

This document can be used alongside the PPHR Criteria to assist individuals at health departments think through the evidence elements presented in the PPHR Criteria. The goal of the document is to help health departments develop the best possible preparedness plans and programs. The document contains a list of tips to assist those who are providing the content for each evidence element of the Criteria. These tips serve only to augment the PPHR Criteria and do not require responses.

GOAL I- ALL-HAZARDS PREPAREDNESS PLANNING: MEASURE 1

GOAL I: ALL HAZARDS PREPAREDNESS PLANNING

PPHR MEASURE #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN

The local health department (LHD) has documented its planned response to public health emergencies. To prove it has met this measure, the LHD should submit EITHER a written copy of its all-hazards public health emergency response plan OR the public health annex to its jurisdiction’s emergency response plan. The plan submitted should address the key elements of the sub-Measures listed below.

A. Table of Contents

Tip:

It is often useful to include a “find-fast” document, such as an 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 type of document can be useful during an emergency.

C. Plan-Update Cycle

Tip:

Some sites have included a log of the dates of the change to the plan with a short description, which has helped the reviewers understand the progression and development of the plan.

D. Authority and Acknowledgments

Tip:

It may be helpful to include copies or summaries of applicable laws, regulation, and technical materials that are likely to be useful during an event.

F. Activation Circumstances and Event Sequence Following Activation

Tip:

It may be helpful to include BOTH a flow diagram and narrative description that indicates when the LHD will consider deploying specific response activities.

G. Concept of Operations

Tip:

This section should make it easy for a volunteer or a representative from another jurisdiction offering assistance during an emergency to understand

the agency's role during an emergency response (in relation to its local EMS, partners, etc.).

NOTE: Sub-Measures K–X are crosscutting with the LHD's Concept of Operations.

Therefore, Sub-Measures K–X, all labeled in GREEN, must *also* address the following four items:

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

K. Command and Control

Tip:

This section should discuss the process for declaring a public health emergency. If the local health department is part of a region, it is important for this process to be understood and agreed upon across the region.

L. Communication Plan

I2. Risk Communication Plan

Tip:

Consider these questions:

1. How are messages designed?
2. How are communication channels determined?
3. How are communication strategies evaluated?
4. For regions, is there a common/regionalized communication policy? How does the region reach consensus on communication?

M. Epidemiology

Tips:

1. Consider using community partners such as dentists and pharmacists for surveillance.
2. Describe who is allowed to volunteer for epidemiological tasks in an emergency and how their credentials will be verified.
3. Notification protocols should include sharing information locally, regionally, and at the state level.

N. Laboratory Data and Sample Testing

n1. Access to Labs (e.g. local, regional, state)

Tip:

Consider possible security needs for transporting specimens to the lab.

O. Mass Prophylaxis and Immunization

Tips:

1. Specify the locations of potential dispensing sites and considerations for determining which site will be used.

2. Determine who will initiate the set-up of the dispensing site.
3. Consider the full range of activities that need to be implemented and managed at a site including public education.
4. Determine how potential volunteers to work at the dispensing site will be contacted during an emergency.

R. Environmental Health Response

Tip:

Consider the process for re-entry certification.

S. Disaster Behavioral Health: Public Health Emergency Response Personnel

Tip:

Ensure the following services will be available:

- Debriefing
- Crises counseling
- Critical incident stress management
- Other mental health support systems

U. Quarantine, Isolation and Social Distancing Plan

Tips:

1. Consider who can release those in quarantine and isolation.
2. Consider both voluntary and involuntary quarantine and isolation.
3. Address the potential role of law enforcement and its authority.
4. Determine the potential penalties for non-compliance.
5. Address Contingency plans for a large scale application such as
 - a. Requirement/ability to waive specific requirements (e.g., due process, individual notification)
 - b. Use of notification of restrictions and release for groups rather than individuals
6. Define relevant terms to ensure common understanding (such as home isolation and quarantine, hospital isolation, active and passive surveillance, etc.).

W. Public Health Surge Capacity and Volunteer Management

Tip:

Consider your health department's plan to handle the possible surge needs from neighboring jurisdictions.

**GOAL II—WORKFORCE CAPACITY DEVELOPMENT: MEASURES 2-5
(TIPS FOR MEASURES 3 AND 5 ONLY)**

GOAL II—WORKFORCE CAPACITY DEVELOPMENT

In workforce capacity development, the agency develops the workforce to meet the needs of a population prior to, during, and after any event or disaster. This is accomplished by providing employees 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, according to the competencies described in the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers¹." After the assessment, training is necessary to demonstrate staff competence (skill, ability, and knowledge) and to rectify any other gaps identified from the agency-wide public health competency assessment.

¹ These nine competencies are found in the Bioterrorism and Emergency Readiness Competencies developed by Columbia University.
(<http://www.cumc.columbia.edu/dept/nursing/chphsr/pdf/btcomps.pdf>)

PPHR MEASURE #3: COMPLETION AND MAINTENANCE OF A WORKFORCE DEVELOPMENT PLAN

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

The Workforce Development Plan is submitted to provide the evidence for the sub-Measures described below. Additional documentation may also be submitted.

E. Management of Training Plan

Tips:

1. It may be helpful to include a training modification log, if available.
2. If the training plan has been updated, give a reason for why the training plan was modified. (i.e. new assessment completed, results from an AAR demonstrate that staff need to be trained in additional areas, etc.).
3. An excel sheet is often useful for tracking trainings.

F. Rapid Training Curricula

Tip:

Ensure that the rapid training curricula are linked to the response plan in a way that they can be easily accessed by staff and volunteers.

PPHR MEASURE #5: NIMS COMPLIANCE

All jurisdictions that receive federal funding must be National Incident Management System (NIMS) compliant. Documentation for this measure should be provided as appropriate within the jurisdiction.

A. Identification and Tracking of Staff who Must Complete Coursework

Tips:

1. Describe which positions are classified into each personnel category and the number of individuals in each category.
2. Identify the staff that must complete other courses that are required by the LHD or State Health Department.

**GOAL III—QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS: MEASURES 6-7
(TIPS FOR MEASURE 6 ONLY)**

GOAL III—EXERCISE/REAL-EVENT AND COMPREHENSIVE EXERCISE PLAN QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS

To ensure an LHD follows a Continuous Quality Improvement (CQI) process, evidence must be provided of linkages between its planning, training, and demonstration of readiness through exercise or real-events. In order to meet Goal 3, LHDs must show a process in place within the agency that documents responses to exercises/real-events (AAR/IAP) in a clear and timely manner; completes an improvement plan for revising the all-hazards response plan and workforce development plan based on the lessons learned and gaps identified during the exercise/real-event; and develops future exercises based on those lessons-learned that will test corrections made while implementing the improvement plan. Goal 3 demonstrates the use of NIMS concepts and principles and Homeland Security Exercise and Evaluation Program (HSEEP) compliance.

PPHR MEASURE #6: LEARNING AND IMPROVING THROUGH RESPONDING IN AN EXERCISE OR REAL EVENT

The LHD provides documentation of its participation in at least *one* of the following exercises/events that must be dated WITHIN the 12 months prior to the start of this PPHR application process. Submit documentation for ONE of the following sets of sub-Measures.

- sub-Measure A: Tabletop, functional or full scale exercise (the LHD must scale tabletop and functional exercises to fit the size of the department).
- sub-Measure B: An actual emergency event to which the agency activated its response plan.

Reminder: Based on your LHD’s activities, include EITHER an After Action Report on an Exercise OR Documentation of a Real Event Response. You do not need to submit both.

A. MULTI-AGENCY AFTER ACTION REPORT/IMPROVEMENT PLAN (EXERCISES)

An exercise that will meet this measure must result in the production and approval of an After Action Report/Improvement Plan (AAR/IP). AAR/IP’s submitted to PPHR must include ALL of the elements in the following sub-measure (A1-A7).

A2. Exercise Executive Summary

Tips:

1. Explain how feedback on the exercise was obtained
2. List the duties and responsibilities of the evaluators
3. Describe who evaluated the exercise.

B. INCIDENT RESPONSE DOCUMENTATION (REAL-EVENT)

A response to a real-event that will meet this measure must result in the production and approval of an Incident Action Plan (IAP). If more than one IAP is produced and approved, ALL IAPs for the event should be submitted.

IAPs submitted to PPHR must include ALL of the elements in the following sub-Measures (B1-B4).

Reminder: Based on your LHD's activities, if you include Documentation of a Real Event Response, you do NOT need to submit an After Action Report/Improvement Plan for an Exercise.

B1. All Incident Action Plan(s) (IAP) from Real Event

Tips:

1. Evaluate the operational period. Was the operational period a manageable segments of time to accomplish and/or work toward specific objective?
2. Evaluate the objectives. Were the objectives short-term, measurable, specific and cost-effective? Did the objectives have a time-frame?