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 Criteria

PROJECT PUBLIC HEALTH READY

Version 7

Updated September 2013

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 Executive Summary section on the next page.
- *Criteria Crosswalk:* The Criteria Crosswalk is composed of 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 supports each evidence element. If support for an evidence element appears in multiple locations, include multiple page number references. Do not reference entire sections of documents or large ranges of pages. Cite 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 or application.
- *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).
- *Hyperlinks:* The application **must** be hyperlinked. Contact NACCHO for PPHR hyperlink guidance or 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 email pphr@naccho.org or ask for PPHR staff at (202) 783-5550.

Executive Summary

An Executive Summary is required with every PPHR application. The Executive Summary describes 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. You may find it 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 emergency preparedness planning and response.
   - The linkages among all three goals of the project, including how the revisions of response plans, workforce development 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.

Regional applicants should reference *Regional Guidance for PPHR Applicants and Reviewers* for additional information and requirements, including guidance on composing their Executive Summaries.

PPHR Criteria Version 7 for All Applicants

Goal I: All-Hazards Preparedness Planning: Measure 1

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #1).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #2).

Goal I: All-Hazards Preparedness Planning PPHR ***PPHR Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan*** The agency has documented its planned response to public health emergencies. To prove it has met this measure, the agency must 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. Plan Organization	**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 emergency management agency's response plan and complies 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 application describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.		

b3. The application provides evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., city-state tribal collaboration, city-county collaboration).		
b4. The plan identifies all neighboring jurisdictions and if applicable, tribal and international borders and military installations within the locality.		
b5. The plan identifies all hospitals, clinics, and community health centers within the locality.		
b6. The application identifies the locations where copies of the plan are kept.		
b7. The application describes 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 demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission.		
c2. The application describes the procedure the agency will use to update and revise its plan on a regular basis.		
D. Authority and Acknowledgments	**Page Number(s)**	**Comments**
d1. The plan describes the legal and administrative authority under which the agency would respond to an emergency requiring a public health response.		
d2. The plan describes the process for coordinating and communicating with legal counsel, particularly regarding enforcement.*		
d3. The plan describes emergency legal authorities and expedited administrative processes that differ from standard procedures for the following: ▪ Accepting federal/state funds; ▪ Allocating federal/state funds (determining how funds are allotted); and ▪ Spending federal/state funds (including contracting, procurement, and hiring)*		
d4. The plan describes the monitoring and reporting procedures in place to manage expedited administrative processes.*		

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 agency and possibly, the surge capacity of the agency.		
e2. The application includes a hazard analysis of threats (e.g., chemical/nuclear facilities, floods, extreme weather events) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.		
e3. The plan includes conclusions drawn from the hazard analysis regarding threats faced by the jurisdiction and unique jurisdictional characteristics/vulnerabilities that may affect a public health response.		
e4. The application describes how the agency 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 contains standard operating procedures that may include decision matrices, flow charts, or decision trees that describe an all-hazards response.		
f2. The plan contains 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 including the following: ▪ Command and control; ▪ Detection; ▪ Investigation; ▪ Communication; ▪ Containment and prevention; and ▪ Recovery.		
g3. The application contains evidence that the agency has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards incident response system.		
g4. The application contains evidence that the agency has completed, or has collaborated with emergency management to complete, a baseline assessment of NIMS implementation requirements.		
g5. The application contains evidence that the departmental operations center or emergency operations center uses 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.		
g6. The plan contains a table or diagram that illustrates the agency's command and control structure (ICS/Unified Command Structure/Multi-agency Coordination System) for coordination of emergency response.		
g7. The command and control structure addresses the following five items: ▪ Staff roles, responsibilities, and concept of operations for Emergency Support Function (ESF) 8; ▪ Response actions that will occur; ▪ When the response actions will occur; ▪ Under whose authority the actions will occur; and ▪ How response actions will be documented.		

H. Functional Staff Roles	Page Number(s)	Comments
h1. The plan contains a list, table, or other documentation identifying the necessary roles to be filled during a response operation to any hazard.		
h2. 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.		
h3. The plan contains copies of Job Aids or Job Action Sheets detailing specific functions of each role indicated as necessary in measure 1.H.h1.*		
h4. The plan describes how the agency, during an emergency operation, will assimilate personnel (staff/volunteers).		
h5. The plan describes the process for determining where staff must report.		
h6. The plan identifies how long the staff will have to report to the designated locations (must be consistent with Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capability 3, Function 2, Measure 1, Performance Target: 60 minutes or less).		
h7. The application includes evidence of procedures for protecting responders under the direction of the agency from probable safety and health risks, including the following: ▪ Recommendations for personal protective equipment; ▪ Conduct of medical readiness screening; and ▪ Monitoring of responder exposure, injury, and intervention/treatment.		
I. Agency Communications	**Page Number(s)**	**Comments**
i1. The plan identifies the party(ies) responsible for notification, alerts, and mobilization.		
i2. The plan describes whom to notify during an incident and at what level (e.g., alert, standby, report).		
i3. The plan describes the method by which notification will take place.		
i4. The plan contains pertinent staff contact information (e.g., Emergency Operations Center, phone, cell, fax).*		

i5. The plan describes how quickly staff will be notified of an incident.		
i6. The plan describes what information is shared with activated staff and volunteers.		
i7. The application contains evidence of a redundant communication plan that demonstrates the ability to stand-up communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours (must be three-deep).		
J. Community Preparedness	**Page Number(s)**	**Comments**
j1. The application contains evidence of collaboration with community stakeholders and engagement with the larger community regarding preparedness activities/processes.		
j2. The application contains a policy and process for continued participation in new or existing community partnerships.		
j3. The plan provides a description of the vulnerable populations within the jurisdiction, consistent with the definition of vulnerable populations found in the PPHR glossary.		
j4. The plan describes the processes for, and agency role in, providing services to the vulnerable populations identified in 1.J.j3, including children, in emergency situations.		

*NOTE: Sub-measures K–Y are **cross-cutting** with the agency's concept of operations.*
Therefore, sub-measures K–Y, all labeled in BLUE, must *also* address the following five items:

- Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services;
- Response actions that will occur;
- When the response actions will occur;
- Under whose authority the actions will occur; and
- How response actions will be documented.

Information should be specific to each sub-measure, but can also reference evidence submitted for the concept of operations.

K. Emergency Public Information and Warning	Page Number(s)	Comments
k1. 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.		
k2. The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.		
k3. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including vulnerable populations, during an emergency.		
k4. The plan contains a media contact list that is accompanied by a procedure for keeping the list current and accurate.*		
k5. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) issued within the last two years, including the following information: ▪ To whom the information was provided; ▪ The date the information was provided; and ▪ For what purpose the information was provided.		
k6. The evidence for emergency public information and warning addresses the five items listed as cross-cutting with the concept of operations:		
k6i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
k6ii. Response actions that will occur.		
k6iii. When the response actions will occur.		
k6iv. Under whose authority the actions will occur.		
k6v. How response actions will be documented.		

L. Information Sharing	Page Number(s)	Comments
I1. The plan describes the process and procedures necessary to coordinate the communication process among partners during an emergency or the plan includes a message map.*		
I2. 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 notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)?		
I3. The plan describes the process of sending, receiving, confirming receipt/acknowledging messages to/from multiple users, and interacting with Health Alert Network (HAN) or Public Health Information Network (PHIN).		
I4. The plan contains 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.*		
I5. The plan describes how epidemiological data are shared.		
I6. 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).		
I7. The evidence for information sharing addresses the five items listed as cross-cutting with the concept of operations:		
I7i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
I7ii. Response actions that will occur.		
I7iii. When the response actions will occur.		
I7iv. Under whose authority the actions will occur.		

l7v. How response actions will be documented.		
M. Epidemiology	**Page Number(s)**	**Comments**
m1. Surveillance		
m1i. The plan describes the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of communicable disease.		
m1ii. The plan describes the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of incidents involving technological hazards (chemical or radiological).		
m1iii. The plan contains evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data) for communicable diseases.		
m1iv. The plan contains evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data) for chemical or radiological agents.		
m1v. The application contains 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.		
m2ii. The plan calls for confirmation of diagnosis.		
m2iii. The plan describes how the agency conducts contact tracing, including when it exceeds normal agency capacity.		
m2iv. The plan calls for the development of a description of cases through interviews, medical record review, and other mechanisms (person, place, and time) and the assignment of a case definition.		
m2v. The plan calls for the generation of possible associations of transmission, exposure, and source.		

m2vi. The plan calls for identifying the population at risk and recommending control measures.		
m2vii. The plan describes the process of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up, including any electronic systems used.		
m2viii. The plan describes the methods that would be used to evaluate therapeutic outcome(s).		
m2ix. The plan describes the process for reporting notifiable conditions and situations, including on-call system(s), policies, and procedures to take reports of notifiable conditions and situations 24/7/365.		
m2x. The plan describes outbreak and exposure investigation tasks for staff and any volunteers who would be called upon in an agency emergency response.		
m3. The application contains evidence of a system and protocol for managing epidemiological investigation data.		
m4. The plan calls for coordination with environmental investigation as required.		
m5. The evidence for epidemiology addresses the five items listed as cross-cutting with the concept of operations:		
m5i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
m5ii. Response actions that will occur.		
m5iii. When the response actions will occur.		
m5iv. Under whose authority the actions will occur.		
m5v. How response actions will be documented.		

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 plan describes the process(es) for transporting specimens/samples to a confirmatory reference lab 24/7/365.*		
n1iii. The plan describes the process of contacting the proper lab to notify them of what specimens to expect and, if applicable, special directions.		
n1iv. The plan contains a table of local and state laboratories, including a description of laboratory capacity, list of pathogens that can be identified at each level, and contact information for each laboratory.*		
n2. The application contains evidence of the database and protocol for management/flow of laboratory data and sample testing information.		
n3. The plan describes a process or policy related to evidence management.		
n4. The evidence for laboratory data and sample testing addresses the five items listed as cross-cutting with the concept of operations:		
n4i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
n4ii. Response actions that will occur.		
n4iii. When the response actions will occur.		
n4iv. Under whose authority the actions will occur.		
n4v. How response actions will be documented.		
O. Medical Countermeasure Dispensing	**Page Number(s)**	**Comments**
o1. The plan describes the procedures for implementing medical countermeasure dispensing 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 agency uses to monitor for adverse reactions to public health interventions (also known as post-event tracking).		
o4. The plan contains a point of dispensing (POD) patient flow diagram for an actual dispensing site with a label for each station.*		
o5. The plan identifies the number of volunteers or supplemental staff necessary to support the delivery of mass prophylaxis to the local population within 48 hours, including a formula or brief rationale for how the number was determined.		
o6. The plan contains a functional definition of essential personnel (e.g., emergency responders, personnel necessary for receiving, distributing, and dispensing medical countermeasures, medical and public health personnel who will treat the sick), who, if indicated by the incident, will receive prophylaxis prior to the general population.		
o7. The plan contains provisions for serving individuals for whom the frontline medical countermeasure is contraindicated.		
o8. Strategic National Stockpile (SNS) Plan		
o8i. The plan describes its integration into the state SNS plan.		
o8ii. The plan contains a clear delineation of agency responsibilities, including security for receiving, distributing, and dispensing SNS assets.		
o8iii. The plan identifies who is legally authorized to dispense during declared disasters and when a disaster has not been declared.		
o8iv. The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.		
o8v. The application contains documentation of legal authority or memoranda of understanding with outside entities to suspend normal operations to complete medical countermeasures dispensing.		

o8vi. The application addresses local medical inventories using the following four considerations: ▪ The threats from which people must be protected; ▪ Prophylactic medicines and supplies available for dealing with those threats; ▪ Quantities of the medicines and other needed items available in local inventories; and ▪ Location of the local inventory.		
o8vii. The plan describes a process for maintaining and tracking vaccination or prophylaxis status of public health responders, including any electronic systems used.		
o9. The evidence for medical countermeasure dispensing addresses the five items listed as cross-cutting with the concept of operations:		
o9i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
o9ii. Response actions that will occur.		
o9iii. When the response actions will occur.		
o9iv. Under whose authority the actions will occur.		
o9v. How response actions will be documented.		
P. Mass Care	**Page Number(s)**	**Comments**
p1. The plan provides an overview of how mass care will be established and operated at the following congregate locations, including roles of the lead agency and any applicant support roles: ▪ General shelters; ▪ Medical needs shelters; and ▪ Alternate care sites.		
p2. The plan contains a list of pre-identified sites where mass care may be conducted.*		

p3. The plan describes how environmental health and safety evaluations of congregate locations are conducted, including identification of barriers for disabled individuals.		
p4. The plan describes the process for conducting and reporting on human health surveillance at congregate locations.		
p5. The plan contains documentation detailing the casualty transportation process for mass care from the congregate locations to the medical treatment center.		
p6. The plan describes the communication process for mass care and the role of the agency in that communication process.		
p7. The evidence for mass care addresses the five items listed as cross-cutting with the concept of operations:		
p7i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
p7ii. Response actions that will occur.		
p7iii. When the response actions will occur.		
p7iv. Under whose authority the actions will occur.		
p7v. How response actions will be documented.		
Q. Mass Fatality Management	**Page Number(s)**	**Comments**
q1. The plan contains a detailed description of all agency roles in managing mass fatalities in the local jurisdiction.		
q2. The plan describes how death certificates and other vital records will be handled during emergencies that involve mass fatalities.		
q3. The evidence for mass fatality management addresses the five items listed as cross-cutting with the concept of operations:		
q3i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
q3ii. Response actions that will occur.		
q3iii. When the response actions will occur.		

q3iv. Under whose authority the actions will occur.		
q3v. How response actions will be documented.		
R. Environmental Health Response	**Page Number(s)**	**Comments**
r1. The plan describes the agency's lead and support roles in the protection of the public from environmental hazards and the management of public health effects of an environmental health emergency.		
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 vector borne disease control.		
r2iii. Food safety.		
r2iv. Drinking water supply and safety.		
r2v. Sanitation.		
r2vi. Waste water.		
r2vii. Solid waste management.		
r2viii. Hazardous waste management.		
r2ix. Air quality.		
r2x. Radiation exposure response, including population monitoring.		
r2xi. Chemical or toxic release control and clean-up.		
r3. The evidence for environmental health response addresses the five items listed as cross-cutting with the concept of operations:		
r3i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
r3ii. Response actions that will occur.		
r3iii. When the response actions will occur.		

r3iv. Under whose authority the actions will occur.		
r3v. How response actions will be documented.		
S. Disaster Behavioral Health	**Page Number(s)**	**Comments**
s1. The plan describes the process by which the applicant prepares response personnel, including agency personnel, for the behavioral health implications of public health emergencies.		
s2. The plan describes who in the community is responsible for addressing and responding to the behavioral health issues of the community.		
s3. The application describes the partnerships the agency has established and the local resources the agency has cultivated to respond to population-wide mental health needs.		
s4. The plan describes how the mental health needs of those most directly affected will be addressed during and in the immediate aftermath of an emergency (e.g., Psychological First Aid).		
s5. The evidence for disaster behavioral health addresses the five items listed as cross-cutting with the concept of operations:		
s5i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
s5ii. Response actions that will occur.		
s5iii. When the response actions will occur.		
s5iv. Under whose authority the actions will occur.		
s5v. How response actions will be documented.		
T. Non-Pharmaceutical Interventions	**Page Number(s)**	**Comments**
t1. The plan contains an algorithm, flow chart, or matrix that addresses the processes for implementing quarantine, isolation, and social distancing.		
t2. The plan identifies the legal authority to isolate, quarantine, and as appropriate, institute social distancing for the following:		
t2i. Individuals*		

t2ii. Groups*		
t2iii. Facilities*		
t2iv. Animals*		
t3. The plan describes the legal process for implementing involuntary quarantine and isolation for an individual.*		
t4. The plan describes the legal process for implementing involuntary quarantine and isolation for a group. *		
t5. The plan describes coordination of public health and medical services among those under isolation or quarantine.		
t6. The plan describes coordination of general services, including food, water, and transportation, among those under isolation or quarantine.		
t7. The plan describes stress-management strategies, programs, and crisis response for those under isolation, quarantine, or social distancing restrictions.		
t8. The plan describes the communication process for directing and controlling public information releases about individuals under isolation or quarantine.		
t9. The evidence for non-pharmaceutical interventions addresses the five items listed as cross-cutting with the concept of operations:		
t9i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
t9ii. Response actions that will occur.		
t9iii. When the response actions will occur.		
t9iv. Under whose authority the actions will occur.		
t9v. How response actions will be documented.		
U. Continuity of Operations Plan (COOP)	**Page Number(s)**	**Comments**
u1. The plan identifies the health department functions that must be continued despite a natural disaster or deliberately caused emergency.		

u2. The plan identifies the staff member who will implement the COOP (must be three-deep).		
u3. The plan identifies an alternate location for key health department staff to report, if necessary.		
u4. The evidence for COOP addresses the five items listed as cross-cutting with the concept of operations:		
u4i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
u4ii. Response actions that will occur.		
u4iii. When the response actions will occur.		
u4iv. Under whose authority the actions will occur.		
u4v. How response actions will be documented.		
V. Surge Capacity	**Page Number(s)**	**Comments**
v1. The plan describes expected capability and capacity of local, state, federal, and private resources to respond to an emergency.		
v2. The plan contains a table or matrix that identifies the capacity, surge capacity, and sources for the following, in relation to the scope and duration for anticipated events: ▪ Agency personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; ▪ Pharmacologic supplies; and ▪ Security.		
v3. The evidence for surge capacity addresses the five items listed as cross-cutting with the concept of operations:		
v3i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
v3ii. Response actions that will occur.		
v3iii. When the response actions will occur.		

v3iv. Under whose authority the actions will occur.		
v3v. How response actions will be documented.		
W. Volunteer Management	**Page Number(s)**	**Comments**
w1. The application describes the process for volunteer recruitment, engagement, and retention, (e.g., community Medical Reserve Corps units).		
w2. The application includes the partners that the agency works with for recruitment.		
w3. The plan describes how volunteers are notified.		
w4. The plan describes how volunteers are used in an emergency.		
w5. The plan describes how volunteers are credentialed.		
w6. The application describes the agency's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		
w7. The plan describes the agency's legal or liability protections for volunteers.*		
w8. The evidence for volunteer management addresses the five items listed as cross-cutting with the concept of operations:		
w8i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
w8ii. Response actions that will occur.		
w8iii. When the response actions will occur.		
w8iv. Under whose authority the actions will occur.		
w8v. How response actions will be documented.		
X. Mutual Aid and External Resources	**Page Number(s)**	**Comments**
x1. The application describes the process by which the agency develops intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector, and non-governmental organizations.		

x2. The plan contains a table, chart, or other document that lists mutual aid agreements and their status (including primary, secondary, and tertiary inter-jurisdictional state agreements, which should be designated accordingly).*		
x3. The plan describes how the agency will determine when to ask for higher order support based on models or past experience.		
x4. The plan describes when and how partner resources would be requested.		
x5. The evidence for mutual aid and resource management addresses the five items listed as cross-cutting with the concept of operations:		
x5i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
x5ii. Response actions that will occur.		
x5iii. When the response actions will occur.		
x5iv. Under whose authority the actions will occur.		
x5v. How response actions will be documented.		
Y. Recovery	**Page Number(s)**	**Comments**
y1. The plan describes the process for transitioning from response to short- and long-term recovery.		
y2. The plan describes the agency's role in recovery in the following areas:		
y2i. Identification and assessment of recovery needs.		
y2ii. Identification and assessment of recovery assets (e.g., sources of funding, sources of volunteers, other resources).		
y2iii. Provision/rebuilding of essential health, medical, and mental/behavioral health services.		
y2iv. Collaboration with partners, including community organizations, emergency management, and healthcare organizations.		
y2v. Public communications.		

y3. The plan describes agency strategies for continuity of operations during the recovery period.		
y4. The evidence for recovery addresses the five items listed as cross-cutting with the concept of operations:		
y4i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
y4ii. Response actions that will occur.		
y4iii. When the response actions will occur.		
y4iv. Under whose authority the actions will occur.		
y4v. How response actions will be documented.		

Goal II: Workforce Capacity Development: Measures 2–3

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #1).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #2).

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, TRAIN,[2] or those recently released 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.

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 before 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.

[1] These nine competencies are found in the Bioterrorism and Emergency Readiness Competencies developed by Columbia University. (http://training.fema.gov/emiweb/downloads/bioterrorism%20and%20emergency%20readiness.pdf)
[2] See https://www.train.org/desktopshell.aspx for more information.
[3] See http://www.asph.org/document.cfm?page=1081 for more information

A. Date of Training Needs Assessment	Page Number(s)	Comments
a1. The PPHR application contains a training needs assessment that was completed no earlier than 36 months prior to the application submission date.		
B. Assessment Process Report	**Page Number(s)**	**Comments**
b1. The report describes the assessment methodology.		
b2. The report identifies how frequently reassessments will occur.		
b3. The report contains details of the assessment tool(s), if applicable.		
b4. The report lists individuals involved in designing the assessment process.		
b5. The report identifies the total number and percentage of staff assessed and describes the audience and why they were selected.		
C. Results and Implications Report	**Page Number(s)**	**Comments**
c1. The report describes priority areas based on the assessment.		
c2. The report describes how results will be or are being used to inform the workforce development plan.		
c3. 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 and Staff Competencies

The agency establishes a list of priority staff (e.g., members of the public health preparedness division, all expected responders) who need training and priority training topics, based on the results of the training needs assessment and past corrective actions. When the agency 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 agency's workforce development 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 agency will follow to train the remaining priority staff. 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 agency must also 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.

The agency must submit a workforce development plan to provide the evidence for the sub-measures described below. Additional documentation to support information requested in the sub-measures should also be submitted.

A. Training Topics	**Page Number(s)**	**Comments**
a1. The workforce development plan identifies agency priority training topics based on results from the training needs assessment.		
a2. The workforce development plan contains the following training topics:		
a2i. Based on jurisdictional capacity and federal requirements, appropriate NIMS training for the public health workforce.		
a2ii. Based on jurisdictional capacity and federal requirements, appropriate ICS training for the public health workforce.		
a2iii. Training in the principles of risk communication for key spokespersons for the agency.		
B. Training Objectives	**Page Number(s)**	**Comments**
b1. The workforce development plan contains the objectives of the trainings *or* describes the competencies that the workforce development plan addresses.		
C. Training Delivery	**Page Number(s)**	**Comments**

c1. The workforce development plan describes the type of trainings to be provided.		
c2. The workforce development plan describes the training participants.		
c3. The workforce development plan identifies the agency(ies) or individual(s) that will deliver the trainings.		
c4. The application contains a justification for each chosen training activity.		
D. Workforce Development Plan	**Page Number(s)**	**Comments**
d1. The workforce development plan describes how competency-based education in emergency preparedness will be maintained.		
d2. The workforce development plan describes how it will be kept up-to date, providing at a minimum: ▪ Who will update the workforce development plan; ▪ How they will coordinate with any agency-wide workforce development plan; ▪ How updates will be conducted; ▪ When updates will take place; and ▪ How new employees will be trained, assessed, and incorporated into the workforce development plan.		
d3. The workforce development plan describes how progress will be tracked for each identified training topic referred to in sub-measure A.		
d4. The application demonstrates that the workforce development plan is linked to each of the training objectives noted in 3.B.b1 and describes the link between the conduct of training needs assessments, identified gaps, and the process for improving and sustaining levels of competence.		
E. Management of Agency Workforce Capability	**Page Number(s)**	**Comments**
e1. The application contains a report or table that describes the method used to demonstrate agency workforce capability.		
e2. The application describes how the agency routinely evaluates workforce capability.		

e3. The application contains two examples of activities (and curricula) or exercises wherein staff had the opportunity to demonstrate specific competencies noted in the workforce development plan.		
F. Just-in-time Training	**Page Number(s)**	**Comments**
f1. Just-in-time training implementation		
f1i. The plan contains a narrative describing how just-in-time training is implemented.		
f1ii. The plan identifies who will provide the just-in-time training and the intended audience to receive it.		
f1iii. The plan describes how the just-in-time training is updated.		
f2. The workforce development plan contains training curricula (presentations and other materials) for the following just-in-time training topics:		
f2i. Epidemiological investigation tasks reflecting the agency's all-hazards plan.*		
f2ii. Medical countermeasure dispensing reflecting the agency's all-hazards plan.*		
f2iii. Applicable NIMS components 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.*		

Goal III: Quality Improvement through Exercises and Real Events: Measures 4–5

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #1).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document (Application Guideline #2).

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

To ensure an agency follows a Continuous Quality Improvement (CQI) process, evidence must be provided to demonstrate how the agency links planning, training, and demonstration of readiness through exercise or responses. To meet Goal III, applicants must show a process in place within the agency that documents exercises/responses in a clear and timely manner; write 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 develop future exercises based on 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 #4: Learning and Improving through Exercises or Responses

The agency 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 agency must scale functional exercises, including number of staff involved in the exercise, to fit the size of the department).
- Sub-measure B: An emergency incident for which the agency has activated its response plan. 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 incident action plan (IAP).

Reminder: Based on your agency's activities, include documentation for *either* an exercise *or* a response. You do not need to submit both. Documentation (i.e., After Action Report, Improvement Plan) must address the agency's improvements and the agency's plans.

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 elements in the following sub-measure (A1–A6).		
A1. Date of AAR/IP	**Page Number(s)**	**Comments**
a1i. The final AAR/IP contains 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 (e.g., part of the previous exercise plan or the training needs assessment results) and which part or parts of the agency's plan were exercised.		
a2ii. The AAR/IP identifies the exercise objectives and states whether the objectives were met during the exercise.		
a2iii. The AAR/IP lists the following: ▪ Notable strengths learned from the exercise; ▪ Key areas that require further improvement; and ▪ If applicable, broad observations that cut across multiple capabilities.		
A3. Exercise Overview and Design Summary	**Page Number(s)**	**Comments**
a3i. The AAR/IP contains an overview that provides details of the exercise, including the names of the members of the exercise planning team, participating organizations, and the number of each type of participant (players, victim role players, controllers, evaluators, observers, and facilitators), as appropriate for the exercise.		
a3ii. The AAR/IP contains a section that summarizes the exercise design process, including purpose, design, objectives, capabilities, activities, and scenario summary.		

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, or practice that is worthy of special notice and recognition. Area for Improvement: Areas for improvement include 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 application contains an improvement plan 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.		
a6ii. The application contains a listing and timetable of any necessary revisions to the agency all-hazards response plan based on gaps identified during the exercise.		
a6iii. The application contains a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the exercise.		
a6iv. The application contains a listing and timetable of any necessary revisions to the exercise plan and schedule, based on gaps identified during the exercise.		
a6v. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness.		
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 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 must be submitted. Documentation submitted to PPHR must include all elements in the following sub-measures (B1–B3). Reminder: Based on your agency'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 period.	**Page Number(s)**	**Comments**
b1i. The IAP lists the following: ▪ Date(s) of the incident; ▪ Name of the incident; ▪ Operational period; and ▪ Objectives for incident response.		

b1ii. The IAP contains a list of agency participants and partner organizations.		
b1iii. The IAP contains safety messages delivered during the incident response.		
b1iv. The IAP identifies who prepared the IAP.		
B2. AAR	**Page Number(s)**	**Comments**
b2i. The final AAR contains 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 identifies the response objectives and whether they were met during the incident.		
b2iv. The AAR identifies the following: ▪ Notable strengths learned from the response; ▪ Key areas that require further development; and ▪ If applicable, broad observations that cut across multiple capabilities.		
b2v. The AAR identifies the agencies that participated in the incident response.		
b2vi. The AAR contains a summary of remarks on the incident, including strengths, weaknesses, lessons learned, and areas for improvement.		
B3. Improvement Plan	**Page Number(s)**	**Comments**
b3i. The application contains an improvement plan 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.		
b3ii. The application contains a listing and timetable of any necessary revisions to the agency all-hazards response plan based on gaps identified during the incident response.		
b3iii. The application contains a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the incident response.		
b3iv. The application contains a listing and timetable of any necessary revisions to the exercise plan and schedule based on gaps identified during the incident response.		
b3v. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness.		

PPHR Measure #5: Comprehensive Exercise Plan

Based on the AAR/IP or IAP, the agency provides documentation of its comprehensive exercise plan or planning notes that is clear and includes 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 agency's evaluation of previous exercises. The agency 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 or types of exercises that are scheduled.		
a3. The exercise plan describes the purpose(s) of the exercise(s).		
a4. The exercise plan identifies draft exercise objectives.		
a5. The exercise plan identifies 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 or jurisdictions and integrates the following: ▪ 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 agency coordinates or helps to coordinate an exercise involving other public 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.		
b7. The exercise plan shows anticipated participation in an exercise involving community-based organizations.		

Application Guidelines

*Starred Criteria Elements

When a criteria element contains an asterisk, the applicant may submit evidence in the application instead of in the plan, as long as the plan references where to find that information.

Application Guideline #1:

If you are not the lead agency for a particular task (evidence elements 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 support 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 or following an emergency response;
- An example of how this collaboration has worked in the past, how it was exercised, or how it is addressed in your workforce development plan; and
- If available, agreements between the applicant and the partner agency.

Application Guideline #2:

If there is an evidence element or sub-measure that your agency has not yet addressed or if documentation is not yet available, 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; and
- 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.B.b3: Evidence for this element must 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.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 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 depends on local and state legal practice.

Measure 1.F.f2: Consistent with PHEP Capability 3, the flow diagram or narrative should describe how the agency will act upon information that indicates there may be an incident with public health implications that requires an agency-level response.

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

Measure 1.G.g4: Applicants may use the most current version of the NIMS Compliance Assessment Support Tool (www.fema.gov/nimscast), or other assessment tool that has been approved by NACCHO.

Measure 1.G.g7: Evidence for this element must address all five items listed. The concept of operations should be general and not hazard-specific.

Measure 1.H.h4: Evidence for this element must describe whether employees or volunteers will fill functional staff roles during a response and describe how they will be incorporated into the response (i.e., notifying, where to report, assigning, just-in-time trainings).

Measure 1.H.h6: Evidence for this element must be consistent with the most current performance target under the CDC Public Health Preparedness Capabilities. CDC Capability 3, Function 2, Measure 1: Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less.

Measure 1.J.j1: Engagement may take place through activities such as town hall meetings, strategy sessions, or assistance to community partners to develop their own emergency operations plans/response operations.

Measure 1.J.j2: Consistent with PHEP Capability 1, sectors with which agencies work to build partnerships may include the following: business; community leadership; cultural and faith-based groups and organizations; CERTs and MRCs, Local Emergency Planning Committees (LEPCs), emergency management; healthcare; social services; housing and sheltering; media; mental/behavioral health; and education and childcare settings.

Measure 1.J.j4: Evidence for this element must address accommodations for sheltering vulnerable and at-risk populations based on their functional or access need. Examples of other systems that the evidence could address include state requirements or provisions regarding written plans for K–12 schools and childcare facilities or emergency planning provisions for community-dwelling older adults.

Measure 1.K.k5: Samples from within the last two years are required.

Measure 1.L.l4: Consistent with PHEP Capability 6, Function 3, the alert should include the following elements: subject or title; description; background; action(s) requested or recommended; whom to contact; where to obtain more information; recipients (e.g., specific roles); alert level; and distribution method.

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 effect on the agency, related partner agencies, and geographic area.

Measure 1.M.m1iii / Measure 1.M.m1iv: The difference between these two criteria elements and 1.M.m1i/1.M.m1ii is that 1.M.m1i/1.M.m1ii are asking for evidence that the applicant is collecting surveillance data, while these criteria elements are asking for evidence of a system that is used to monitor/analyze/use that data to detect an incident.

Measure 1.M.m1v: In lieu of a list, applicants may also cite the law that specifies who reports into the surveillance system and describe how their agency ensures that the reporters are aware of their responsibilities.

Measure 1.M.m2i: The occurrence of reportable disease conditions or unusual epidemiological situations depends on the knowledge of when an event is beyond or in excess of normal expectancy. Because 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.

Measure 1.M.m2ii. 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.

Measure 1.M.m2iii: 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.m2iv: Evidence for this element should include how the agency will develop a master contact list and the process used to establish a final (or perhaps successive on a complex outbreak) outbreak case hypothesis and case definition. 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 afterward 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. The agency must describe how case definitions are determined and counted in a specific time, place, or group of persons.

Measure 1.M.m2viii: 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.M.m2x: Regarding volunteers, NACCHO recommends that the applicant describe who is allowed to volunteer for epidemiological tasks in an emergency, how their credentials will be verified if the process differs from that of other volunteers, and any ways in which their response roles or reporting duties would differ from those of staff.

Measure 1.O.o3: Evidence for this element must include an all-hazards approach to post-event tracking. The application must demonstrate that the agency 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 (e.g., 10 points of distribution, 30 staff each; four health department employees, 26 volunteers; two 12-hour rotating shifts = 520 volunteers)

Measure 1.P.p1: Consistent with PHEP Capability 7, responsibilities of the lead agency may include the following:

- Operation oversight, set-up, and closure of congregate locations;
- Registration of congregate location users;
- Provision of screening and decontamination services;
- Sanitation, waste management, and food and water safety; and
- Provision of service animal and pet shelter and care.

Measure 1.P.p5: Consistent with PHEP Capability 7, plans should include both the physical transfer of the patient and patient information transfer, including current condition and medical needs.

Measure 1.P.p6: If the communication process for mass care differs significantly from the communication process for partners described in 1.J.j2vii, then the plan should include the following elements:

- Contact information of at least one representative from each organization;
- Who will notify organizations;
- How organizations will be notified;
- How receipt of notification will be confirmed;
- How organizations will confirm their participation in the mass care response; and
- What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills).

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. Recommended services include screening, debriefing, crisis counseling, and critical incident stress management.

Measure 1.S.s2: If the applicant is not the lead agency in addressing and responding to behavioral health issues of the community, the applicant must provide all of the evidence addressed in Application Guideline #1.

Measure 1.T.t1: Consistent with PHEP Capability 11, the process should include selecting the site, converting it to the environment needed for the intervention, establishing operations in an appropriate timeframe, and returning the site to normal operation, including decontamination or sanitation, if necessary.

Measure 1.T.t3 / *Measure 1.T.t4:* The process notes the legal agency, legal authority, necessary written forms (e.g., motion, petition, affidavit, order), and partners.

Measure 1.W.w2: Consistent with PHEP Capability 15, suggested partners include the following groups: professional medical organizations (e.g., nursing and allied health); professional guilds (e.g., behavioral health); academic institutions; faith-based organizations; voluntary organizations active in disasters (VOADs); Medical Reserve Corps; and non-profit, private, and community-based volunteer groups.

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

Measure 2.B.b5: 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 3.C.c2: If all staff are not trained by the application deadline, the applicant must provide a timeline of the planned training process for the remainder of the priority staff.

Measure 3.E.e1: Examples of means to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, and inclusion of curricula.

Measure 3.E.e2: 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 degrees. The 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 3.F.f2: The just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan. The amount of training material provided must be able to be delivered in less than an hour. Evidence must include curricula (presentations or other materials being delivered). Only submitting job action sheets will not satisfy the requirements.

Measure 4.A.a4i: The analysis of capabilities must include a subsection 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 help the reader understand 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 5.A.a4: HSEEP Policy and Guidance can be found at https://www.llis.dhs.gov/hseep/documents.

Project Public Health Ready Glossary

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
- NIMS
- Federal Emergency Management Agency
- National Response Framework
- National Disaster Medical System
- Institute for Crisis, Disaster, and Risk Management, The George Washington University

acknowledgment	Notified staff confirms receipt of notification to designated official. **Acknowledgment** methods may be any of the following: e-mail, Health Alert Network, cell phone, etc., and may differ from the notification method used.[4]
administrative preparedness	**Administrative preparedness** is defined as the process of ensuring that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond to, and recover from public health emergencies can be accelerated, modified, streamlined, and accountably managed at all levels of government.
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 AAR that captures observations of an exercise and makes recommendations for post-exercise improvements and an 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 accomplish one or more tasks under specific conditions and meet specific performance standards. As it applies to human capital, capability is the sum of expertise and capacity.[5]

[4] http://www.cdc.gov/phpr/documents/phep_bp1_pm_specifications_and_implementation_guidance_v1_1.pdf
[5] http://www.fema.gov/pdf/emergency/nrf/National_Preparedness_Guidelines.pdf

capability element	The Department of Homeland Security states that **capability elements** define the resources needed to perform the critical tasks to the specified levels of performance, with the recognition that there is rarely a single combination of capability elements that must be used to achieve a capability. Consistent with NIMS, the capability elements include personnel; planning; organization and leadership; equipment and systems; training; and exercises, evaluations, and corrective actions.[6]
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 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 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.

[6] http://www.fema.gov/pdf/government/training/tcl.pdf

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 government'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 as follows: 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 health response plan	An **environmental health response plan** ensures that that the public is protected from environmental hazards and from any public health effects of an environmental health emergency. Environmental health emergencies include natural disasters, industrial or transportation-related incidents, and deliberate acts of terrorism. Capabilities needed for an environmental health response include the following: risk assessment; epidemiological analysis; remediation oversight; sample collection; advice on protective action; preventive measures; treatment guidance support; incident reporting; management of early responders; and epidemiological follow-up.

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 the following: ▪ Case confirmation; ▪ Case identification; ▪ Cause investigation; ▪ Initiation of control measures ; ▪ Conduct of analytic study (if necessary); ▪ Conclusions (epi/causal inference); ▪ Continued surveillance; and ▪ Communication of findings.
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 "the most complex and resource-intensive type of exercise" involving "multiple agencies, organizations, and jurisdictions" and often including many players using cooperative systems such as ICS or Unified Command. These are typically multi-discipline exercises involving functional (e.g., joint field office, emergency operation centers) 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 is "designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions." Functional Exercises "are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions [. . .] projected through an exercise scenario with even updates that drive activity typically at the management level. A

	functional exercise is conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated."[7] 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 hazards, vulnerabilities, and resources in a specific community to facilitate effective planning. The analysis can assist with identifying potential targets and with planning for their defense should an emergency arise and with prioritizing funding and programming.[8]
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 and Info Services to over one million recipients. Many states also possess state-oriented extensions of the national system, also called HAN. More information is available on the CDC website: http://emergency.cdc.gov/han/
incident	An **incident** is an unexpected occurrence that requires immediate response actions to protect life or property. Examples 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) formally documents incident goals, operational period objectives, and the response strategy as determined by incident command. It contains general tactics for achieving goals and objectives and provides information on the event and parameters of the response. IAPs are part of ICS and are 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 and transmit all information produced in the planning process, as it also serves to disseminate critical information about the response.[9]
Incident Command System	The **Incident Command System** (ICS) is a standardized, on-scene, all-hazards 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.

[7] https://www.llis.dhs.gov/sites/default/files/hseep_revision_apr13_final.pdf
[8] http://www.cphd.ucla.edu/npdfs/hrai_workbook.pdf
[9] http://www.phe.gov/preparedness/planning/mscc/handbook/pages/appendixc.aspx

indicators	**Indicators** are measurements, events, or other data that are predictors of change in demand for services or availability of resources. These may warrant further monitoring, analysis, information sharing, or select implementation of emergency response system actions.[10]
information sharing	The CDC's *Public Health Preparedness Capabilities* defines **information sharing** as the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information and issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.[11]
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. JAS should describe clearly the primary responsibilities of the position, the chain of command, and reporting authority. These tools can apply in both emergencies and daily job functions.
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 span from approximately 15 minutes to one hour in length and ideally should not last longer than 30 minutes. Just-in-time training curricula must 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 care	**Mass care** is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.
medical countermeasure dispensing	**Medical countermeasure dispensing** is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines or recommendations.[12]
memorandum of understanding/mutual aid agreement	Both **memoranda of understanding** (MOUs) and **mutual aid agreements** (MAAs) are written agreements established among agencies, organizations, and jurisdictions that outline how they will assist one another upon request by furnishing personnel, equipment, and expertise in a specified manner, according to specified parameters.

[10] http://www.iom.edu/reports/2013/crisis-standards-of-care-a-toolkit-for-indicators-and-triggers.aspx
[11] http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf
[12] http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

National Incident Management System	The **National Incident Management System** (NIMS) is an incident management structure used by federal, state, local, and tribal responders to an emergency situation. NIMS provides a consistent, nationwide approach and vocabulary for multiple agencies or jurisdictions to work together to build, sustain, and deliver the core capabilities needed to achieve a secure and resilient community. 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 at www.fema.gov/nimscast/.
operational period	The **operational period** is a manageable segment of time within which the agency plans to accomplish or work toward specific objectives. An appropriate period of time could be up to eight, 12, or 24 hours, depending on local operational period mandates, resource availability, involvement of additional jurisdictions or agencies, safety considerations, and environmental considerations (e.g., daylight remaining, weather). The operational period should also be consistent with partner organizations' operational periods.
partners	**Partners** refers to the broad categorization of response partners that require communication capability with your agency during potential or actual incidents of public health significance or any agency with which your agency might work or communicate during an emergency in an effort to meet the health needs of the population in a jurisdiction. Examples 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 levels. Any agency that acts as the lead agency for any evidence element that is not the primary responsibility of your agency is also a partner agency.
patient tracking and monitoring system	A **patient tracking and monitoring system** maintains information on individuals who have either received or are receiving healthcare 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.
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 five years, at which point the agency must apply for 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.
surge capacity	**Surge capacity** is the ability of the public health *system*, including local health departments, clinics, hospitals, or public health laboratories, to respond rapidly beyond normal services to meet sharply increased demand during a public health emergency.
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 safely access and use, or be equally accommodated by, the standard resources offered in disaster preparedness, relief, and recovery. This group includes at-risk individuals, which the Department of Health and Human Services (HHS) defines as having additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. Individuals specifically recognized as at-risk include children, senior citizens, pregnant women, and individuals who may need additional response assistance, including 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, or have pharmacological dependency.[13]

Acknowledgments

This document was supported by Award Number 5U38HM000449-05 from the Centers for Disease Control and Prevention. NACCHO is grateful for this support. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the funder.

[13] http://www.phe.gov/preparedness/planning/abc/pages/default.aspx