management System (NIMS).		
B. Introductory Material	**Page Number(s)**	**Comments**
b1. The plan provides an overview or introduction, including a description of the purpose of the plan.		

b2. The plan describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.		
b3. The plan identifies all neighboring jurisdictions and, if applicable, tribal and/or international borders and/or military installations within the locality.		
b4. The plan identifies all hospitals, clinics, and community health centers within the locality.		
b5. The plan lists the locations where copies of the plan are kept.		
b6. The application explains how all staff are informed of the location of the plans.		
C. Plan Update Cycle	**Page Number(s)**	**Comments**
c1. The plan bears a date showing that the plan and its annexes have been reviewed or revised within one year of PPHR submission.		
c2. The plan details the procedure the LHD will use to update and revise its plan on a regular basis.		
c3. The CHD updates the county health and medical profile annually to ensure knowledge and situational awareness of all county systems, capabilities and capacity within their region. (FL)		
D. Authority and Acknowledgments	**Page Number(s)**	**Comments**
d1. The plan provides a description of the legal and administrative authority under which the LHD would respond to an emergency requiring a public health response.		
d2. The plan details evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., city-state tribal collaboration, city-county collaboration).		
E. Situations and Assumptions	**Page Number(s)**	**Comments**
e1. The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of the LHD and possibly, the surge capacity		

of the LHD.		
e2. The plan demonstrates performance of a hazard analysis of threats (e.g., chemical/nuclear facilities, hurricanes, floods) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.		
e2i. The plan identifies and prioritizes hazards, identified by a hazard analysis, based on lethality and large population exposure of hazards that potentially impact human health. (FL)		
e3. The plan describes how the LHD is preparing for the vulnerabilities described in the results of the hazard analysis.		
F. Activation Circumstances and Event Sequence Following Activation	**Page Number(s)**	**Comments**
f1. The plan includes standard operating procedures that may include decision matrices, flow charts, or decision trees that describe an all-hazards response.		
f2. The plan includes a flow diagram or narrative that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.		
G. Concept of Operations	**Page Number(s)**	**Comments**
g1. The plan describes the responsibilities of the local emergency response agency or team(s) that will respond to a public health emergency.		
g2. The plan contains a bulleted list, table, or matrix that clearly identifies both the **primary** and **secondary** support roles for local, state, and federal partner agencies, in areas such as command and control, detection, investigation, communication, containment and prevention, and recovery.		
H. National Incident Management System	**Page Number(s)**	**Comments**
h1. The application contains evidence that the LHD has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.		
h2. The application contains evidence that the LHD has completed a baseline		

assessment of NIMS implementation requirements.		
h3. The application contains evidence that the departmental operations center or emergency operations center utilizes the Incident Command System (ICS), as called for by NIMS, to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.		
I. Functional Staff Roles	**Page Number(s)**	**Comments**
i1. The plan contains a list, table, or other format detailing the necessary roles to be filled during a response operation to any hazard.		
i2. The plan contains a roster of the primary, secondary, and tertiary staff or community resources to cover the command and general leadership roles during a response operation based on NIMS.		
i3. The plan contains copies of Job Aids or Job Action Sheets detailing specific functions of each role indicated as necessary in measure 1.I.i1.		
i4. The plan explains how the LHD will assimilate staff and/or volunteers into a response operation.		
i5. All position descriptions reflect that emergency response is a requirement (FL).		
i6. The plan identifies staff to participate on Regional Public Health Response Teams (FL).		
i7. The plan provides evidence the CHD senior leaders participate in Regional domestic Security Task Force health and Medical activities (FL).		
J. Vulnerable Population Access and Demographics	**Page Number(s)**	**Comments**
j1. The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.		
j2. The plan describes systems in place and LHD role in providing services to vulnerable populations (including special needs sheltering) as identified by the LHD in measure 1, J. j1, in emergency situations.		

*NOTE: Sub-measures K–X are **crosscutting** with the LHD's concept of operations.*

Therefore, sub-measures K–X, all labeled in BLUE, must *also* address the following four items:

- Staff roles, responsibilities, and concept of operations for Emergency Support Function (ESF) 8: Health and Medical Services.
- Description of response actions that will happen.
- Description of when the response actions will happen.
- Description of under whose authority the actions will happen.

K. Command and Control	Page Number(s)	Comments
k1. The plan contains a table or diagram that illustrates the LHD's command and control structure (Incident Command System/Unified Command Structure/Multi-agency Coordination System) for coordination of emergency response.		
k2. The command and control structure addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
L. Communication Plan	**Page Number(s)**	**Comments**
l1. Agency Communication Plan		
l1i. The plan details communication response actions to be taken, who will take them, and how they will be documented.		
l1ii. The plan details the party(ies) responsible for notification, alerts, and mobilization.		
l1iii. The plan describes whom to notify during an incident and at what level (e.g., alert, standby, report).		
l1iv. The plan describes the method by which notification will take place.		

l1v. The plan contains pertinent staff contact information (e.g., EOC, phone, cell, fax).		
l1vi. The plan describes where staff must report.		
l1vii. The plan describes how quickly staff will be notified of an incident and how long the staff will have to report to the designated locations.		
l1viii. The application contains evidence that the agency has a redundant communication plan that demonstrates the ability to stand-up three-deep communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours.		
l2. Crises and Emergency Risk Communication Plan		
l2i. The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including vulnerable populations, during an emergency.		
l2ii. The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.		
l2iii. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including vulnerable populations, during an emergency.		
l2iv. The plan includes a press release template.		
l2v. The plan includes a media contact list that is accompanied by a procedure for keeping the list current and accurate.		
l2vi. The plan describes the process and procedures necessary to coordinate the communication process during an emergency and/or the plan includes a message map.		
l2vii. The plan details the communication process for mass patient care and the role of the LHD in that communication process.		

I2viii. The plan details the communication process for directing and controlling public information releases about those under isolation or quarantine.		
I2ix. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) including information about who the information was provided to, the date the information was provided, and for what purpose the information was provided.		
I2x. The plan describes the process for partner notification, including at a minimum the following: ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will receipt of notification be confirmed? ▪ What procedures are in place to assure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills, etc.)?		
I2xi. Systems and processes for communicating public information can handle large call volumes (at least 1% of the county's households), contain formats appropriate for vulnerable populations (including those with disabilities and who are non-English speaking) and effectively disseminate health and safety information to the public. (FL)		
I3. Health Alert Network (HAN)/ Public Health Information Network (PHIN)		
I3i. The plan describes the process of sending, receiving, confirming receipt/acknowledging messages, and interacting with HAN or PHIN.		
I3ii. The plan includes a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.		
I3iii. Key health and medical stakeholders are registered users of Florida Department of Health Emergency Notification System (FDENS) and Homeland Security Information network (HSIN). Provide percentage of		

users registered who confirm alert during tests and real events. (FL)		
l4. The agency communication plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. Description of under whose authority the actions will happen.		
M. Epidemiology	**Page Number(s)**	**Comments**
m1. Surveillance		
m1i. The plan contains the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of communicable disease and incidents involving technological hazards (chemical or radiological).		
m1ii. The plan provides evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data) for communicable diseases and chemical or radiological agents.		
m1iii. The application includes a list of providers and public health system partners who are surveillance sites reporting to the surveillance system.		
m2. Epidemiological Investigation Tasks		
m2i. The plan calls for the comparison of cases to the baseline and confirmation of diagnosis.		
m2ii. The plan calls for contact tracing.		
m2iii. The plan calls for the development of a description of cases through interviews, medical record review, and other mechanisms (person, place, and time).		
m2iv. The plan calls for the generation of possible associations of transmission, exposure, and source.		

m2v. The plan calls for identifying the population at risk.		
m2vi. The plan describes the methods that would be used to evaluate therapeutic outcome(s).		
m2vii. The plan describes the process for reporting notifiable conditions, including any on-call system(s), policies, and procedures to take reports of notifiable conditions 24/7/365.		
m2viii. The plan describes outbreak and exposure investigation tasks for staff and/or volunteers that would be called upon in an LHD emergency response.		
m3. Epidemiological Data		
m3i. The plan describes how epidemiological data is shared.		
m4. Data Management		
m4i. The application provides evidence of a system and protocol for managing of epidemiological investigation data.		
m5. The plan calls for coordination with environmental investigation as required.		
m6. The epidemiology plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
m7. Biowatch		
m7i. The county health department is knowledgeable of protocols for early detection devices located in their community. (FL)		
m7ii. County health department develops and maintains a surveillance network for early biological event detection and situational awareness. (FL)		

N. Laboratory Data and Sample Testing	Page Number(s)	Comments
n1. Access to Labs (e.g., local, regional, state)		
n1i. The plan describes current packaging and shipping regulations on transporting infectious and potentially hazardous substances to labs that can test for biological/chemical/radiological agents.		
n1ii. The application demonstrates the capability to transport specimens/samples to a confirmatory reference lab 24 hours a day, 7 days a week, 365 days a year.		
n1iii. The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.		
n1iv. The plan includes a list of laboratory contacts.		
n2. The application provides evidence of the database and protocol for management/flow of laboratory data and sample testing information.		
n3. The plan describes the system in place for sharing laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of an appropriate response (e.g., electronic system).		
n4. The plan describes a process or policy related to evidence management.		
n5. The plan describes local and state laboratory capacity, including a list of pathogens that can be identified at each level.		
n6. The laboratory data and sample testing plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		

O. Mass Prophylaxis and Immunization	Page Number(s)	Comments
o1. The plan describes the procedures for implementing mass prophylaxis and immunization in the jurisdiction.		
o2. The plan describes the system in place for managing and tracking personnel and material resources.		
o3. The plan describes the process or system the LHD uses to monitor for adverse reactions to public health interventions (also known as post-event tracking).		
o4. The plan includes a point of dispensing (POD) patient flow chart and a description of each station.		
o5. The plan specifies the number of volunteers or supplemental staff necessary to support the delivery of mass prophylaxis to the local population within 48 hours.		
o6. The application specifies the number of volunteers or supplemental staff the LHD has recruited to support mass prophylaxis.		
o7. The plan includes a functional definition of Essential Personnel necessary for receiving, distributing and dispensing medical countermeasures.		
o8. The plan includes provisions for serving individuals for whom the frontline medical countermeasure is contraindicated.		
o9. Strategic National Stockpile (SNS) Plan		
o9i. The plan describes its integration into the state SNS plan.		
o9ii. The plan includes clear delineation of LHD responsibilities, including security for receiving, distributing, and dispensing SNS assets.		

o9iii. The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.		
o9iv. The application includes documentation of legal authority and/or memorandums of understanding with outside entities to suspend normal operations to complete mass prophylaxis.		
o9v. The plan includes a definition of local medical inventories as defined by Centers for Disease Control and Prevention Division of SNS Guidance for Receiving, Distributing, and Dispensing SNS Assets.		
o9vi. The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.		
o9vii, Mass prophylaxis plan activities minimize the time needed to dispense mass therapeutics and/or vaccines and align with requirements of the Strategic National Stockpile guidance. Plans must include processes that can ensure mass vaccination requirements for highly infectious diseases can be accomplished in the appropriate timeframes. Plans must include methodology for data management, including throughput time (PM SNS score). (FL)		
o10. The plan provides evidence that the Cities Readiness Initiative Program is implemented based on program standards: to minimize the loss of lives during a catastrophic public health emergency by providing needed drugs to 100% of the population within 48 hours (PM CRI score). (FL)		
o11. The mass prophylaxis and immunization plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
P. Mass Patient Care	**Page Number(s)**	**Comments**

p1. The Mass Patient Care Plan provides a detailed description of any LHD role in mass patient care from the field to the medical treatment center.		
p1i. The plan describes how mass patient care will be established.		
p1ii. The plan describes where mass patient care will be conducted.		
p1iii. The plan describes who will have access to care.		
p1iv. The plan describes how mass patient care will be maintained.		
p2. The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.		
p3. The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.		
p4. The plan describes the system of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up (including patients under isolation or quarantine).		
p5. The mass patient care plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
Q. Mass Fatality Management Plan	**Page Number(s)**	**Comments**
q1. The plan provides a detailed description of any LHD role in managing mass fatalities in the local jurisdiction.		
q2. The mass fatality management addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen.		

▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
R. Environmental Health Response	**Page Number(s)**	**Comments**
r1. Environmental Surety Planning		
r1i. The plan addresses the management of environmental hazards to public health and the environment, such as contaminated media, epizootic disease, and environmental health infrastructure failure.		
r2. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:		
r2i. Foodborne and waterborne outbreak surveillance, investigation and control.		
r2ii. Vector surveillance for injury prevention and vector borne disease control.		
r2iii. Food safety.		
r2iv. Drinking water supply and safety.		
r2v. Sanitation.		
r2vi. Mass care and evaluation of shelter facilities.		
r2vii. Waste water.		
r2viii. Solid waste management.		
r2ix. Hazardous waste management.		
r2x. Air quality.		

r2xi. Radiation exposure response including population monitoring.		
r2xii. Chemical or toxic release control and clean-up.		
r3. The environmental health response plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
S. Disaster Behavioral Health: Public Health Emergency Response Personnel	**Page Number(s)**	**Comments**
s1. The plan describes the LHD process to prepare response personnel, including agency personnel, for the behavioral health implications of public health emergencies.		
s2. The disaster behavioral health plan for public health emergency response personnel addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
T. Disaster Behavioral Health: Population-Wide Plan	**Page Number(s)**	**Comments**
t1. The plan describes who is responsible for addressing and responding to the behavioral health issues of the community.		
t2. The plan describes the partnerships the LHD has established and the local resources the LHD has cultivated to respond to population-wide mental health needs.		
t3. The population-wide disaster behavioral health plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8.		

▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
U. Quarantine, Isolation, and Social Distancing Plan	**Page Number(s)**	**Comments**
u1. The plan addresses the processes for implementing quarantine, isolation, and social distancing.		
u2. The plan identifies the legal authority to isolate, quarantine and as appropriate, institute social distancing for the following:		
u2i. Individuals		
u2ii. Groups		
u2iii. Facilities		
u2iv. Animals		
u3. The plan addresses coordination of public health and medical services among those under isolation or quarantine or social distancing restrictions.		
u4. The plan describes any stress management strategies, programs, and crisis response for those under isolation or quarantine or social distancing restrictions.		
u5. The quarantine, isolation and social distancing plan addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
V. Continuity of Operations Plan (COOP)	**Page Number(s)**	**Comments**
v1. The plan identifies the health department functions that must be continued despite a natural disaster or deliberately-caused emergency.		

v2. The plan identifies the staff member who will implement the COOP (must be three-deep).		
v3. The plan identifies an alternate location for key health department staff to report, if necessary.		
v4. The COOP addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
W. Public Health Surge Capacity and Volunteer Management	**Page Number(s)**	**Comments**
w1. The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.		
w2. The plan provides a description of the regular availability and surge capacity of the following, in relation to the scope and duration for anticipated events: ▪ LHD personnel ▪ Treatment facilities ▪ Laboratories ▪ Redundant communications ▪ Pharmacologic supplies ▪ Security		
w3. Volunteer Management		
w3i. The plan describes the process for volunteer recruitment, (e.g., community Medical Reserve Corps units).		
w3ii. The plan includes the partners that the LHD works with for recruitment.		
w3iii. The plan describes how volunteers are notified.		

w3iv. The plan describes how volunteers are used in an emergency.		
w3v. The plan describes how volunteers are credentialed.		
w3vi. The plan describes how volunteers are retained.		
w3vii. The plan describes the LHD's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		
w4. The public health surge capacity and volunteer management plans address the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen. ▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
X. Mutual Aid and Resource Management	**Page Number(s)**	**Comments**
x1. The application describes the process by which the LHD develops intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector, and non-governmental organizations.		
x2. The plan includes a table, chart, or other format that lists mutual aid agreements and their status (including inter-jurisdictional state agreements).		
x3. The plan specifies how the LHD will determine when to ask for higher order support based on models and/or past experience.		
x4. The plan specifies when and how partner resources would be requested and how long such resources can be maintained.		
x5. The mutual aid and resource management plans addresses the following four items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will happen.		

▪ Description of when the response actions will happen. ▪ Description of under whose authority the actions will happen.		
Y. Recovery	**Page Number(s)**	**Comments**
y1. The plan provides information on transitioning from response to short- and long-term recovery.		
Z. County Health Department Emergency Operations Plan (FL1)	**Page Number(s)**	**Comments &/or Explanation for Item(s) Not Addressed**
z1: The plan is developed in collaboration with community stakeholders and clearly identifies linkages to larger community planning activities/processes.		
z2: The plan includes elements unique to pandemic influenza response, and integration with community pandemic influenza planning.		
z3: The plan includes procedures and protocols specific to Special needs Sheltering developed in collaboration with local emergency management and other appropriate agencies, and defines the community's approach to sheltering persons with special needs.		
AA. County Comprehensive Emergency Management Plan (FL2)	**Page Number(s)**	**Comments &/or Explanation for Item(s) Not Addressed**
aa1. The CHD partners with county Emergency Management and other community partners to develop health and medical response for the County Comprehensive Emergency Management Plan. (FL)		
aa2. The plan ensures response structures are in compliance with NIMS standards.		
aa3. The plan addresses mass care and medical support services.		
aa2. The plan includes protocols specific to medical evacuation.		
aa3. The plan includes procedures and protocols specific to Special needs Sheltering		
aa4. The plan includes protocols specific to health and medical system service recovery and restoration.		

Goal II: Workforce Capacity Development: Measures 2–4

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).
2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #3).

Goal II: Workforce Capacity Development

In workforce capacity development, the agency develops its workforce to meet the needs of a population prior to, during, and after any event or disaster. This development is accomplished by providing employees with the training, resources, and processes necessary to increase the skills, abilities, and knowledge necessary to respond to any event or disaster. These training activities, when completed by individual staff, increase organizational capacity.

To demonstrate evidence for this goal, an organizational process must be in place to assess, implement, and evaluate workforce competency consistent with the agency's all-hazards response plan. These processes must be consistent with nationally recognized emergency preparedness competencies such as the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers"[1] from Columbia University, MRC-TRAIN[2], or those under development through the Public Health Preparedness & Response Core Competency Development Project.[3] This process requires an agency-wide public health competency assessment and training to increase staff competency (skill, ability, and knowledge) and to rectify any other gaps identified by the assessment.

[1] These nine competencies are found in the Bioterrorism and Emergency Readiness Competencies developed by Columbia University. (http://www.nursing.columbia.edu/chp/pdfarchive/btcomps.pdf)
[2] See https://www.mrc.train.org/desktopshell.aspx for more information.
[3] See http://www.asph.org/document.cfm?page=1081 for more information

PPHR Measure #2: Conduct of Regular Training Needs Assessments

Agencies must conduct a training needs assessment of staff consistent with the agency's all-hazards response plan and a set of nationally recognized emergency preparedness competencies. In most agencies, the assessment may be conducted in advance of starting the PPHR application process to allow enough time to implement workforce development activities. To demonstrate evidence for this measure, the following sub-measures (A-C) must be provided in a report format.

A. Date of Training Needs Assessment	**Page Number(s)**	**Comments**
a1. The PPHR application shows that a training needs assessment was completed no earlier than 36 months prior to the application submission date.		
B. Assessment Process Report	**Page Number(s)**	**Comments**
b1. The report includes a description of the assessment methodology.		
b2. The report notes the length of time to complete the assessment process.		
b3. The report notes how frequently re-assessments will occur.		
b4. The report includes details of the assessment tool(s), if applicable.		
b5. The report lists those involved in the design of the assessment process.		
b6. The report notes the total number and percentage of staff assessed.		
C. Results and Implications Report	**Page Number(s)**	**Comments**
c1. The report lists those involved in analyzing the data.		
c2. The report describes priority areas based on the assessment.		
c3. The report describes how results will be or are being used to inform the training plan.		
c4. The report describes how results will be or are being used to inform the exercise plan.		

PPHR Measure #3: Completion and Maintenance of a Workforce Development Plan

The LHD establishes a list of priority staff who need training and priority training topics. When the LHD has not had time to train all priority staff in the appropriate priority areas and obtain evidence that staff have demonstrated competence in these areas, the LHD's training plan must describe the process (e.g., prioritization of competencies, description of how the competencies were chosen, party responsible for ensuring that training will occur) and timeline the LHD will follow to achieve progress toward full workforce competence. Methods used to address this measure may include a wide range of educational techniques, such as participation in classroom trainings or direct observation by an evaluator during hands-on exercises.

The LHD must submit a workforce development plan to provide the evidence for the sub-measures described below. Additional documentation may also be submitted.

A. Training Needs Assessment	**Page Number(s)**	**Comments**
a1. The workforce development plan is based on results from the training needs assessment completed no earlier than 36 months prior to the application submission date. (See measure 2.A.a1.)		
B. Training Topics	**Page Number(s)**	**Comments**
b1. The workforce development plan identifies agency priority training topics based on results from the training needs assessment.		
b2. The workforce development plan includes the following training topics:		
b2i. NIMS training for the public health workforce.		
b2ii. ICS training for the public health workforce.		
b2iii. Training in the principals of risk communication for key spokespersons for the LHD.		
b3. The plan includes mechanisms for assuring that local physicians and other providers are educated on diagnosis and treatment of infections, chemical or radiological diseases, or other conditions that may result from a terrorism-associated event (FL).		
C. Training Objectives	**Page Number(s)**	**Comments**
c1. The workforce development plan provides the objectives of the trainings **OR** describes the competencies that the workforce development plan addresses.		

D. Training Delivery	Page Number(s)	Comments
d1. The workforce development plan describes the type of trainings to be provided.		
d2. The workforce development plan describes the training participants. NOTE: If all staff are not trained by the application deadline, a timeline of the planned training process for the remainder of the priority staff must be provided.		
d3. The workforce development plan notes the agency(ies) or individuals(s) that will deliver the trainings.		
d4. The application provides justification for each chosen training activity.		
E. Management of Training Plan	**Page Number(s)**	**Comments**
e1. The application describes how competency-based education in emergency preparedness will be maintained throughout the duration of PPHR recognition.		
e2. The workforce development plan describes how the training plan will be kept up-to date, providing at a minimum: ▪ Who will update the plan; ▪ How updates will be conducted; and ▪ When updates will take place.		
e3. The workforce development plan describes how progress will be tracked for each of the identified training topics referred to in sub-measure B.		
e4. The workforce development plan describes how new employees will be trained, assessed, and incorporated into the training plan.		
F. Just-in-time Training	**Page Number(s)**	**Comments**
f1. The workforce development plan describes the process for how just-in-time trainings will be provided.		
f2. The workforce development plan includes training materials for the following just-in-time training topics:		

f2i. Epidemiological investigation tasks reflecting the agency's all-hazards plan.		
f2ii. Mass prophylaxis reflecting the agency's all-hazards plan.		
f2iii. NIMS reflecting the agency's all-hazards plan.		
f2iv. Communication processes reflecting the agency's all-hazards plan.		
f2v. Isolation and quarantine reflecting the agency's all-hazards plan.		
f2vi. Any other tasks relevant to agency's all-hazard plan.		

PPHR Measure #4: Organizational Capacity to Support and Maintain Staff Competence in Emergency Preparedness
The LHD must demonstrate the organizational capability to maintain and enhance competence in the workforce. This section measures the organization's ability to address workforce capacity on an ongoing basis.

LHDs should submit documentation that represents the information asked for in the sub-measures.

A. Management of Agency Workforce Capability	**Page Number(s)**	**Comments**
a1. The application includes a report or table that describes the method used to demonstrate agency workforce capability.		
a2. The application describes how the LHD routinely evaluates agency workforce capability.		
a3. The application provides two examples of activities (and curricula) and/or exercises wherein staff had the opportunity to demonstrate specific competencies noted in the training plan.		
B. Performance Improvement Plan	**Page Number(s)**	**Comments**
b1. The application describes the link between the workforce evaluation, identified gaps, and the process for improving and sustaining levels of competence.		
b2. The application should provide evidence of linkage to each of the appropriate Training Objectives noted in measure #3, c1.		

b3. The application should describe how new employees will be included in the performance improvement plan.		
C. Employee Health & Safety Program (FL10)	**Page Number(s)**	**Comments &/or Explanation for Item(s) Not Addressed**
c1: The program includes appropriate employee health and safety plans/guidelines.		
c2: The program includes issuance of and use training on appropriate personal protective equipment.		
c3: The program includes methodology for communicating appropriate infection control requirements to employees during and emergency response.		
c4: The program identifies behavioral health services available to public health personnel.		

Goal III: Quality Improvement through Exercises and Real Events

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).
2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #3).

Goal III: Quality Improvement through Exercises and Responses and a Comprehensive Exercise Plan

To ensure an LHD follows a Continuous Quality Improvement (CQI) process, evidence must be provided of linkages between its planning, training, and demonstration of readiness through exercise or responses. In order to meet Goal III, LHDs must show a process in place within the agency that documents exercises/responses in a clear and timely manner; completes an improvement plan for revising the all-hazards response plan and workforce development plan based on the lessons learned and gaps identified during the exercise/response; and develops future exercises based on those lessons learned that will test the corrections made while implementing the improvement plan. Goal III demonstrates the use of NIMS and Homeland Security Exercise and Evaluation Program (HSEEP) concepts and principles.

PPHR Measure #5: Learning and Improving through Exercises or Responses

The LHD must provide documentation of its participation in at least *one* exercise or incident response within the 24 months prior to the PPHR application submission date. **Submit documentation of a response to ONE of the following items:**

- Sub-measure A: Functional or full scale exercise (the LHD must scale functional exercises to fit the size of the department).
- Sub-measure B: An emergency incident that the agency has activated its response plan for. Appropriate events for PPHR submission are comprehensive and have a definitive start and end date or time. Long-term events, such as pandemics, can be broken into meaningful sections that are time-bound, such as the first or second wave of a pandemic. All incidents used as documentation for PPHR must span more than one operational period and result in the development of an IAP.

Reminder: Based on your LHD's activities, include documentation for EITHER an exercise OR a response. You do not need to submit both.

A. Multi-agency after action report /improvement plan (exercises) An exercise that will meet this measure must result in the production and approval of an after action report/improvement plan (AAR/IP). AAR/IPs submitted to PPHR must include all of the elements in the following sub-measure (A1-A7).		
A1. Date of AAR/IP	**Page Number(s)**	**Comments**
a1i. The final AAR/IP includes recommendations and corrective actions derived from discussion at the exercise evaluation conference that took place no later than 60 days after completion of the exercise.		
A2. Exercise Executive Summary	**Page Number(s)**	**Comments**
a2i. The AAR/IP describes why the exercise was conducted and what part(s) of the LHD's plan was (were) exercised.		
a2ii. The AAR/IP lists the exercise objectives in a format consistent with the HSEEP guidelines and states whether the objectives were met during the exercise.		
a2iii. The AAR/IP lists notable strengths learned from the exercise.		
a2iv. The AAR/IP lists the key areas that require further development.		
a2v. The AAR/IP lists any high level observations that cut across multiple capabilities.		
A3. Exercise Overview	**Page Number(s)**	**Comments**

a3i. The exercise overview contains the following information: • The AAR/IP lists the exercise name. • The AAR/IP lists the type of exercise. • The AAR/IP lists the date(s) of the exercise (start to end). • The AAR/IP lists the duration of the exercise. • The AAR/IP lists the location of the exercise. • The AAR/IP lists the sponsor of the exercise. • The AAR/IP lists the funding recipient. • The AAR/IP lists the names of the members of the exercise planning team.		
a3ii. The AAR/IP lists the mission addressed in the exercise.		
a3iii. The AAR/IP lists the capabilities addressed in the exercise.		
a3iv. The AAR/IP lists the scenario used in the exercise.		
a3v. The AAR/IP lists the agencies that participated in the exercise.		
a3vi. The AAR/IP lists the number of each type of participant, as appropriate for the exercise: ▪ Players; ▪ Victim role players; ▪ Controllers; ▪ Evaluators; ▪ Observers; and ▪ Facilitators.		
A4. Analysis of Capabilities	**Page Number(s)**	**Comments**

a4i. The AAR/IP contains an analysis of capabilities containing all of the capabilities tested in the exercise. Each observation must be identified as either a strength or an area for improvement according to the following definitions: **Strength:** A strength is an observed action, behavior, procedure, and/or practice that is worthy of special notice and recognition. **Area for Improvement:** Areas for improvement are those areas in which the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems. The documentation must include, at a minimum, the following: ▪ Activity; ▪ Observation; ▪ Reference(s); ▪ Analysis; and ▪ Recommendations describing what can be done to correct or resolve issues (change plans, training, equipment, personnel resources, etc.).		
A5. Conclusion	**Page Number(s)**	**Comments**
a5i. The AAR/IP contains a summary of remarks on the exercise, including strengths, weaknesses, lessons learned, and areas for improvement.		
A6. Improvement Plan	**Page Number(s)**	**Comments**
a6i. The AAR/IP contains a matrix that includes recommendations and tasks that explicitly describe, at a minimum, the following: ▪ Capability; ▪ Observation title; ▪ Recommendation;		

▪ Corrective action description; ▪ Capability element; ▪ Primary responsible agency; ▪ Agency point of contact; ▪ Start date; and ▪ Completion date.		
A7. Plan Correction	**Page Number(s)**	**Comments**
a7i. The application provides a listing of corrective actions and a timetable for any revisions to the LHD all-hazards response plan based on gaps identified during the exercise.		
a7ii. The application provides a listing of corrective actions and a timetable for any revisions to the training plan based on gaps identified during the exercise.		
a7iii. The application provides a listing of corrective actions and a timetable for any revisions to the exercise plan and schedule based on gaps identified during the exercise.		
B. Incident response documentation (real incident) A response to an incident that will meet this measure must result in the production and approval of an incident action plan (IAP) (e.g., the incident must last more than one operational period.) If more than one IAP is produced and approved, all IAPs for the event should be submitted. Documentation submitted to PPHR must include all of the elements in the following sub-measures (B1-B3). Reminder: Based on your LHD's activities, if you include documentation of a response, **you do NOT need to submit an AAR/IP for an exercise.**		
B1. All IAPs from the real incident that lasts more than one operational periods.	**Page Number(s)**	**Comments**
b1i. The IAP lists the date(s) of the incident.		
b1ii. The IAP lists the name of the incident.		
b1iii. The IAP lists the operational period.		

b1iv. The IAP includes the objectives for incident response.		
b1v. The IAP includes a list of LHD participants and partner organizations		
b1vi. The IAP includes any safety messages delivered during the incident response.		
b1vii. The IAP documents who prepared the IAP.		
B2. AAR	**Page Number(s)**	**Comments**
b2i. The final AAR includes recommendations and corrective actions derived from discussion at an evaluation conference that took place no later than 120 days after completion of the response.		
b2ii. The AAR contains an executive summary that provides an overview of the incident.		
b2iii. The AAR lists the response objectives and whether they were met during the incident.		
b2iv. The AAR lists notable strengths learned from the response.		
b2v. The AAR lists the key areas that require further development.		
b2vi. The AAR lists any high level observations that cut across multiple capabilities.		
b2vii. The incident overview contains the following information: • The AAR lists the incident name. • The AAR lists the date(s) of the incident (start to end). • The AAR lists the duration of the incident. • The AAR lists the location of the incident.		
b2viii. The AAR lists the agencies that participated in the incident response.		

b2ix. The AAR contains a summary of remarks on the incident, including strengths, weaknesses, lessons learned, and areas for improvement.		
B3. Plan of Correction	**Page Number(s)**	**Comments**
b3i. The application provides a listing of corrective actions and a timetable for any revisions to the LHD all-hazards response plan based on gaps identified during the incident response.		
b3ii. The application provides a listing of corrective actions and a timetable for any revisions to the training plan based on gaps identified during the incident response.		
b3iii. The application provides a listing of corrective actions and a timetable for any revisions to the exercise plan and schedule based on gaps identified during the incident response.		

PPHR Measure #6: Comprehensive Exercise Plan

Based on the AAR/IP or IAP, the LHD provides documentation of its comprehensive exercise plan or planning notes that are clear and include a detailed description of at least one planned exercise to take place no later than 12 months after the PPHR application submission date.

The data (e.g., lessons learned, evidence of performance) used for developing the future exercise plan should be based on the LHD's evaluation of previous exercises. The LHD also provides evidence of establishing a continuous quality improvement system. Effective systems will use, and build upon, lessons learned from previous exercises.

A. Future Exercise Plan Description	**Page Number(s)**	**Comments**
a1. The exercise plan contains the proposed months and years of future exercise(s).		
a2. The exercise plan describes the type(s) of exercise(s) that is(are) scheduled.		
a3. The exercise plan describes the purpose(s) of the exercise(s).		
a4. The exercise plan lists draft exercise objectives in a format consistent with the		

HSEEP guidelines.		
a5. The exercise plan lists expected departmental participants and partner organizations.		
B. Description of Exercises	**Page Number(s)**	**Comments**
b1. The exercise plan shows anticipated participation in a jurisdiction-wide exercise based on NIMS involving responders from multiple disciplines and/or jurisdictions and includes integration of incident command, multi-agency coordination systems (MACS), and public information.		
b2. The exercise plan shows anticipated participation in an exercise testing the health alert messaging system using a high priority message.		
b3. The exercise plan shows anticipated participation in an exercise involving the state health department.		
b4. The exercise plan shows anticipated participation in an exercise involving active coordination of response and resources between state and local public health response partners.		
b5. The exercise plan shows anticipated participation in an exercise wherein the LHD coordinates or helps to coordinate an exercise involving other health and medical partners (medical, mental health, and social systems of care).		
b6. The exercise plan shows anticipated participation in at least two drills of the notification system for primary, secondary, and tertiary staff to cover all incident management functional roles. At least one drill must be unannounced and occur outside of regular business hours.		

Executive Summary Tips

An Executive Summary is required with every PPHR Application

The purpose of the Executive Summary is to describe the agency, its jurisdiction, and its approach to public health preparedness. The Executive Summary should describe how the agency addresses all three goals of the PPHR Criteria. Please note that it may be helpful to craft your executive summary after completing your application and PPHR Crosswalk. The Executive Summary is critical in providing context and rationale for the review team evaluating your application. The Executive Summary must include all of the information outlined below, and NACCHO recommends agencies format their Executive Summary in this order.

1. **Introduction**
   - The agency's approach to the PPHR process.
2. **Jurisdictional Area Description**
   - Size of population served by the agency.
   - Geography/topography information, including the location of the jurisdiction.
   - Governance structure, such as cities and towns in a region, boards of health, and county commissioners.
   - Unique characteristics to the jurisdiction that will help explain its approach to preparedness planning, including landmarks.
   - Demographic information, such as population density and median income or poverty rate.
3. **Organizational Structure of the Agency**
   - The agency's level of authority (e.g., state agency, home rule).
   - Preparedness planning and how the efforts of the agency fit within the larger jurisdictional (e.g., county, city) response.
   - The agency's responsibilities in a response.
   - Information on divisions, services provided, number of offices, etc.
4. **Employee Demographic Information**
   - Total number of full-time employees in the agency and within each health department in a regional application.
   - Total number of preparedness staff at the agency, differentiating between full- and part-time staff.
   - General professional categories at the agency and on the preparedness staff (e.g., nurses, administrators, environmental staff)
5. **Connection/Coordination**
   - The agency's connection to and coordination with local, regional, and state partners for the purpose of emergency preparedness planning and response.
   - The linkage between all three goals of the project, including how the revisions of response plans, training plans, and exercise plans are interrelated based on evaluations of trainings, exercises, and event responses. The document should describe show a continuous quality improvement process is evident with the application.

Application Guideline #1:
If you are not the lead agency for a particular task (evidence elements and/or sub-measure), you must provide a description that includes the following:

- Identification of the lead agency.
- Description of the roles and responsibilities of the lead agency.
- Description of the roles and responsibilities of the applicant.
- Description of how the applicant partners with the lead agency to plan for, and prepare to deliver, the emergency service addressed in the evidence element.
- Description of the applicant's coordination and communication process for supporting the work of the lead agency.
- Description of how the applicant will work with the lead agency during and/or following an emergency response.
- An example of how this has worked in the past, how it was exercised, or how it is addressed in your training plan.
- If available, agreements between the applicant and the partner agency.

Application Guideline # 2:
If there is an evidence element and/or sub-measure that your LHD has not yet addressed or if documentation is not yet available for, you must provide a description that includes the following:

- Explanation of why the specific item has not been addressed.
- Steps/milestones of a plan to address the item.
- Timeline for steps/milestones.
- Listing of partners and description of their responsibilities to address the item.

Guidance on Evidence Elements

Measure 1.A.a2: Evidence for this element can be provided via a note from the county emergency manager or an affidavit from the Health Officer. This affidavit should also describe how the plan incorporates NIMS components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

Measure 1.C.c2: Updating the plan on "a regular basis" means that specific trigger(s) for this process are defined, for example, as part of enacting an exercise corrective action plan, in response to new guidelines being posted, and/or a regular schedule such as annually.

Measure 1.D.d1: Evidence for this element should include citations of applicable statutes or administrative rules governing the plan's creation and use. This item is dependent upon local and state legal practice.

Measure 1.D.d2: Evidence for this element should include at least one of the following:

- **Notes/Minutes**: Meeting notes or minutes that include a motion/approval to accept the plan.
- **List/Acknowledgments:** List of agency representatives participating in the plan's development and to whom the plan applies, and acknowledgments by the agencies participating in the planning process.

Measure 1.G.g2: If applicable, evidence for this element should also describe the collaboration between the LHD and tribal and/or military installations, and/or international entities located within or adjacent to your jurisdiction.

Measure 1.H.h2: Applicants may use the most current version of the NIMS Capability Assessment Support Tool (www.fema.gov/nimscast) or other approved assessment tool.

Measure 1.I.i1: Evidence for this element should include a description of whether employees and/or volunteers will fill staffing needs during a response, and describe how they will be incorporated into the response, (i.e., just-in-time trainings, where to report, services provided to staff/volunteers). Assimilation includes all steps necessary to incorporate staff/volunteers into a response, (i.e. credentialing, training, notifying, and assigning). The plan should also address the possibility of outside agencies requesting personnel resources.

Measure 1.J.j2: Evidence for this element must address systems in place, such as establishing shelters, working with NGOs or other community partners, and using WIC data to inform planning. The plan must also identify whether the LHD has a lead or support role for each function.

Measure 1.M.m1i: For an active surveillance program such as Biosense, or Real-time Outbreak and Disease Surveillance, protocols must be developed to clarify agency response to public health events detected and the affect on the LHD, related partner agencies and the geographic area.

Measure 1.M.m2.m2i: The occurrence of reportable disease conditions or unusual epidemiological situations is dependent on the knowledge of when an event is beyond or in excess of normal expectancy. Since the procedure for investigation of a suspected outbreak is the same, the agency must show documentation of disease occurrence of both yearly incidence and monthly occurrence of reportable conditions. This is compared to available information about the new cases with a predetermined definition of an outbreak. Consequently, each agency must also discuss what is used for case definitions and the process used to establish specific outbreak case definitions. The agency must reference how laboratory testing is used to confirm or reject suspected diagnoses and determine the type of agent associated with the illness, whether bacterial, viral, or other. The agency must describe how case definitions are determined and counted in a specific time, place, or group of persons.

Measure 1.M.m2.m2ii: Evidence for this element should include procedures to determine the group(s) at risk and what procedures to follow when the scope of the outbreak exceeds normal agency capacity.

Measure 1.M.m2.m2iii: Evidence for this element should include how the agency will develop a master contact list and a final (or perhaps successive on a complex outbreak) outbreak case definition and hypothesis. The hypothesis directs the investigation and is tested by the data gathered. Describe the mechanism for how the data will be gathered, collected, and managed during the outbreak event and afterwards from the interviews, the sampling mechanisms, laboratory processes, and participating investigators. Describe who will prepare daily and final written reports. Describe who is responsible for control and prevention measures.

Measure 1.M.m2vi: Evidence for this element must detail a system for tracking information relating to adverse effects associated with vaccinations or antiviral medications use. I.e., use of the Vaccine Adverse Events Reporting System or other tracking system.

Measure 1.O.o3: Evidence for this element must include an all-hazards approach to post-event tracking. The application must demonstrate that the LHD has the capacity and structure in place to conduct effective post-event tracking.

Measure 1.O.o5: Evidence for this element must include the number of volunteers needed to support full staffing for a worst-case scenario, i.e., 10 points of distribution, 30 staff each (4 health department Employees, 26 volunteers), two 12-hour rotating shifts = 520 volunteers.

Measure 1.O.o6: Evidence for this element must detail the current capacity of volunteers capable of responding to a public health emergency.

Measure 1.O.o7: Evidence for this element must contain a definition of Essential Personnel who, in a public health emergency, will receive prophylaxis prior to the general population, i.e. emergency responders, SNS distribution team members, and medical and public health personnel who will treat the sick.

Measure 1.S.s1: A behavioral health plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

Measure 1.X.x1: Evidence for this element will identify and demonstrate the ability and permission to access, as well as the ability to obtain and utilize, external resources necessary to respond to a public health emergency, either through formal or verbal mutual aid agreements or memorandums of understanding, policies, planning documents or other documentation of response partnering or assistance.

Measure 2.B.b6: If not all staff were assessed, provide justification for the sampling size decision and a timeline for when the remaining staff members will be assessed.

Measure 4.A.a1: Examples of means to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, inclusion of curricula, etc.

Measure 4.A.a2: Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation can be done at the supervisor level, peer-to-peer, or 360 degree. Any description needs to detail the process, including how the evaluation is structured, who conducts the evaluation, and how often the evaluations will be performed.

Measure 5.A.a1: If there are individuals in specific job categories that are not required to complete the courses outlined in the most recent NIMS guidance, due to a local or state public health directive, provide a report that identifies these categories and provides evidence and justification of the directive (e.g., "The state health department has mandated that only positions funded through federal dollars are required to complete IS-100, but ALL public health staff must complete IS700.")

Measure 5.A.A2.a2ii: Exercise objectives should be SMART (specific, measurable, achievable, realistic, and task-oriented).

Measure 5.A.A4.a4i: The analysis of capabilities must include a sub-section created for each capability validated during the exercise. Each section must include a summary of the capability in question, including an overview of how that capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The length of this summary depends on the scope of the exercise. Adequate detail must be included to provide the reader with an understanding of how the capability was performed or addressed. Each capability summary is followed by a subheading for each of the capability's associated activities. Under each activity there should be observations that analyze how well the tasks within that activity were performed.

Measure 6.A. A4: HSEEP Policy and Guidance can be found at https://hseep.dhs.gov/pages/1001_hseep7.aspx.

Project Public Health Ready Glossary

June 2010

The following key terms appear in the PPHR Criteria and are specific to the three project goals. The glossary is not intended be a comprehensive list of all preparedness-related terms because such resources are available through other sources.

The following websites contain definitions of additional preparedness terms:

- Homeland Security Glossary: https://hseep.dhs.gov/DHSResource/Glossary.aspx
- NIMS: www.fema.gov/nimscast/Glossary.do
- Federal Emergency Management Agency: www.fema.gov
- National Response Framework: www.fema.gov/emergency/nrf/glossary.htm
- National Disaster Medical System: www.hhs.gov/aspr/opeo/ndms/index.html
- Yale Preparedness Glossary: publichealth.yale.edu/ycphp/pdf/glossary.pdf
- Institute for Crisis, Disaster, and Risk Management The George Washington University: www.gwu.edu/~icdrm/

acknowledgment	Notified staff confirms receipt of notification to designated official. Acknowledgment method can be e-mail, Health Alert Network, telephone, or other, and can be different from the notification method used. From **Public Health Emergency Preparedness Cooperative Agreement Budget Period 9 (BP9), Performance Measures Guidance http://www.bt.cdc.gov/cdcpreparedness/coopagreement/09/pdf/bp9_phep_performancemeasuresguidance11_14_2008final.pdf**
after action report/ improvement plan	An **after action report and improvement plan** (AAR/IP) is the main product of the evaluation and improvement planning process. The document has two components: an **after action report** (AAR), that captures observations of an exercise and makes recommendations for post-exercise improvements; and an **improvement plan** (IP) that identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. Even though the AAR/IP are developed through different processes and perform distinct functions, the final AAR/IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
capability	**Capability** is the ability to perform actions. As it applies to human capital, capability is the sum of expertise and capacity.
capacity	**Capacity** is the ability to achieve stated public health objectives and to improve performance at the national, regional, and global levels with respect to both ongoing and emerging health problems. Building capacity is linked to improving both performance and competence.

continuity of operations plan	A **continuity of operations plan** (COOP) contains the plans and strategies by which an agency or jurisdiction provides for ongoing functioning in light of a natural disaster or deliberately caused emergency (e.g., sustainment of operations).
continuous quality improvement	In the context of PPHR, **continuous quality improvement** (CQI) is a management process in which the agency reviews planning, training, and exercise phases of emergency preparedness and seeks to improve upon standards and procedures. This process both reveals needed improvements and highlights strengths.
credential	In the context of a public health emergency, **credentialing** volunteers requires ensuring that volunteers have the correct level of medical credentialing for the required activities (e.g., registered nurses or physicians.) Credentialing is the not the same as performing a background check or badging.
crosswalk	A **crosswalk** is a document that lists the page number(s) where PPHR documentation evidence can be found in the application materials.
disaster behavioral health	**Disaster behavioral health** comprises the mental health issues related to disasters and the means of addressing them, including proactive methods to build resiliency and short- and long-term approaches to restoring and maintaining psychological and emotional health in the face of an emergency.
Emergency Support Function	An **Emergency Support Function** (ESF) provides structure for coordinating interagency support to an emergency incident. ESFs provide the structure for coordinating federal interagency support for a federal response to an incident. ESFs are mechanisms for grouping functions most frequently used to provide Federal support to states and federal-to-federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. Drawn originally from the federal governement's National Response Plan many state and local plans are also based upon an ESF structure. The roles and responsibilities of each ESF are designated by the scope of public services each provides. The current federal ESFs in the National Response Plan are: ESF #1: Transportation ESF #2: Communications ESF #3: Public Works and Engineering ESF #4: Firefighting ESF # 5: Emergency Management ESF #6: Mass Care, Emergency Assistance, Housing, and Human Services ESF #7: Logistics Management and Resource Support ESF #8: Public Health and Medical Services ESF #9: Search and Rescue ESF #10: Oil and Hazardous Materials Response

	ESF #11: Agriculture and Natural Resources ESF #12: Energy ESF #13: Public Safety and Security ESF #14: Long-Term Community Recovery ESF #15: External Affairs
environmental surety plan	An **environmental surety plan** is a part of the public health preparedness plan that assures that environmental hazards to public health and the environment, such as contaminated media, epizootic disease and environmental health infrastructure failure are managed. Capabilities of a team that does environmental surety include: Risk assessment Remediation oversight Advise on protective action Treatment guidance support Management of early responders Epidemiological analysis Sample collection Preventative measures Incident reporting Epidemiological follow-up
Emergency operations plan	An **emergency operations plan** (EOP) is an all-hazards plan developed to describe the system of operations that will be used in an emergency event. It defines who ,when with what resources, and by whose authority individuals and groups will act before, during, and immediately after an emergency. An EOP should be tailored to each community's own potential hazards and resource base.
epidemiological investigation	An **epidemiological investigation** follows anomaly detection or an alert from a surveillance system, with the goal of rapidly determining the validity of the alert, and the parameters of the outbreak as the index case is being confirmed. Steps may not always proceed in the same order and may repeat in the course of the investigation as new cases present themselves. Steps in an epidemiological investigation include: Case confirmation Cause investigation Conduct analytic study (if necessary) Continued surveillance Communication of findings Case identification Initiation of control measures (do early) Conclusions (epi/causal inference)
evidence management	**Evidence management** comprises activities designed to protect the integrity of evidence and provide for a documented chain of custody when there is a possibility (or it is already known) that an incident was deliberately caused, and therefore, the incident is a legal and law enforcement issue and a health issue.
full-scale exercise	HSEEP defines a **full-scale exercise** as "a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response

	(e.g., firefighters decontaminating mock victims).” In the context of PPHR, a full-scale exercise is a scenario-based exercise that includes all or most of the functions and complex activities of the emergency operations plan. It is typically conducted under high levels of stress and very real-time constraints of an actual incident and should include actual movement of people and resources to replicate real world response situations. Interaction across all functions by the players decreases the artificial (oral) injects by controllers and make the overall scenario more realistic.
functional exercise	HSEEP defines a **functional exercise** as one that “examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time)” In the context of PPHR, a functional exercise is scenario-based and the focus of the exercise is cooperation and interactive decision-making within a functional area of the Emergency Operations Plan. Interaction with other functions and outside personnel can be simulated, commonly through the play of exercise controllers.
hazard analysis	A **hazard analysis** evaluates potential targets and hazards in a specific community. The analysis can be the basis both for identifying potential targets and for planning for their defense and for the response capability necessary should an emergency arise.
Health Alert Network	The **Health Alert Network** (HAN) is a national communications infrastructure that supports the dissemination of vital health information (such as emerging infectious and chronic diseases, environmental hazards, and bioterrorism related threats) at the state and local levels. The HAN Messaging System directly and indirectly transmits health alerts, advisories, and updates to over one million recipients. The current system is being phased into the overall PHIN (Public Health Information Network) messaging component. Many states also possess state-oriented extensions of the national system, also called HAN.
incident	An **incident** is an unexpected occurrence that requires immediate response actions to protect life or property. Examples of incidents include major disasters, emergencies, terrorist attacks, terrorist threats, woodland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
incident action plan	An **incident action plan** (IAP) is part of ICS and is written at the outset of emergency response coordination and revised throughout the course of a response during operational periods. The IAP is usually prepared by the

	planning section chief. This plan must be accurate, as well as transmit all information produced in the planning process.
Incident Command System	The **Incident Command System** (ICS) is a system designed to enable effective domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within an organized command structure.
indicators	In the context of PPHR, **indicators** are identifiable and measurable criteria by which a determination of readiness can be made.
job action sheets	**Job action sheets** (JAS) are part of ICS and contain succinct descriptions of the duties of each member of a unit, department, or response team. Job Action Sheets should describe clearly the primary responsibilities of the position, the chain of command and reporting authority. These tools can be applicable in both emergencies and daily job functions.
joint information center	Mandated by the National Incident Management System, a **joint information center** (JIC) is a multi-agency location within a jurisdiction or other geographic region that coordinates the preparation and distribution of information to the public in an emergency to avoid conflicting or contradictory messaging. The **Joint Information System** (JIS) provides the methodology for the public information officer to collaborate with other agencies to ensure consistent messages are released to the public.
just-in-time training	**Just-in-time training is** provided to individuals or groups just before the skills or functions taught will be used in a practical situation. Just-in-time trainings often span from about 15 minutes to one hour in length and ideally should not last longer than 30 minutes. Just-in-time training curricula should describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan.
mass patient care plan	A **mass patient care plan** guides the response of the medical and public health community to an event of public health significance that includes therapeutic interventions for various medical and health problems. The primary consideration in the plan needs to be for the rapid expansion of capacity.
memorandum of understanding/mutual aid agreement	Both **memoranda of understanding** (MOUs) and **mutual aid agreements** (MAAs) are written agreements established between agencies, organizations, and jurisdictions that they will assist one another upon request by furnishing personnel, equipment, and expertise in a specified manner, according to specified parameters.
National Incident	The **National Incident Management System** (NIMS) is an incident

Management System	management structure used by federal, state, local, and tribal responders to an emergency situation. NIMS uses best practices developed by responders and authorities throughout the country.
NIMS assessment	A **NIMS assessment** determines the compliance of an agency or jurisdiction with the directives of NIMS. The NIMS Compliance Assistance Support Tool, or NIMSCAST, is an example of a tool that can assist in such an assessment and is available online at www.fema.gov/nimscast/.
partners	**Partners** refers to the broad categorization of response partners that require communication capability with your LHD/region during potential or actual incidents of public health significance or any agency with which the LHD might work or communicate during an emergency in an effort to meet the health needs of the population in a jurisdiction. Examples of partners include hospitals, morgues, social service providers, emergency management, private pharmacies, mental health organizations, volunteer organizations, universities, the media, and neighboring health districts. Partners exist at the local, state, and federal level. Any agency that acts as the lead agency for any evidence element that is not the primary responsibility of the LHD is also a partner agency.
patient tracking and monitoring system	A p**atient tracking and monitoring system** maintains information on individuals who have either received or are receiving health care services. At a minimum, this system should maintain individual contact information and information on the services received. Services tracked by such a system include emergency sheltering, mass patient care, and pre- or post-exposure prophylaxis.
public health surge capacity	**Public health surge capacity** is the ability of the public health system, including the LHD, clinics, hospitals, or public health laboratories, to respond to sharply increased demand for services during a public health emergency.
recognition	In the context of PPHR, **recognition** is successfully meeting the requirements within the process designed by PPHR to assess the level of preparedness of an agency or a region. An agency's recognition status is valid for three years, after which the agency must participate in re-recognition to maintain recognition status.
standard operating procedure	A **standard operating procedure** (SOP) is the established (e.g., regular, daily, routine) manner in which a specified type of work will be done.
Strategic National Stockpile	The **Strategic National Stockpile** (SNS) comprises a federal cache of medicines and other medical supplies to be used in the event of a public health emergency. In an event, these supplies will be delivered to requesting or affected states within 12 hours. Each state has a plan to receive and distribute resources provided from the SNS.

training needs assessment	A **training needs assessment** identifies what educational courses or activities should be provided to employees to address gaps in knowledge and improve work productivity.
vulnerable populations	**Vulnerable populations** comprise a range of residents who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. These groups will likely include, but may be larger, than the HHS definition of at-risk populations, or the NRF definition of special-needs populations. The Department of Health and Human Services has developed the following definition of at-risk individuals: Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.[4]

[4] http://www.hhs.gov/aspr/opeo/abc/atrisk.pdf