PROJECT PUBLIC HEALTH READY

2008 PPHR Criteria Addendum
GOAL I—PREPAREDNESS PLANNING: MEASURE 1

PPHR Measure #1

This document serves as an additional resource for the criteria set forth in the documentation checklist for Goal 1 - Preparedness Planning: Measure #1. It is a list of questions and reminding points given to assist those who are providing the content for each section of the criteria. Each section of questions and points corresponds to a section of the criteria for PPHR Measure #1. It is important to keep in mind that these reminders serve only as a supplement to the actual criteria and do not require responses. They are here for your benefit and you may use them at your discretion. Additional tools, resources, and examples of previous PPHR applications can be found on the PPHR Toolkit at www.naccho.org/PPHRToolkit.

A. Table of Contents

1. Is the Table of Contents (TOC) clear and detailed? Do all pages properly correlate with the documentation?
   - *Remember*- this is what will be used by actual staff during an emergency.
2. Does the plan benefit from a “find-fast” document as and index, listing key response activities and concepts, and providing a reference to the page(s) of the response plan (or other document) where they can be located? This is an especially useful device during an emergency (A template of this document can be found on Bt-Prep (template A-2).

Cross-Walk Comments:

1. Is the mandatory cross-reference document detailed and can the items listed be located in the appropriate pages?

Does each measure have a page/section where it can be found? Or is there an explanation provided?

B. Purpose/Introductory Material

1. Items included in the Executive Summary can also be included in this section and vice versa (please see criteria application instructions for mandatory items for the Executive Summary).

C. Plan Update Cycle

1. Does site have a plan/procedure in place that shows when and who is responsible for regularly updating and revising the plan contents. If plan is to update after an exercise or exercise cycle (i.e., exercise, evaluate, revise plan) how often will this will take place (e.g., annually).
2. Has the current plan been revised and updated to incorporate NIMS or how the agency plans to incorporate NIMS in the future?
3. Some sites have included a log of the dates of the change to the plan with a short description which has been helpful for reviewers to understand the progression and development of the plan (e.g., a record of chronological changes to the plan, a record of recipients of the plan).

D. Authority and Acknowledgement

1. This section is designed to document three things: (Bt-Prep)

- A statement by municipal authorities acknowledging adoption of the plan
- Citations to applicable statutes or administrative rules governing the plan's creation and use
- A record of signatures of agency representatives participating in the plan's development and to who the plan applies

2. This may include a promulgation document testifying to the plan's adoption (e.g., a signature page).
3. Does the plan contain copies or summaries of applicable laws, regulation, and technical materials likely to be useful during an event?

E. Situations and Assumptions

1. Has a hazard risk assessment been done? How did the LHD identify the list of situations that are unique to their jurisdiction?
   - Is the list "**all-hazards**", i.e. - not just the federal Planning Scenarios, but specific to the community?
   - This list can be identified using historical patterns, predictive models, and data sources (e.g., ESRI, FEMA).
   - Are hazards prioritized?
2. Does the LHD identify potential hazards that exist outside of their community that can have indirect affects (e.g., if the community depends on outside water source and it becomes contaminated)?

F. Activation Circumstances and Event Sequence Following Activation

1. *Remember*- this must be used during an emergency, so if it cannot be easily followed, essential steps/details may be missed or overlooked.
2. If only a flow chart is given, is there an accompanying brief narrative to explain it?
3. If only a narrative is given, has the site created a simple flow chart?
4. This activation matrix, SOP, flow chart, etc. must be for an all-hazards response.

G. Concept of Operations

1. Are the agency's Standard Operating Procedures (SOPs) for responding to an emergency present and easy to follow?
2. If a volunteer or a reprehensive from another jurisdiction were to aid this agency during an emergency, would they be able to easily understand (based on the information presented in the LHD/region's all-hazards response plan) the agency's role during an emergency (in relation to its local EMS, partners, etc.)?

H. NIMS Compliance

1. If an assessment tool other than the NIMS CAST is used, is there a description of why this other tool was used? Who created/mandated this tool (e.g., state, region)?

I. Functional Staff Roles

1. Does this include positions that need to be or can be filled by volunteers?
2. Does it include at a minimum:
   - Job description
   - Major job responsibilities
   - Group/section they belong to (i.e., operations, logistics)

- Direct supervisor
- Location & phone number of Incident Command Center

3. Is there just-in-time training or rapid training curriculum on Job Action Sheets or a reference of where these can be located by the staff/volunteer?

J. Vulnerable Population Access and Demographics

1. Has the site identified the special populations (i.e., those in their population that have physical, cognitive, and/or language barriers) in their jurisdiction or region?
2. Does the LHD include a system in place to provide necessary services to special populations (i.e., all plans- all hazards response, mass prophylaxis, I & Q, etc.- should show that these populations are being planned for).
3. Is the site responsible for shelters? If so, do they have a plan for special needs?

K. Command and Control

1. Does the LHD/region clearly adhere to national ICS/NIMS requirements (e.g., terminology, structure, etc.)?
2. Who will act as Incident Commander? What are their responsibilities and what is their scope of command (e.g., delegating responsibilities, activate EOC and JIC, decisions regarding isolation and quarantine)?
3. What is the process for declaring a public health emergency? In a region how is this decision made?

L. Communication Plan

1. If the LHD is using another system, does it work the same as HAN? Why are they not using HAN?
2. Is the system in place (or HAN) the same as what neighboring jurisdictions and the state are using?
3. Is there a sample message provided?
4. Who is/are the lead staff for interdepartmental communication?
5. Are staff contact lists easily available and are they regularly updated?
6. What is the procedure/system in place within the agency to assure that all communications would work properly during an emergency (e.g., regular drills, regularly updating the staff emergency contact information, etc.)?
7. Have drills been conducted to test the regular communications system? Has the system been tested after hours? On weekends?
8. Does the Risk Communication Plan contain:
    - How it will determine objectives
    - Identify stakeholders
    - Design messages and determine communication channels
    - Disseminate information and implement interaction
    - Evaluate strategies continuously
    - Pre-Event, During and Event, and Post-Event Planning
    - Local barriers to risk communications and possible solutions, such as:
        - Difficulty of communicating quantitative info to public
        - Difficulty of handling uncertainty
        - Complexity of necessary info

- Disagreement about terms
- Lack of trust/credibility from public/media

- Plan to disseminate information accurately and timely
- List of all media contacts such as newspapers, TV, and radio
  - When to activate and by whom (e.g., Lead PIO from X agency)
  - Location of JIC and of Media Briefing Room
    - Resources within JIC and MBR (e.g., TV, radio, internet)
  - Lead spokesperson for media briefings
  - Organization and staff roles/responsibilities
    - News Desk Unit
    - Research and Writing Unit
    - Media Liaison Unit
    - Administration and Support Unit

9. For regions, is there a common/regionalized communication policy? How does the region reach consensus on communication?
10. Who does the LHD need to notify (i.e., who are the partners)?
11. Is contact information for all partners readily available (e.g. table/list) and updated regularly?
12. Who will notify partners?
13. What is the means for notification?
14. Do partners have to confirm receipt of notification?
15. What is the procedure/system in place to assure that all communications would work properly during an emergency (e.g., regular drills, regularly updating the partners contact information, etc.)?
16. If the LHD is using another system, does it work the same as HAN? Why are they not using HAN?
17. Is the system in place (or HAN) the same as what neighboring jurisdictions and the state are using?
18. Is there a sample message provided?
19. Has the LHD achieved this or are they in the process of obtaining the designation? What is the status?
20. The TSP Program ensures that the telecommunications lines most necessary to promote the nation's security and emergency preparedness functions are given priority service by telecommunications carriers and, therefore, are installed and restored to service before all others in times of disaster
21. TSP does require that the LHD pay a small fee each month. If there is no funding currently for this service, what is the LHD currently doing to assure that its phone lines will be available to the public during an emergency? Will funding be set aside in the future for this program?
22. In addition, another good resource is Government Emergency Telecommunications Service (GETS). This is designed for periods of severe network congestion or disruption, and works through a series of enhancements to the Public Switched Telephone Network (PSTN). GETS is in a constant state of readiness. Users receive a GETS “calling card” to access the service. This card provides access phone numbers, Personal Identification Number (PIN), and simple dialing instructions. http://gets.ncs.gov/ Please note that GETS cards are not meant to be used in place of TSP. It is simply another avenue for communicating with partners, neighboring jurisdictions, etc. during an emergency.
23. Utilization of PHIN (Public Health Information Network):
    - Is there identification of events/conditions of public health incidents, through biosurveillance, including clinical data exchange with

hospitals, urgent care centers, health information exchanges, laboratories, etc?

- Is there any analysis of data pertaining to public health incidents, including outbreak management and integration of public health and clinical data?
- Is data related to public health events being disseminated in the form of alerts and secure sharing of preliminary information about suspected events?
- Have there been interventions during public health incidents, i.e. countermeasure and response administration?

PHIN Resources:
www.cdc.gov/phin
http://www.cdc.gov/phin/library/documents/pdf/111759_requirements.pdf

24. Does the plan detail evidence of demonstrated capacity for secondary and tertiary staff to fill ICS Roles (e.g. call back drills)?

M. Epidemiology

1. Is the documentation specific for Epidemiology?
2. Does it include role, responsibility, and concept of operations?
3. Does it include information for staff? For Volunteers?
4. Is there a plan for recruiting and training volunteers?
5. How will they be used?
6. Are only specific individuals allowed to volunteer? Who are they, how will credentials be verified?
7. Does the LHD have a Surveillance System in place? Does the current system/process:
    - Ascertainment in near-real time community health needs of the community?
    - Understanding of the nature and disposition of emergency care encounters among community residents?
    - Monitoring and case finding within recognized events without placing undue burden on hospital and LHD staff?
    - Health officials to rule out the existence of an emergency with confidence?
    - 24/7/365 initiation of disease reports for designated conditions as well as outbreaks and emergencies?

(source: "Monitoring Community Health Status for Emergency Preparedness" Montgomery County, MD Advanced Practice Center)

8. Is there a list of initial information that must be gathered in order to confirm (for example: symptoms, date and time of onset, names, phone numbers, cities of residence, where medical care has been sought, involved facilities, initial hypothesis, etc.) a diagnosis?
9. If diagnosis is confirmed, what are the next steps (for example: additional information needed to collect, lab results, creating case definition, etc.)?
10. Does the documentation include:
    - Active surveillance in hospitals, clinics and medical practices
    - Intensified follow-up of syndromic surveillance
    - Heightened monitoring of high-risk populations
    - Monitoring through community partners such as dentists, pharmacists, or work-site health programs
11. Notification protocols should include sharing information locally, regionally, and state levels (e.g., Case report forms).
12. Notification protocols should include sharing information locally, regionally, and state levels.

N. Laboratory Data and Sample Testing

1. What information would be shared and how would it be shared?
2. Is there a process in place for what to collect, how, and where to deliver?
3. Is there a process to contact proper lab to notify them of what specimens to expect and the approximate number?
4. Is there a collaborating lab that can be used in case more lab space or materials are needed? What measures have been taken to ensure proper surge capacity for laboratory requirements?
5. Is there a plan for transporting specimens to lab (example: is law enforcement needed?)
6. Are there notification protocols for sharing information locally, regionally, and state levels?
7. Are data examples provided?

O. Mass Prophylaxis and Immunization

1. Are the locations of potential dispensing sites identified?
2. Are there considerations for making decisions about which site will be used (example: size, availability, length of time needed, nature of disease, etc.)?
3. Is it decided who will initiate the set-up of dispensing sites?
4. Is there a plan/process for dispensing medication/vaccines for first responders?
5. Is there a plan to deploy initial supplies of antibiotics/vaccines and plan to deploy SNS?
6. Other activities that need to be implemented/managed at site:
    - Public education
    - Appropriate personal protective equipment (PPE)
    - Work assignments
7. Volunteers (can be linked with Measure 1.G.g8 and g9)
    - Have volunteers been contacted?
    - Have the number of necessary volunteers been identified?
    - How will they be contacted during an emergency?
    - Have roles and proper trainings been identified for these volunteers?

P. Mass Patient Care System

1. If the LHD is not the lead agency for mass patient care, who is and what are the LHD's specific roles and responsibilities (e.g. providing event and disease specific information, surveillance and reporting procedures, safety messages, and prophylaxis information)?
2. What is the process for patient tracking and monitoring (LHD and/or lead agency)?

Q. Mass Fatality Management Plan

1. If the LHD is not the lead agency for mass fatality management, who is and what are the LHD's specific roles and responsibilities?

R. Environmental Surety Plan

S. Disaster Behavioral Health of Public Health Emergency Response Personnel

1. Does the plan address:
    - Emotional or prolonged emotional or physical stress
    - Plan for how LHD will assure the following services will be available:
        - Debriefing
        - Crisis counseling
        - Critical incident stress management
        - Other mental health support systems

T. Disaster Behavioral Health: Population Wide-Plan

1. If the LHD is not the lead agency for population-wide mental heath services, who is and what are the LHD's specific roles and responsibilities?

U. Quarantine & Isolation Plan

1. Items that should be included in an Isolation and Quarantine Plan:
    - List of statutory authorities at the state and local level
    - Establishment of isolation and quarantine and how restrictions will be enforced
        - Who can establish and who can release
        - Notification
        - Voluntary vs. involuntary
        - Use of legal orders and who can issue (includes different language considerations, timeframe, location of isolation and quarantine, and opportunity/method to object)
    - Concept of operations under which restrictions on movement of persons would be enacted
    - Procedures for surveillance for additional cases and for field monitoring
    - Social support (e.g., providing essential services, who will provide, training plan)
    - Risk Communication
    - Role of law enforcement and their authority
    - Non-compliance issues and penalties
    - Contingency plans for a large scale application
        - Requirement/ability to waive specific requirements (e.g., due process, individual notification)
        - Use of notification of restrictions and release for groups rather than individuals
    - Plans for training public health staff, law enforcement, and other first responders
    - Definitions of relevant terms to ensure common understanding (such as home isolation and quarantine, hospital isolation, active and passive surveillance, etc.)
    - Appropriate forms or other materials (such as flow chart for process, sample patient education materials, home assessment tool, sample monitoring form, PPE guidance, etc.)

Source: *"Issues to Consider Isolation and Quarantine" NACCHO BT Committee*

V. Continuity of Operations Plan

W. Public Health Surge Capacity & Mutual Aid

1. Is the documentation provided for this section specific to LHD/regional surge capacity?
2. Is there a plan in place to handle additional surge once all available resources (i.e., current surge capacity) are unavailable?
3. Is there a plan in place to handle any possible surge needs from neighboring jurisdictions?
4. Who is responsible for volunteer recruitment, credentialing, and updating (training, etc.)? If applicable, does the LHD note their specific roles/responsibilities?
5. The site can document/help address surge in a number of ways:
   - Use spreadsheets to document resources available
   - Coordinate retired hospital staff to join MRCs
   - Work with private physicians
6. Depending on the jurisdiction, Mutual Aid Agreements (MAA) can also be called Memorandums of Understanding (MOU).
7. A Mutual Aid System is more important than just having an MAA.
8. If a MAA has been established, a system should still be shown with the following:
   - Defined structure in which planning will/has occurred
   - Defined geographic boundary
   - Activation
     - What triggers a request for mutual aid?
   - Notification
     - How does an agency request mutual aid and once it is requested, what are the criteria for deploying resources?
   - Inventory of staff and mobilization/call-up procedures that includes staff skills, abilities, and competencies
     - What are the available resources?
     - How do you assure staff health and safety, family notification, and logistics?
   - Unified just in time training
   - Shared language
9. An MAA or MOU should also include:
   - Purpose
   - Authority
   - Liability concerns

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2008 PPHR Criteria Addendum
GOAL II—WORKFORCE CAPACITY DEVELOPMENT: MEASURES 2-5

PPHR Measures #2-5 This document serves as an additional resource for the criteria set forth in the documentation checklist for Goal II – Workforce Capacity Development: Measures #2-5. It is a list of questions and reminding points given to assist those who are providing the content for each section of the criteria. Each section of questions and points corresponds to a section of the criteria for PPHR Measures #2-5. It is important to keep in mind that these reminders serve only as a supplement to the actual criteria and do not require responses. They are here for your benefit and you may use them at your discretion. Additional tools, resources, and examples of previous PPHR applications can be found on the PPHR Toolkit at www.naccho.org/PPHRToolkit.
PPHR Measure #2: Training Needs Assessment
A. Date of Training Needs Assessment
1. There are a number of assessments that can be utilized. For example: University of Illinois- Chicago, Columbia University, and University of North Carolina (www.publichealthpreparedness.org). However, at a minimum, address the staff's competency of the LHD's all-hazards response plan and "Bioterrorism and Emergency Readiness Competencies" developed by Columbia University. 2. When was the assessment conducted? Was it conducted since October 2005? 3. What is the system/procedure in place within the LHD/region to assure that staff is assessed regularly, particularly new employees?
B. Assessment Process Report
1. How easy is it for the reviewer to quickly understand the process implemented for training needs assessment? 2. Is there a description of the assessment methodology? 3. Who was involved in the design of the assessment process? 4. How comprehensive is the assessment tool? 5. Does the tool contain relevant preparedness measures? 6. How/when are new employees assessed? How/when is their training needs assessment information incorporated into the training plan?
C. Results and Implications Report
1. Who was involved in analyzing the assessment data? 2. How are the assessment findings presented? 3. Have priorities been established? Are these priorities clearly evident based on the assessment?

PPHR Measure #3: Workforce Development Plan
A. Training Needs Assessment
1. Is there a connection between the assessment and the training plan? Have priorities been established? Are these priorities clearly evident based on the assessment? 2. Does the training plan extend through the LHD's next funding or exercise cycle?
B. Training Topics
1. Is it clear why the LHD/region prioritized their trainings this way?
C. Training Objectives
1. Are the learning objectives reasonable for the type of training being offered?
D. Training Delivery
E. Management of Training Plan
F. Rapid Training Curriculum
1. Are these linked to the response plan and can be easily accessed by staff and volunteers? 2. Are the rapid trainings/just-in-time trainings provided fully reflective of the agency's all-hazard response plan, as necessary to ensure adequate training to respond to an emergency event? 3. Have these trainings been tested/exercised to ensure relevance and timeliness?
PPHT Measure # 4: Organizational Capacity to Support and Maintain Staff Competence in Emergency Preparedness
A. Management of Agency Capacity
1. Has the Local Health Department contacted potential collaborating agencies, such as a Center for Public Health Preparedness, to provide support and provide assistance in preparedness training and education?
B. Performance Improvement Plan

Priority Ranking	Course	Learning Objectives	Instructors/ Delivery Method	Core Competencies addressed	Competency Evaluation Method	# Staff that demonstrated competency	# Staff remaining to demonstrate competency
5	Orientation to the Emergency Preparedness Core Competencies for all PH Workers	Provide a basic understanding of the Core Competencies for Emergency Preparedness and Response for the Public Health Workers	Curriculum Developed by the Columbia University School of Nursing	Core Competencies 1-9	Post test Written Evaluation	400 (80%)	100(20%)
1	Emerging threats in Public Health: BT 101	Have a better understanding and history of bioterrorism and how the threat of bioterrorism impacts the PH Workforce	Self-Study CD-Rom And Monthly in-service training	Core Competency 8-Recognize the unusual events that might indicate an emergency	Post-tests	400 (80%)	100(20%)

PPHR Measure #5: NIMS Compliance
A. Identification and tracking of Staff that Must Complete Coursework
1. Describe which positions are classified into each personnel category and the number of individuals. 2. If any other courses as determined by the LHD or State Health Department are required, identify the staff that must complete these courses.

2008 PPHR Criteria Addendum
GOAL III—EXERCISE/REAL EVENT and COMPREHENSIVE EXERCISE PLAN: MEASURES 6-7

PPHR Measures #6-7 This document serves as an additional resource for the criteria set forth in the documentation checklist for Goal III – Exercise/Real Event and Comprehensive Exercise Plan: Measures #6-7. It is a list of questions and reminding points given to assist those who are providing the content for each section of the criteria. Each section of questions and points corresponds to a section of the criteria for PPHR Measures #6-7. It is important to keep in mind that these reminders serve only as a supplement to the actual criteria and do not require responses. They are here for your benefit and you may use them at your discretion. Additional tools, resources, and examples of previous PPHR applications can be found on the PPHR Toolkit at www.naccho.org/PPHRToolkit.
PPHR Measure #6
A. Multi-Agency After Action Report/Improvement Plan (Exercises)
A2. Exercise Executive Summary
1. Were the goals of the exercise met?
A4. Analysis of Capabilities
1. How was the feedback obtained? 2. Is there a listing of the duties and responsibilities of the evaluators? 3. Who were the evaluators, what tools did they use to evaluate the exercise?
A6. Improvement Plan
1. Who will be responsible for what and by when? 2. What if any changes will be made to the following: • Response Plan • Trainings • Future Exercise Plans
B. Incident Response Documentation (Real Event)
B1. Incident Action Plan
1. Operational period • Are these manageable segments of time within which you plan to accomplish and/or work toward specific objectives? • Viable alternatives should always be given and considered for every plan and decision that is made when creating IAPs.

2. Objectives
- Are the objectives short-term, measurable, specific and have a timeframe and cost-effective?

3. LHD Participants & Partners
- Are multiple agencies involved? If not, why not?

B3. After Action Report

1. After Action Report
- Format used in HSEEP and contains:
  - Executive Summary
  - Exercise Overview
  - Exercise Goals and objectives
  - Exercise synopsis
  - Analysis of Mission Outcomes

2. Lessons Learned
- These should be suitable to share, and not just a bulleted list of what went right and/or wrong

Measure #7: Comprehensive Exercise Plan

A. Description of Plan

1. Is the plan of correction based on the lessons learned?
2. Do the plans describe how and when the response plan will be modified? Is there an associated time table?
3. Did the exercise/drill test the notification system for specific aspects of the emergency response plan such as mass prophylaxis (e.g., POD drill, CRI drill, etc.)
4. Is there evidence of collaboration to test the ESAR-VHP system?
5. Based upon local and state needs, the all-hazards plan, assessment results, and past exercises it is suggested that your agency conduct these types of drills/exercises:
   - Test the notification system twice a year with at least one test being unannounced and occurring outside of regular hours
   - Local, state, or regional laboratory drills

- Mass Prophylaxis and countermeasure and distribution exercises
- Call back drills as necessary for the agency communication plan
- Testing of the ESAR-VHP system