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 [Insert Applicant Name and State]

PROJECT PUBLIC HEALTH READY

Version 10.0
Updated September 2019

Introduction

Thank you for your interest in participating in NACCHO's Project Public Health Ready (PPHR) program. Please ensure that your application meets all of the requirements outlined below. PPHR staff appreciates the time and effort you put towards achieving PPHR recognition. If you have any questions, please email pphr@naccho.org, or ask for PPHR staff at 202-783-5550.

Application Requirements

- Executive Summary: Specific requirements that must be addressed are listed in the Executive Summary section on the next page.
- Criteria Crosswalk: The Criteria Crosswalk directs PPHR reviewers to the appropriate evidence documents in your application. The crosswalk is formatted with columns with the headings "Hyperlink(s)" and "Comments." The Criteria Crosswalk **must** meet the following requirements:
  - **Hyperlink(s) column:** Applicants must include the precise location within their plans 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 that were not addressed (note: 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 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, and all hyperlinks in the criteria crosswalk must be functional and lead to the correct evidence. Contact NACCHO for PPHR hyperlink guidance or instructions.

Key Resources

- PPHR Glossary: Use the PPHR glossary to find definitions of acronyms or terms you don't immediately recognize or understand.
- Guidance on Evidence Elements: Certain evidence elements are hyperlinked to provide deeper context and detail. When you click the hyperlinked evidence elements, the document will navigate directly to the corresponding guidance. When you are ready to return to the evidence element, simply click the hyperlinked guidance label.

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: 1) all-hazards emergency preparedness and response planning, 2) workforce capacity development, and 3) quality improvement through exercises and real events.

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** the information outlined below; NACCHO also recommends agencies format their executive summary in this order.

1. **Introduction**
   - The agency's approach to the PPHR process
   - The agency's mission and vision for serving the public's health

2. **Jurisdictional Area Description**
   - Size of population served by the agency
   - Geography/topography information, including the location of the jurisdiction
   - Unique characteristics to the jurisdiction that will help explain its approach to preparedness planning, including landmarks and proximity to Tribal Nations and military installations, if applicable
   - Demographic information, such as population density and median income or poverty rate

3. **Organizational Structure of the Agency**
   - The agency's level of authority and its structure and/or hierarchy (e.g., state agency, centralized, home rule)
   - Governance structure, such as cities and towns in a region, boards of health, and county commissioners
   - Preparedness planning and how the efforts of the agency fit within the larger jurisdictional (e.g., county or city) response
   - The agency's responsibilities in a response
   - Information on divisions/departments, 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 (e.g., county, city), 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
    - Document should show that a continuous quality improvement process is evident with the application

NOTE for Regional Applicants: Please reference the Regional Guidance for PPHR Applicants and Reviewers for additional information and requirements, including guidance on composing executive summaries.

Application Guidelines

***Starred Criteria Elements**: When a criteria element contains an asterisk, the evidence submitted by the applicant does not have to be located 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 the activities described in a particular criteria element, 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 applicable, description of the authority or documentation formalizing the relationship with the lead agency (e.g., mutual aid agreements, contracts, regulatory obligations).

NOTE: Application Guideline #1 must be used for **each** individual criteria element for which the applicant is not the lead.

Application Guideline #2:
If there is a criteria 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.

NOTE: Successfully meeting the requirements of Application Guideline #2 will result in a score of "Partially Met." Applicants cannot receive a score of "Met" using Application Guideline #2.

PPHR Criteria Version 10.0

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 above.
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 above.
3. ***Starred Criteria Elements:** When a criteria element contains an asterisk, the evidence submitted by the applicant does not have to be located in a plan, as long as the plan references where to find that information.
4. All criteria elements that are hyperlinked have mandatory guidance notes, located on pages 39–46 of this document. If viewing the document on a computer, click on the criteria element to go directly to the associated guidance note.

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	**Hyperlink(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	**Hyperlink(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 contains evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., city-state-tribal collaboration or 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 healthcare stakeholders (coalitions, hospitals, EMS, clinics, and community health centers) within the locality.		
b6. The plan identifies the locations where copies of the plan are kept.		
b7. The plan describes how all staff are informed of the location of the plans.		
C. Plan Update Cycle	**Hyperlink(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 plan describes the procedure the agency will use to update and revise its plan on a regular basis.		
D. Legal and Administrative Preparedness	**Hyperlink(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.		
d3. The plan describes the process of declaring a public health emergency.		
d4. The plan describes the expedited administrative processes used during a response to an event that differ from standard procedures for all of the following: ▪ Accepting and allocating federal/state funds; ▪ Spending federal/state funds; ▪ Managing/hiring workforce; and ▪ Contracting/procuring or mutual aid.*		

d5. The plan describes liability protections for staff during response activities.		
E. Situations and Assumptions	**Hyperlink(s)**	**Comments**
e1. The plan includes a hazard analysis of threats (e.g., chemical/nuclear facilities, floods, extreme weather events) and unique jurisdictional characteristics and vulnerabilities that may affect a public health response to an emergency event.*		
e2. 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.		
e3. The plan 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	**Hyperlink(s)**	**Comments**
f1. The plan contains a diagram and a narrative that describes triggers for activation of the all-hazards Emergency Operations Plan.		
f2. The plan contains standard operating procedures that describe an all-hazards response.		
G. Concept of Operations	**Hyperlink(s)**	**Comments**
g1. The plan describes the responsibilities of the local emergency response agency/agencies 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 the applicant, the local/regional/state health departments, and federal partner agencies, in areas including the following: ▪ Command and control; ▪ Community resilience; ▪ Incident management; ▪ Information management; ▪ Countermeasures and mitigation; ▪ Surge management; and ▪ Biosurveillance.		
g3. The plan contains evidence of a process for personnel and materiel management and tracking.		

g4. The plan describes the agency's process for assimilating and integrating into the Operations Center (i.e., departmental operations or emergency operations center).*		
g5. 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.		
g6. 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 take place; ▪ When the response actions will take place; ▪ Under whose authority the actions will take place; and ▪ How response actions will be documented.		
H. Functional Staff Roles	**Hyperlink(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 incorporates staff into response activities during an emergency operation.		
h5. The plan identifies how long the lead staff will have to report to the designated locations.		
h6. The plan includes evidence of procedures for protecting responders (pre-deployment, deployment, post-deployment) under the direction of the agency from probable safety and health risks, including the following: ▪ Recommendations for personal protective equipment; ▪ Plan for mental/behavioral health services ▪ Documented process for medical readiness screening; and		

▪ Monitoring of responder exposure, injury, and intervention/treatment.*		
I. Agency Communications	**Hyperlink(s)**	**Comments**
i1. The plan identifies the party or parties 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 describes the process for maintaining contact information for staff who may participate in a response (e.g., Emergency Operations Center, phone, cell, fax) and the frequency this information is updated.*		
i5. The plan describes how quickly LHD staff will be notified of an incident.		
i6. The plan describes what information is shared with activated staff.		
i7. The plan includes a plan for redundant communication 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	**Hyperlink(s)**	**Comments**
j1. The application contains evidence of collaboration with community stakeholders, including at-risk individuals, and engagement with the larger community regarding preparedness activities/processes.		
j2. The application contains a policy or process for continuous development and maintenance of community partnerships.		
j3. The plan describes at-risk individuals within the jurisdiction, consistent with the definition of at-risk individuals found in the PPHR glossary.		
j4. The plan describes how the agency will address the needs and unique characteristics of at-risk individuals 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 take place;
- When the response actions will take place;
- Under whose authority the actions will take place; and
- How response actions will be documented.

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

K. Emergency Public Information and Warning	Hyperlink(s)	Comments
k1. The evidence demonstrates a concept of operations for emergency public information and warning by addressing the five items listed:		
k1i. Staff roles and responsibilities as related to ESF #8: Public Health and Medical Services.		
k1ii. Response actions that will take place.		
k1iii. When the response actions will take place.		
k1iv. Under whose authority the actions will take place.		
k1v. How response actions will be documented.		
k2. The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including at-risk individuals, during an emergency.		
k3. The plan includes a template for developing messages to be communicated to the public or the plan includes a message map.*		
k4. The plan describes the process and procedures used to approve messages to communicate necessary information to the public during an emergency.		
k5. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including at-risk individuals, during an emergency.		

k6. The plan contains a media contact list that is accompanied by a procedure for keeping the list current and accurate.*		
k7. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, 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.		
k8. The plan describes the process for monitoring, managing, and responding to inquiries from the public during an emergency.		
L. Information Sharing	**Hyperlink(s)**	**Comments**
l1. The evidence demonstrates a concept of operations for information sharing by addressing the five items listed:		
l1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
l1ii. Response actions that will take place.		
l1iii. When the response actions will take place.		
l1iv. Under whose authority the actions will take place.		
l1v. How response actions will be documented.		
l2. The plan describes the process and procedures necessary to coordinate the communications and development of messages among partners during an emergency.		
l3. 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)?		
l4. The plan describes the process of sending, receiving, and acknowledging receipt of health alert messages between multiple users.		

I5. The plan includes a template for health alert messages or the application includes at least one sample health alert message that may be shared.*		
I6. The plan describes a streamlined process for responding to information requests during a public health response.		
I7. The plan describes the system in place for sharing laboratory information, who has access to the system, and how the applicant receives information from the system.		
M. Epidemiology	**Hyperlink(s)**	**Comments**
m1. The evidence demonstrates a concept of operations for epidemiology by addressing the five items listed:		
m1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
m1ii. Response actions that will take place.		
m1iii. When the response actions will take place.		
m1iv. Under whose authority the actions will take place.		
m1v. How response actions will be documented.		
m2. Surveillance		
m2i. The plan describes the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of the following: ▪ Communicable diseases (e.g., influenza and foodborne illness). ▪ Incidents involving chemical or radiological hazards.		
m2ii. The plan describes the early incident detection system in place (i.e., the use and monitoring of regular surveillance data) for the following: ▪ Communicable diseases ▪ Chemical or radiological agents		
m2iii. The application includes a list of providers and public health system partners that are surveillance sites reporting to the surveillance system.		

m2iv. The application includes a description of how the applicant engages surveillance sites (i.e., healthcare providers and other public health system partners) reporting to the surveillance system in the jurisdiction.		
m3. The plan contains a flow diagram, list, or narrative that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.		
m4. Epidemiological Investigation Tasks		
m4i. The plan calls for the comparison of cases to the baseline.		
m4ii. The plan calls for confirmation of diagnosis.		
m4iii. The plan describes how the agency conducts contact tracing, including when it exceeds normal agency capacity.		
m4iv. The plan calls for the development of a description of cases through interviews, medical record reviews, and other mechanisms (person, place, and time) and the assignment of a case definition.		
m4v. The plan calls for the generation of possible associations of transmission, exposure, and source.		
m4vi. The plan calls for identifying the population at risk and recommending control measures.		
m4vii. 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.		
m4viii. The plan describes the methods that would be used to identify and monitor the effectiveness and/or outcomes to medical interventions, nonpharmaceutical interventions, and/or public health recommendations implemented to control the spread of disease.		
m4ix. 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.		

m4x. The plan describes outbreak and exposure investigation tasks for staff and any volunteers who would be called upon in an agency emergency response.		
m5. The plan includes evidence of a system and protocol for managing epidemiological investigation data.*		
m6. The plan describes how epidemiological data is shared.		
m7. The plan calls for coordination with environmental investigation as required.		
N. Laboratory Data and Sample Testing	**Hyperlink(s)**	**Comments**
n1. The evidence demonstrates a concept of operations for laboratory data and sample testing by addressing the five items listed:		
n1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
n1ii. Response actions that will take place.		
n1iii. When the response actions will take place.		
n1iv. Under whose authority the actions will take place.		
n1v. How response actions will be documented.		
n2. Access to Labs (local, regional, state)		
n2i. 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.*		
n2ii. The plan describes the process(es) for transporting specimens/samples to a confirmatory reference lab at any time.*		
n2iii. The plan describes the process of contacting the proper lab to notify them of what specimens to expect and, if applicable, special directions.		
n2iv. 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.*		

n3. The application contains evidence of the database and protocol for management/flow of laboratory data and sample testing information.		
n4. The plan describes a process or policy related to evidence management.		
O. Medical Countermeasure Dispensing	**Hyperlink(s)**	**Comments**
o1. The evidence demonstrates a concept of operations for medical countermeasure dispensing by addressing the five items listed:		
o1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
o1ii. Response actions that will take place.		
o1iii. When the response actions will take place.		
o1iv. Under whose authority the actions will take place.		
o1v. How response actions will be documented.		
o2. The plan describes the processes and agency responsibilities for: ▪ requesting, ▪ receiving, ▪ distributing, and ▪ demobilizing MCM assets, and how these processes integrate into the state SNS plan.		
o3. The plan describes the security process for the receipt and distribution of MCM assets described in o2.		
o4. The plan describes the process for determining the method of dispensing the jurisdiction will implement: ▪ open/closed PODs ▪ medical vs. non-medical ▪ alternate modalities		
o5. The plan identifies who is legally authorized to dispense during declared and undeclared disasters.		

o6. The application contains documentation of legal authority, or memoranda of understanding with outside entities, that includes suspending/altering normal operations to complete medical countermeasure dispensing.		
o7. The plan identifies the number and sources of volunteers or supplemental staff necessary to support the dispensing of medical countermeasures to the local population within 48 hours, including a formula or brief rationale for how the number was determined.		
o8. The plan describes the system in place for managing and tracking personnel and materiel resources.		
o9. The plan contains a point of dispensing (POD) patient flow diagram for an actual dispensing site with a label for each station.*		
o10. The plan describes the process for maintaining and tracking vaccination or prophylaxis status of public health responders and the general population, including any electronic systems used.		
o11. The plan describes the process or system the agency uses to monitor for adverse reactions (also known as post-event tracking).		
o12. The plan contains provisions for serving individuals for whom the frontline medical countermeasure is contraindicated.		
o13. The plan describes the procedures in place to ensure the inclusion of those with access and functional needs in medical countermeasure dispensing.		
o14. The plan addresses the provision of prophylaxis to essential personnel, including the following information: ▪ A functional definition of essential personnel who, if indicated by the incident, will receive prophylaxis prior to the general population (e.g., emergency responders; personnel necessary for receiving, distributing, and dispensing medical countermeasures; medical and public health personnel who will treat the sick); ▪ A process for prioritizing the essential personnel; and ▪ A description of when and how prophylaxis will be provided to essential personnel prior to the general population, if indicated by the incident.		

o15. The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.		
P. Mass Care	**Hyperlink(s)**	**Comments**
p1. The evidence demonstrates a concept of operations for mass care by addressing the five items listed:		
p1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
p1ii. Response actions that will take place.		
p1iii. When the response actions will take place.		
p1iv. Under whose authority the actions will take place.		
p1v. How response actions will be documented.		
p2. The plan describes the pre-coordination with partners to determine the roles (i.e., lead and support) for public health prior to a mass care event.		
p3. The plan provides an overview of how mass care locations (i.e., general shelters, medical needs shelters, and alternate care sites) will be established, operated, and demobilized, including roles of the lead agency and any applicable support roles.*		
p4. The plan provides an overview of how residents will be repatriated from mass care locations (i.e., general shelters, medical needs shelters, and alternate care sites), including roles of the lead agency and any applicant support roles.		
p5. The plan addresses accommodations for sheltering at-risk individuals based on their access and functional needs.		
p6. The plan contains a list of pre-identified sites where mass care may be conducted.*		
p7. The plan describes how environmental health and safety evaluations of congregate locations are conducted, including identification of barriers for individuals with access and functional needs.		
p8. The plan describes the process for conducting and reporting on human health surveillance at congregate locations.		

p9. The application contains documentation detailing the process for transporting injured individuals from congregate locations to medical treatment centers.		
Q. Mass Fatality Management	**Hyperlink(s)**	**Comments**
q1. The evidence demonstrates a concept of operations for mass fatality management by addressing the five items listed:		
q1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
q1ii. Response actions that will take place.		
q1iii. When the response actions will take place.		
q1iv. Under whose authority the actions will take place.		
q1v. How response actions will be documented.		
q2. The plan contains a detailed description of all applicant roles in managing mass fatalities in the local jurisdiction.		
q3. The plan describes how the deceased are processed and stored during a mass fatality incident, including roles of the lead agency and any applicant support roles.		
q4. The plan describes how death certificates and other vital records will be handled during emergencies that involve mass fatalities.		
R. Environmental Health Response	**Hyperlink(s)**	**Comments**
r1. The evidence demonstrates a concept of operations for environmental health response by addressing the five items listed:		
r1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
r1ii. Response actions that will take place.		
r1iii. When the response actions will take place.		
r1iv. Under whose authority the actions will take place.		
r1v. How response actions will be documented.		

r2. 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.		
r3. The plan describes the agency's process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:		
r3i. Foodborne and waterborne outbreak surveillance, investigation, and control.		
r3ii. Vector surveillance for vector-borne disease control.		
r3iii. Food safety.		
r3iv. Drinking water supply and safety.		
r3v. Sanitation.		
r3vi. Wastewater.		
r3vii. Solid waste management.		
r3viii. Hazardous waste management.		
r3ix. Air quality.		
r3x. Radiation exposure response, including population monitoring.		
r3xi. Chemical or toxic release control and clean-up.		
S. Mental/Behavioral Health	**Hyperlink(s)**	**Comments**
s1. The evidence demonstrates a concept of operations for mental/behavioral health by addressing the five items listed:		
s1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
s1ii. Response actions that will take place.		
s1iii. When the response actions will take place.		
s1iv. Under whose authority the actions will take place.		
s1v. How response actions will be documented.		

s2. The plan describes the process by which the applicant prepares response personnel, including agency personnel, for the mental/behavioral health implications of public health emergencies.		
s3. The plan describes who in the community is responsible for addressing and responding to the mental/behavioral health issues of the community.		
s4. The application describes the partnerships the agency has established and the local resources the agency has cultivated to respond to population-wide mental/behavioral health needs.		
s5. The plan describes how mental health/psychological first aid will be used to address immediate post-disaster mental/behavioral health needs.		
T. Non-Pharmaceutical Interventions	**Hyperlink(s)**	**Comments**
t1. The evidence demonstrates a concept of operations for non-pharmaceutical interventions by addressing the five items listed:		
t1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
t1ii. Response actions that will take place.		
t1iii. When the response actions will take place.		
t1iv. Under whose authority the actions will take place.		
t1v. How response actions will be documented.		
t2. The plan contains the processes for implementing quarantine, isolation, and social distancing.		
t3. The plan describes the process for monitoring non-pharmaceutical interventions.		
t4. The plan describes coordination of public health and medical services for those under isolation or quarantine.		
t5. The plan describes the coordination of general services and accommodations, including food, water, and transportation, for those under isolation or quarantine.		
t6. The plan describes stress management strategies, programs, and crisis response for people under isolation, quarantine, or social distancing restrictions.		

t7. The plan describes the communication process for directing and controlling public information releases about individuals under isolation or quarantine.		
t8. The plan identifies the legal authority to isolate, quarantine, and, as appropriate, institute social distancing for the following:		
t8i. Individuals*		
t8ii. Groups*		
t8iii. Facilities*		
t8iv. Animals*		
t9. The plan describes the legal process for implementing involuntary quarantine and isolation for an individual.*		
t10. The plan describes the legal process for implementing involuntary quarantine and isolation for a group.*		
U. Continuity of Operations Plan (COOP)	**Hyperlink(s)**	**Comments**
u1. The evidence demonstrates a concept of operations for COOP by addressing the five items listed:		
u1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
u1ii. Response actions that will take place.		
u1iii. When the response actions will take place.		
u1iv. Under whose authority the actions will take place.		
u1v. How response actions will be documented.		
u2. The plan identifies and prioritizes the essential public health department functions that must be sustained during a continuity event.		
u3. The plan describes how information sharing will be managed and sustained during a continuity event.		
u4. The plan identifies the staff member who will implement the COOP (line of succession must be three-deep).		

u5. The plan includes the staff roles in an organizational chart or listing for when COOP is activated.		
u6. The plan identifies an alternate location for key health department staff to report, if necessary.		
u7. The plan describes the process for transitioning back to normal operations.		
V. Surge Capacity	**Hyperlink(s)**	**Comments**
v1. The evidence demonstrates a concept of operations for surge capacity by addressing the five items listed:		
v1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
v1ii. Response actions that will take place.		
v1iii. When the response actions will take place.		
v1iv. Under whose authority the actions will take place.		
v1v. How response actions will be documented.		
v2. The plan describes expected capability and capacity of local, state, federal, and private resources to respond to an emergency.		
v3. 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.		
v4. The plan contains a table or matrix that identifies the capacity, surge capacity, and sources for all of the following, in relation to the scope and duration for anticipated events: ▪ Personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; and ▪ Security.		
v5. The application provides evidence of membership within a healthcare coalition.*		

v6. The plan describes the applicant's role and responsibilities within the healthcare coalition.		
v7. The plan describes how the applicant coordinates with jurisdictional healthcare coalitions/hospitals during a surge medical response.		
W. Volunteer Management	**Hyperlink(s)**	**Comments**
w1. The evidence demonstrates a concept of operations for volunteer management by addressing the five items listed:		
w1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
w1ii. Response actions that will take place.		
w1iii. When the response actions will take place.		
w1iv. Under whose authority the actions will take place.		
w1v. How response actions will be documented.		
w2. The application describes the process for volunteer recruitment, engagement, and retention (e.g., community Medical Reserve Corps units).		
w3. The application includes the partners that the agency works with for recruitment.		
w4. The plan describes how volunteers are notified.		
w5. The plan describes what information is shared with activated volunteers.		
w6. The plan describes how volunteers are credentialed in advance of an emergency response.		
w7. The plan describes roles filled by volunteers.		
w8. The plan describes how volunteers are incorporated into response activities.		
w9. The plan describes how volunteers are tracked during an emergency.		
w10. The plan describes how volunteer safety and health risks are identified and monitored.		
w11. The plan describes the agency's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		

w12. The plan describes how spontaneous volunteers, including out-of-state volunteers, are managed and, if applicable, credentialed and incorporated into a response.		
w13. The plan describes how volunteers are demobilized.		
w14. The plan describes the agency's legal or liability protections for volunteers.*		
X. Mutual Aid and External Resources	**Hyperlink(s)**	**Comments**
x1. The evidence demonstrates a concept of operations for mutual aid and external resource management by addressing the five items listed:		
x1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
x1ii. Response actions that will take place.		
x1iii. When the response actions will take place.		
x1iv. Under whose authority the actions will take place.		
x1v. How response actions will be documented.		
x2. 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.		
x3. The plan lists existing MOUs, MAAs, and resource-sharing agreements and describes the process for activating them.		
x4. The plan describes the process for regularly reviewing and updating MOUs.		
x5. The plan describes how the agency will determine when to ask for support (based on size, nature, or scope of the incident) from outside the agency including local, regional, state, and federal resources.		
Y. Community Recovery	**Hyperlink(s)**	**Comments**
y1. The evidence demonstrates a concept of operations for community recovery by addressing the five items listed:		
y1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.		
y1ii. Response actions that will take place.		

y1iii. When the response actions will take place.		
y1iv. Under whose authority the actions will take place.		
y1v. How response actions will be documented.		
y2. The plan describes the process for transitioning from response to short- and long-term recovery.		
y3. The plan describes the agency's role in recovery in the following areas:		
y3i. Identification and assessment of recovery needs.		
y3ii. Identification and assessment of recovery assets.		
y3iii. Provision/rebuilding of essential health, medical, and mental/behavioral health services		
y3iv. Collaboration with partners, including community organizations, emergency management, and healthcare organizations.		
y3v. Public communications		
y4. The plan describes agency strategies for maintaining operations during the recovery period.		

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 above.
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 above.
3. ***Starred Criteria Elements:** When a criteria element contains an asterisk, the evidence submitted by the applicant does not have to be located in a plan, as long as the plan references where to find that information.
4. All criteria elements that are hyperlinked have mandatory guidance notes, located on pages 39–46. If viewing the document on a computer, click on the criteria element to go directly to the associated guidance note.

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 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 (i.e., skills, ability, and knowledge) and to rectify any other gaps identified by the assessment.

[1] See https://www.hsdl.org/?abstract&did=770983 for more information
[2] See https://www.train.org/main/welcome for more information.
[3] See http://www.aspph.org/educate/models/public-health-preparedness-response/ for more information.

PPHR Measure #2: Conduct of Regular Training Needs Assessments Agencies must conduct a training needs assessment of all 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.		
A. Date of Training Needs Assessment	**Hyperlink(s)**	**Comments**
a1. The PPHR application includes a training needs assessment that was completed no earlier than 36 months prior to the application submission date.		
B. Assessment Process Report	**Hyperlink(s)**	**Comments**
b1. The report describes the assessment methodology.		
b2. The report identifies how frequently reassessments will occur.		
b3. The report includes details of the assessment tool(s).		
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	**Hyperlink(s)**	**Comments**
c1. The report describes priority areas and how they were determined 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 or all expected responders) who need training on 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 take place) 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 interactive 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	**Hyperlink(s)**	**Comments**
a1. The workforce development plan identifies agency's priority training topics based on results from the training needs assessment.		
a2. The workforce development plan includes evidence of 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 Selection and Objectives	**Hyperlink(s)**	**Comments**
b1. The workforce development plan describes the type of trainings to be provided.		
b2. The workforce development plan includes the overall objectives of the trainings *or* describes the competencies that the workforce development plan addresses.		

b3. The application includes a justification for each chosen training activity.		
b4. The workforce development plan describes the agency's strategies for continuous quality improvement in workforce development.		
C. Training Delivery	**Hyperlink(s)**	**Comments**
c1. The workforce development plan describes the training participants.		
c2. The workforce development plan identifies the agency/agencies or individual(s) that will deliver the trainings.		
D. Workforce Development Maintenance and Tracking	**Hyperlink(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 progress will be tracked for each identified training topic referred to in sub-measure A. Training Topics above.		
d3. The application includes a report or table demonstrating the methods used to maintain agency workforce capability.		
d4. The workforce development plan describes how the agency routinely evaluates preparedness workforce capability.		
d5. The application contains two examples of activities or exercises in which staff had the opportunity to demonstrate competencies noted in the workforce development plan.		
d6. The workforce development plan describes how the plan will be kept up-to-date, providing, at a minimum, the following: ▪ Who will update the workforce development plan; ▪ How the plan will be coordinated 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.		
E. Just-in-time Training (JITT)	**Hyperlink(s)**	**Comments**
e1. Just-in-time training implementation		
e1i. The plan includes a narrative describing how JITT is implemented.		
e1ii. The plan identifies the position or subject matter expert (SME) who will provide the JITT and its intended audience.		
e1iii. The plan describes how the JITT will be updated.		
e1iv. The plan describes where JITT resources are located and how they are accessed when needed.		
e2. The workforce development plan includes training curricula, presentations, and other materials that must be able to be delivered in less than an hour for the following JITT topics:		
e2i. Epidemiological investigation tasks reflect the agency's all-hazards plan.*		
e2ii. Medical countermeasure dispensing reflects the agency's all-hazards plan.*		
e2iii. Applicable NIMS components reflect the agency's all-hazards plan.*		
e2iv. Communication processes reflect the agency's all-hazards plan.*		
e2v. Isolation and quarantine reflects 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 above.
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 above.
3. ***Starred Criteria Elements:** When a criteria element contains an asterisk, the evidence submitted by the applicant does not have to be located in a plan, as long as the plan references where to find that information.
4. All criteria elements that are hyperlinked have mandatory guidance notes, located on pages 39–46. If viewing the document on a computer, click on the criteria element to go directly to the associated guidance note.

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 that a process is in place within the agency that documents exercises or 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 real incident response within the **24 months prior** to the PPHR application submission date. **Submit documentation of 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), OR
- **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 the agency's activities, include documentation for an exercise or a response. Applicants 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.

Sub-Measure A. Multi-Agency After-Action Report/Improvement Plan (Exercise)
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–A4).

Reminder: If the applicant includes documentation of an exercise below, **do not** submit documentation for a real incident in sub-measure B.

A1. Date of AAR/IP	**Hyperlink(s)**	**Comments**
a1i. The final AAR/IP includes recommendations and corrective actions derived from discussions at the exercise evaluation conference that took place no later than 60 days after completion of the exercise.		
A2. Exercise Overview	**Hyperlink(s)**	**Comments**
a2i. The AAR/IP includes an overview that provides details of the exercise, including the name, scope, threat or hazard, and scenario.		
a2ii. The AAR/IP overview identifies the mission areas, capabilities, and objectives for the exercise.		
a2iii. The AAR/IP includes a list of organizations that participated in the exercise, including federal and state agencies and neighboring jurisdictions.		
a2iv. The application 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.		
A3. Analysis of Capabilities	**Hyperlink(s)**	**Comments**
a3i. The AAR/IP aligns each exercise objective with applicable capabilities and identifies whether each objective was: ▪ Performed without challenges; ▪ Performed with some challenges; ▪ Performed with major challenges; or ▪ Unable to be performed.		

a3ii. The AAR/IP includes an analysis of the objectives and capabilities tested in the exercise. This analysis must identify strengths and areas for improvement for each capability as listed under the appropriate objectives, 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 for each area for improvement must include, at a minimum, the following: ▪ Observation statement; ▪ Reference(s); and ▪ Analysis.		
A4. Improvement Plan	**Hyperlink(s)**	**Comments**
a4i. The application features an improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following: ▪ Capability; ▪ Issue/area for improvement; ▪ Corrective action; ▪ Capability element; ▪ Primary responsible organization; ▪ Organization point of contact; ▪ Start date; and ▪ Completion date.		
a4ii. The application includes a listing and timetable of any necessary revisions to the agency's all-hazards response plan based on gaps identified during the exercise.		
a4iii. The application includes a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the exercise.		

a4iv. The application includes a listing and timetable of any necessary revisions to the exercise plan and schedule based on gaps identified during the exercise.		
a4v. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness as a result of the exercise.		
Sub-Measure B. Incident Response Documentation (Real Incident) Documentation submitted to PPHR must include all elements in the following sub-measures B1–B3 (IAPs, AARs, IPs). A response to an incident that will meet this measure must result in the production and approval of an incident action plan (IAP) (i.e., 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. Reminder: If the applicant includes documentation of a response below, **do not** submit documentation for sub-measure A.		
B1. All IAPs from a real incident lasting more than one operational period.	**Hyperlink(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 includes a list of agency participants and partner organizations.		
b1iii. The IAP includes safety messages delivered during the incident response.		
b1iv. The IAP identifies who prepared the IAP.		
B2. AAR	**Hyperlink(s)**	**Comments**
b2i. The final AAR includes recommendations and corrective actions derived from discussion at an evaluation conference that took place no later than 120 days after completion of the response.		
b2ii. The AAR 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; ▪ Key areas for improvement; and ▪ If applicable, broad observations that cut across multiple capabilities.		
b2v. The AAR identifies the agencies that participated in the incident response.		
B3. Improvement Plan	**Hyperlink(s)**	**Comments**
b3i. The application features an improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following: ▪ Capability; ▪ Issue/area for improvement; ▪ Corrective action; ▪ Capability element; ▪ Primary responsible organization; ▪ Organization point of contact; ▪ Start date; and ▪ Completion date.		
b3ii. The application includes a listing and timetable of any necessary revisions to the agency's all-hazards response plan based on gaps identified during the incident response.		
b3iii. The application includes a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the incident response.		
b3iv. The application includes 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 as a result of the real event.		

PPHR Measure #5: Comprehensive Exercise Plan
The agency must provide documentation of a comprehensive exercise plan, which must include a detailed description of at least one planned exercise to take place no later than 12 months after the PPHR application submission date.

Consistent with the PPHR continuous quality improvement model, the exercise plan must be based on the results of the training needs assessment or other emerging topics and on evaluations of previous exercises and responses, including the AAR/IP or IAP submitted for Measure #4.

A. Future Exercise Plan Description	Hyperlink(s)	Comments
a1. The exercise plan includes a description of the proposed location, month(s) and year(s) of future exercise(s).		
a2. The exercise plan includes a description of the type of future exercise(s) that will take place.		
a3. The exercise plan includes a description of the expected departmental participants and partner organizations.		
a4. The exercise plan includes a detailed description of at least one future planned exercise and includes: • the purpose and reasoning for the exercise(s) • the exercise(s) objectives • the steps to ensure the completion of the exercise(s) • an explanation of how the exercise(s) is consistent with the continuous quality improvement		
a5. The application describes how the exercise plan is informed by the results of the training needs assessment and the evaluation of previous exercises or incident responses.		
B. Description of Exercises	**Hyperlink(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 involving the state health department.		
b3. The exercise plan shows anticipated participation in an exercise involving active coordination of response and resources between state and local public health response partners.		
b4. The exercise plan shows anticipated participation in an exercise in which the agency coordinates or helps to coordinate an exercise involving other public health and medical partners (i.e., medical, mental health, and social systems of care).		
b5. The exercise plan shows anticipated participation in an exercise testing the health alert messaging system.		
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 take place outside of regular business hours.		
b7. The exercise plan shows anticipated participation in an exercise involving community-based organizations.		
b8. The exercise plan shows anticipated participation in an exercise involving the dispensing of medical countermeasures.		
b9. The exercise plan shows anticipated incorporation of administrative preparedness and/or legal preparedness activities.		

Guidance on Evidence Elements

Measure 1.A.a2: Evidence for this element should be provided by a note from the county emergency manager or an affidavit from the health officer or agency administrator. 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, along with acknowledgments by the agencies participating in the planning process.

Measure 1.C.c2: Updating the plan on "a regular basis" means that a specific trigger(s) for this process is defined; for example, as part of enacting an exercise corrective action plan, in response to new guidelines being posted, or on 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.D.d3: Evidence for this element should include a process for notifying partners and key individuals (e.g., staff, legal counsel, and other individuals who may be able to assist the decision-making process) whether any laws, citation, policies, or procedures will be declared, modified, or waived and if any Mutual Aid Agreement (MAA) and/or Memorandum of Understanding (MOU) will be used.

Measure 1.D.d4: Evidence for this element should describe how the applicant alters their day-to-day operations or processes for the bulleted items during an emergency response event, including the legal authority for such actions. For example, an applicant may cite and describe the process for calling an emergency meeting of any governing body needed to approve the acceptance, allotment, or spending of federal funds, as well as hiring or reassigning staff or temporary personnel and contractors. Applicants may also discuss waivers for executing contracts in a timely manner or additional personnel who may approve purchase requests in the event the regular purchasing manager is unavailable. Applicants may also cite information on purchasing cards, contracts, sole sources waivers, three bids, legal reviews, approved signatories (including facility usages), and mutual aid agreements for contracting/procuring.

Measure 1.F.f1: Consistent with CDC public health preparedness 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.F.f2: The Standard Operating Procedures (SOPs) for this element may include decision matrices, flow charts, or decision trees that describe all-hazards response. The evidence for this element should describe the SOPs for after the emergency operations plan has been activated.

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 the jurisdiction.

Measure 1.G.g3: Evidence of process could include training on National Response Framework (NRF) resource typing methodology and a system for utilizing this resource typing process throughout departmental operations.

Measure 1.G.g4: The process should describe the agency's role in activating operations and include details on how the agency coordinates and integrates with any larger jurisdictional EOC when applicable. This could include a description of a physical or virtual EOC. NACCHO recommends including evidence of the use of the Incident Command System (ICS), as called for by NIMS, to perform core functions such as coordination, communications, resource dispatch, information collection, analysis, and dissemination.

Measure 1.G.g6: 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 how employees fill functional staff roles during a response, how roles are assigned, where staff will report, how this is determined, and how any just-in-time (JITT) will be provided.

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 CDC public health preparedness capability #1, sectors with which agencies work to build partnerships may include the following: healthcare (including healthcare coalitions); business; community leadership; cultural and faith-based groups and organizations; Community Emergency Response Teams (CERTs) and Medical Reserve Corps (MRCs), Local Emergency Planning Committees (LEPCs), emergency management; social services; housing and sheltering; media; mental/behavioral health; and education and childcare settings.

Measure 1.J.j4: Examples of activities the evidence could address include assistance with emergency planning provisions or services for K–12 schools, childcare facilities, and community-dwelling older adults. Evidence provided for Measure 1.J.j4 should be connected to the populations identified in j3.

Measure 1.K.k4: Evidence for this element may include topics such as the use of call centers and monitoring of media, including social media.

Measure 1.K.k5: Evidence for this element must include strategies for communicating with non-English speaking, hearing impaired, visually impaired, and limited language proficiency populations.

Measure 1.K.k6: Restricted information may be redacted.

Measure 1.K.k7: Samples from within the last two years are required. If no alerts have been issued in the last two years, templates are acceptable.

Measure 1.K.k8: Evidence for this element may include topics such as the use of call centers and monitoring of media, including social media.

Measure 1.L.l5: Consistent with CDC public health preparedness capability #6, function #3, the alert should include the following elements: subject or title; description; background; requested or recommended action (if applicable); recipient(s); point of contact to address additional questions; links to additional information.

Measure 1.L.l6: The purpose of a streamlined process is to avoid duplication of effort and distraction from response activates.

Measure 1.L.l7: Evidence must also include how the applicant shares the information with partners who do not have access to the system in order to formulate an appropriate response.

Measure 1.M.m2i: 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.m2ii: The difference between this criteria element and 1.M.m2i is that 1.M.m2i asks for evidence that the applicant is collecting surveillance data, while this criteria element asks for evidence of a system that is used to monitor/analyze/use that data to detect an incident.

Measure 1.M.m2iii: In lieu of a list, applicants may also cite the law that specifies who reports into the surveillance system.

Measure 1.M.m2iv: Consistent with CDC public health preparedness capability #13, function 1, engagement includes the coordination of activities with jurisdictional laboratories, partners, and stakeholders who can provide public health-related surveillance data to support routine and emergency responses requiring surveillance and epidemiological investigation. Applicants may also consider how the following activities occur to support mandated and voluntary information exchange with surveillance sites: information sharing, situational awareness, reporting, case definition, and the legal and procedural frameworks for jurisdiction personnel involved in surveillance and epidemiology.

Measure 1.M.m4i: 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. The agency must demonstrate the ability to reference occurrence of both yearly incidence and monthly occurrence of reportable conditions, in order to compare it to available information about the new cases and a predetermined definition of an outbreak.

Measure 1.M.m4ii: 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.m4iii: 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.m4iv: Evidence for this element should include how the agency will develop a master contact list and the process used to establish a final 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.m4vi: Evidence for this element calls for identifying the populations at risk (based on circumstances such as geography, occupation, social behaviors), not identifying at-risk individuals.

Measure 1.M.m4x: Regarding volunteers, NACCHO recommends that the applicant describe who is allowed to volunteer for epidemiological tasks in an emergency, how his or her credentials will be verified if the process differs from that of other volunteers, and any ways in which the volunteer's response roles or reporting duties would differ from those of staff. If no volunteers will be utilized for epidemiological tasks, the plan should specifically state this.

Measure 1.O.o4: The description should include a discussion of the rationale on deciding which model to use and when. If the jurisdiction does not use any or all of the bulleted methods, explain why. NACCHO recommends including a decision tree or flowchart to describe the triggers and implementation processes for all the bulleted dispensing procedures.

Measure 1.O.o5: If those individuals legally authorized to dispense during a declared disaster remain the same when a disaster has not been declared, this should be explicitly stated within the plan.

Measure 1.O.o6: Outside entities may include partners such as schools serving as open POD locations, private companies or community organizations serving as closed POD sites, and transportation companies assisting with distribution of countermeasures or supporting resources. If the applicant references legal statutes or authorities, NACCHO recommends they also include an initial implementation process for this statute or authority.

Measure 1.O.o7: Evidence for this element must include the number of volunteers needed to support full staffing for a worst-case scenario. The formula or rationale must include the number of PODs being opened and number of agency staff utilized (e.g., 10 points of distribution, 30 staff each; four health department employees, 26 volunteers; two 12-hour rotating shifts = 520 volunteers).

Measure 1.O.o9: The applicant must provide context for the location pictured in the flow diagram. If multiple types of PODs are used, the applicant must include one flow diagram for each type of dispensing modality (i.e., open vs. closed PODs).

Measure 1.O.o11: 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 for things such as vaccines, antivirals, and antibiotics.

Measure 1.P.p3: Consistent with CDC public health preparedness capability #7, public health agency roles and responsibilities may include:

- Ongoing surveillance and assessments of congregate locations;
- Assistance with 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.p7: Evidence for this element should include a process for conducting health and safety inspections; including only a shelter inspection form is not sufficient evidence. Applicants should address how barriers are identified by inspection personnel. NACCHO recommends applicants consider access and functional needs within and outside of Americans with Disabilities Act (ADA) compliance.

Measure 1.P.p9: Consistent with public health preparedness capability #7, plans should include procedures in place to refer individuals to health services from the congregate location, medical facilities, specialized shelters, or other sites. Recommendations include coordinating with organizations assigned as responsible for transfer, such as EMS or medical transport providers, and reviewing emergency transportation strategies with jurisdictional transportation agencies.

Measure 1.Q.q2: Applicants should consider discussing the staffing and operations of family assistance centers. Applicants should also consider the process for assisting in the collection and dissemination of antemortem data and assisting in the coordination of mental/behavioral health services for responders, family members of the deceased, and incident survivors.

Measure 1.S.s2: A mental/behavioral health plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

Measure 1.T.t2: Consistent with CDC public health preparedness capability #11, the process should include assembling subject matter experts to assess the severity of exposure and/or transmission at the jurisdictional level and determining the non-pharmaceutical intervention recommendations. A decision-tree, algorithm, flowchart, or matrix indicating questions for public health leadership and recommendation options can be used.

Measure 1.T.t3: Consistent with CDC public health preparedness capability #11, function #4, this should include monitoring the implementation and effectiveness of interventions, documenting the actions taken, and the process of disseminating situational awareness reports to relevant agencies, partners, and stakeholders.

Measure 1.T.t6: Include how these services will be provided to the families of affected individuals.

Measure 1.T.t8iii: This criteria element refers to keeping people from facilities, not keeping people in facilities.

Measure 1.T.t9/Measure 1.T.t10: The process must include the legal agency, legal authority, necessary written forms (e.g., motion, petition, affidavit, order), and partners.

Measure 1.V.v5: Evidence of membership can be shown by providing healthcare coalition (HCC) governance documents, an MOU/A, or records of attendance at HCC meetings, such as rosters or sign in-sheets.

Measure 1.W.w3: Consistent with CDC public health preparedness capability #15, suggested partners include the following groups: academic institutions, emergency management agencies, faith-based organizations, government agencies, healthcare coalitions, healthcare organizations, professional associations, volunteer programs and organizations such as the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), the Medical Reserve Corps (MRC), the National Voluntary Organizations Active in Disaster (NVOAD), the American Red Cross, Radiation Response Volunteer Corps (RRVC), community emergency response teams (CERTs), and other jurisdictional nongovernmental or community service organizations.

Measure 1.W.w8: Evidence for this criteria element must describe how volunteer roles are assigned, where volunteers are to report, how any just-in-time trainings will be provided, and what supplies and equipment will be issued to volunteers.

Measure 1.W.w12: If the agency does not accept out-of-state volunteers, state so.

Measure 1.X.x2: Evidence for this element should describe the applicant's process for gaining access to external resources necessary to respond to a public health emergency. If the applicant is not responsible for entering into resource sharing agreements, the plan should clearly describe the responsible party and the agency's ability and process for accessing these agreements through the responsible party.

Measure 1.X.x3: The process was described in X.x2.; the resulting documents, agreements, written policies, statutes, etc., and the resources which they cover, should be referenced as part of the evidence for this element.

Measure 1.Y.y3ii: Some examples of recovery assets are funding, volunteers, and equipment. Evidence for this element should address where the agency or jurisdiction will source these types of assets for a recovery effort.

Measure 2.B.b5: If not all staff were assessed, provide justification for the sampling size decision, a timeline for when and which of the remaining staff members will be assessed, and what will be assessed.

Measure 3.A.a2: If requirements and delivery of NIMS training is done in conjunction with jurisdiction's emergency management agency, the applicant should describe this collaboration and list any NIMS requirements that are different from those listed below for Measures 3.A.a2i-a2iii.

Measure 3.A.a2i: Evidence for this element should include, at minimum, a training record for priority staff in ICS 700-B and any additional or refresher NIMS training for staff offered by the jurisdiction. If all priority staff have not received this training by the application date, evidence should include a timeline of trainings offered and projected completion date for all priority staff.

Measure 3.A.a2ii: Evidence for this element should include, at minimum, a training record for priority staff in the ICS 100.C and ICS 200.C courses. As jurisdictional capacity permits, NACCHO recommends including records of other ICS training taken by jurisdictional staff. If all priority staff have not received this training by the application date, evidence should contain a timeline of trainings offered and projected completion date for all priority staff.

Measure 3.A.a2iii: Evidence for this element should include, at minimum, a training record for the identified spokespersons and any priority staff in ICS 702.A. As jurisdictional capacity permits, NACCHO recommends including records from other ICS trainings or the CDC's Crisis and Emergency Risk Communication (CERC) training taken by jurisdictional staff. If all priority staff have not received this training by the application date, evidence should contain a timeline of trainings offered and projected completion date for all priority staff.

Measure 3.B.b3: Each justification should reference one of the training priorities identified in the workforce development plan and may also reference specific gaps or findings from the training needs assessment. Each of the training priorities from the workforce development plan must have at least one associated training activity.

Measure 3.B.b4: Evidence for this criteria element can include the link between the conduct of training needs assessments, identified gaps, and the process for improving and sustaining levels of competence. To review the Continuous Quality Improvement process, click here.

Measure 3.C.c1: If all staff were 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.D.d3: Examples of ways to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, and/or inclusion of curricula.

Measure 3.D.d4: Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation may be done at the supervisor level, peer-to-peer, or with a 360-degree approach. 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.E.e1iii: Evidence for this criteria element should include who is responsible for and how often the just-in-time training will be updated.

Measure 3.E.e2: The just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and it 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 (i.e., presentations or other materials being delivered). Submitting only job action sheets will not satisfy the requirements.

Measure 4.A.a3ii: The analysis of capabilities must include a subsection created for each capability validated during the exercise. Each section must summarize strengths and areas for improvement. Adequate detail must be included to help the reader understand how the capability was performed or addressed. Each area for improvement must include an observation statement; references for any relevant plans, policies, procedures, regulations, or laws; and a root cause analysis or summary of why the full capability level was not achieved.

Measure 5.A.a4: The Homeland Security Exercise and Evaluation Program (HSEEP) Policy and Guidance can be found at http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf.

Measure 5.B.b9: Applicants may visit 'Guide for Incorporating Administrative Preparedness into Exercise' on NACCHO's website to find resources for this criteria element.

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 to be a comprehensive list of all preparedness-related terms. The terminology used in the PPHR criteria and in the glossary below is consistent with the definitions and usage in the following resources:

- National Incident Management System
- Federal Emergency Management Agency CPG 101
- National Response Framework
- CDC Public Health Preparedness Capabilities and Continuation Guidance
- Homeland Security Exercise and Evaluation Program

Acknowledgment	Notified staff confirms receipt of notification to designated official. **Acknowledgment** methods may be any of the following: email, Health Alert Network, cell phone, etc., and may differ from the notification method used.[4]
Access and Functional Needs	Irrespective of specific diagnosis, status, or label, the terms **access and functional needs** are defined as follows: **Access-based needs**: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, and so on. **Function-based needs**: Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency. Note that **at-risk individuals** may include people with **access and functional needs** that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency.[5]
At-Risk Individuals	The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines **at-risk individuals** as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these populations may include but are not limited to individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency.[5]
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.

[4] http://www.cdc.gov/phpr/documents/phep_bp1_pm_specifications_and_implementation_guidance_v1_1.pdf
[5] https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx

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 recommends 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.[6]
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.[7]
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.
CDC Preparedness Capability	CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning provides a guide that state and local jurisdictions can use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions. Consistent with the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning the fifteen capabilities include community preparedness, community recovery, emergency operations coordination, emergency public information and warning; fatality management; information sharing; mass care; medical countermeasure dispensing; medical materiel management and distribution; medical surge; non-pharmaceutical interventions; public health laboratory testing; public health surveillance and epidemiological investigation; responder safety and health; and volunteer management.
Continuity Event	An event that can disrupt the performance of essential functions, capabilities, and services at all levels.

[6] http://www.fema.gov/pdf/emergency/nrf/National_Preparedness_Guidelines.pdf
[7] http://www.fema.gov/pdf/government/training/tcl.pdf

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 **hyperlink(s)** to where PPHR documentation evidence can be found in the application materials.
Mental/Behavioral Health	**Mental/behavioral health:** An overarching term to encompass behavioral, psychosocial, substance abuse, and psychological health.
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.

Emergency Support Function	An **Emergency Support Function** (ESF) provides structure for coordinating interagency support for a response to an emergency 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/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 or 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 makes 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 event 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."[8] In the context of PPHR, a functional exercise is scenario-based and the focus of the exercise is

[8] https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf

	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.[9]
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 the 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.[10]
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.
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.[11]

[9] https://emilms.fema.gov/is554/lesson3/01_03_010print.htm
[10] http://www.phe.gov/preparedness/planning/mscc/handbook/pages/appendixc.aspx
[11] http://www.nationalacademies.org/hmd/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx

Information Sharing	The CDC's *Public Health Preparedness Capabilities* defines **information sharing** as the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.[12]
Job Action Sheets	**Job action sheets** (JAS) are part of ICS and succinctly describe the duties of each member of a unit, department, or response team. JAS should clearly describe 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 to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.[13]
Medical Readiness Screening	**Medical readiness screening** is an assessment of public health responders intended to detect symptoms that may affect their ability to perform roles and responsibilities. Consistent with CDC's *Public Health Preparedness Capabilities*, the public health agency safety officer should coordinate this assessment process with partner agencies.[14]
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.

[12] https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf
[13] https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf
[14] https://www.cdc.gov/phpr/readiness/00_docs/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 https://www.fema.gov/media-library/assets/documents/30295.
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 or weather). The operational period should also be consistent with partner organizations' operational periods.
Partner	**Partner** 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.
Community Recovery	Consistent with CDC's public health preparedness capabilities, community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, healthcare, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations.

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.

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