

## Comparison of Project Public Health Ready Criteria and Federal Guidance

The purpose of this document is to demonstrate the connection between existing federal guidance related to local public health preparedness and the Criteria used by Project Public Health Ready. The list of the federal guidance below is not exhaustive, but provides an example of the links between the PPHR Criteria and the most frequently implemented guidance. More information on PPHR can be found at [www.naccho.org/topics/emergency/pphr.cfm](http://www.naccho.org/topics/emergency/pphr.cfm).

### GOAL I—ALL-HAZARDS PREPAREDNESS PLANNING

#### *PPHR MEASURE #1: Possession and Maintenance of a Written All-Hazards Response Plan*

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<b>A. Table of Contents</b>				
<b>a1.</b> The table of contents correctly corresponds to the numbered pages of the plan.				
<b>a2.</b> The organization of the plan is consistent with the Local/State Civil Defense or Emergency Management Agency’s Response Plan and compliant with the National Incident Management System (NIMS).	Preparedness requires a unified approach to emergency management and incident response activities. (p. 9-10: Unified Approach)	Coordination: Minimizing duplication of, and ensuring coordination among, Federal, State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management Assistance Compact). Planning shall be consistent with the National Response Framework (NRF), or any successor plan, the National Incident Management System (NIMS), and the National Preparedness Goal (NPG), as well as any State and local plans. (p. 8: FY10 HPP, Section 1.2	Such planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goal. (p. 21: Coordination)	Establish a partnership (e.g., between local government agencies and NGOs, including private organizations) to conduct pre-event vulnerability assessments. (Objective 1.2.1)

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		Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)		
<b>B. Introductory Material</b>				
<b>b1.</b> The plan provides an overview or introduction, including a description of the purpose of the plan.				
<b>b2.</b> The plan describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.				
<b>b3.</b> The plan identifies all neighboring jurisdictions and, if applicable, tribal and/or international borders and/or military installations within the locality.	The needs of the jurisdictions involved will dictate how frequently such organizations should conduct their business, as well as how they are structured. (p. 13: Preparedness Organizations)			
<b>b4.</b> The plan identifies all hospitals, clinics and community health centers within the locality.	Preparedness activities should be coordinated among all appropriate agencies and organizations within the jurisdiction, as well as across jurisdictions. NGOs and the private sector should be involved in these efforts (p. 12:			

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	Preparedness Roles)			
<b>b5.</b> The plan lists the locations where copies of the plan are kept.				
<b>C. Plan-Update Cycle</b>				
<b>c1.</b> The plan bears a date showing that the plan and its annexes have been reviewed or revised within one year of PPHR submission.				
<b>c2.</b> The plan details the procedure the LHD will use to update and revise its plan on a regular basis.				
<b>D. Authority and Acknowledgments</b>				
<b>d1.</b> The plan provides a description of the legal and administrative authority under which the LHD would respond to an emergency requiring a public health response.	Elected and appointed officials may also be called upon to help shape and revise laws, policies (p 14: Elected and Appointed Officials)  In some circumstances, if information is not delineated in policies or laws, it should be defined through a formal delegation of authority or letter of expectation. (p. 15: Elected and Appointed Officials)			
<b>d2.</b> The plan details evidence of joint participation in disaster planning meetings and	Preparedness organizations provide coordination for	Coordination: Minimizing duplication of, and ensuring coordination among, Federal,	Minimizing duplication of, and ensuring coordination between, Federal, State, local, and tribal planning,	

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creation of an Emergency Operations Plan (e.g., city-state tribal collaboration, city-county collaboration).	emergency management and incident response activities before an incident or planned event. (p. 13: Preparedness Organizations)	State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management Assistance Compact). Planning shall be consistent with the National Response Framework (NRF), or any successor plan, the National Incident Management System (NIMS), and the National Preparedness Goal (NPG), as well as any State and local plans. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)	preparedness, and response activities (including the State Emergency Management Assistance Compact). (p. 21: Coordination)	
<b>E. Situations and Assumptions</b>				
<b>e1.</b> The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of the LHD and possibly, the surge capacity of the LHD.				
<b>e2.</b> The plan demonstrates performance of a hazard analysis of threats (e.g. chemical/nuclear facilities, hurricanes, floods) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.	Each jurisdiction, in coordination with appropriate agencies and organizations, should develop plans that define the scope of necessary activities for preparedness, emergency management, and incident response for that jurisdiction. (p. 17: Component 1: Preparedness)			

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<p><b>e3.</b> The plan describes how the LHD is preparing for the vulnerabilities described in the results of the hazard analysis.</p>	<p>Jurisdictions should also develop scenario-specific plans or annexes derived from their threat assessment. (p. 17: Component 1: Preparedness)</p>			
<p><b>F. Activation Circumstances and Event Sequence Following Activation</b></p>				
<p><b>f1.</b> The plan includes Standard Operating Procedures that may include decision matrices, flow charts or decision trees that describe an all-hazards response.</p>				
<p><b>f2.</b> The plan includes a flow diagram or narrative description that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.</p>				
<p><b>G. Concept of Operations</b></p>				
<p><b>g1.</b> The plan describes the responsibilities of the local emergency response agency or team(s) that will respond to a public health emergency.</p>				
<p><b>g2.</b> The plan contains a bulleted list, table, or matrix that clearly identifies both the <b>primary</b> and <b>secondary</b> support roles for local, state and federal partner agencies, in areas such as command and</p>		<p>Coordination: Minimizing duplication of, and ensuring coordination among, Federal, State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management</p>		

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control, detection, investigation, communication, containment and prevention, and recovery.		Assistance Compact). Planning shall be consistent with the National Response Framework (NRF), or any successor plan, the National Incident Management System (NIMS), and the National Preparedness Goal (NPG), as well as any State and local plans. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)		
<b>H. National Incident Management System</b>				
<b>h1.</b> The application contains evidence that the LHD has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.	The directive requires Federal departments and agencies to make adoption of NIMS by State, tribal, and local organizations a condition for Federal preparedness assistance (through grants, contracts, and other activities). (p. 3: Preface)	Coordination: Minimizing duplication of, and ensuring coordination among, Federal, State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management Assistance Compact). Planning shall be consistent with the National Response Framework (NRF), or any successor plan, the National Incident Management System (NIMS), and the National Preparedness Goal (NPG), as well as any State and local plans. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)		
<b>h2.</b> The application contains evidence that the LHD has completed a baseline assessment of NIMS implementation requirements.		As a condition of receiving HPP funds, awardees shall ensure appropriate participating healthcare systems continue implementing and maintaining NIMS activities during FY09, and		

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		<p>throughout the three-year project period.</p> <p><i>1.4.1.1 ASPR Expectation</i> Awardees: Awardees will assess and report annually which participating healthcare systems currently have adopted all NIMS implementation activities, and which are still in the process of implementing the 14 activities. (p. 12: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</p>		
<p><b>h3.</b> The application contains evidence that the departmental operations center or emergency operations center utilizes the Incident Command System (ICS), as called for by NIMS, to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.</p>		<p>As a condition of receiving HPP funds, awardees shall ensure appropriate participating healthcare systems continue implementing and maintaining NIMS activities during FY09, and throughout the three-year project period.</p> <p><i>1.4.1.1 ASPR Expectation</i> Awardees: Awardees will assess and report annually which participating healthcare systems currently have adopted all NIMS implementation activities, and which are still in the process of implementing the 14 activities. Healthcare Systems: All participating healthcare systems must comprehensively track all NIMS implementation activities, and report on those activities annually as part of the reporting requirements for this CA. (p. 9: FY09 HPP, Section 1.4</p>		

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		<p>Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</p> <p>Coordination: Minimizing duplication of, and ensuring coordination among, Federal, State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management Assistance Compact). Planning shall be consistent with the National Response Framework (NRF), or any successor plan, the National Incident Management System (NIMS), and the National Preparedness Goal (NPG), as well as any State and local plans. (p. 12: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p>		
<b>I. Functional Staff Roles</b>				
<p><b>i1.</b> The plan contains a list, table, or other format detailing the necessary roles to be filled during a response operation to any hazard.</p>				
<p><b>i2.</b> The plan contains a roster of the primary, secondary, and tertiary staff to cover the command and general leadership roles during a response operation based on NIMS.</p>		<p>As a condition of receiving HPP funds, awardees shall ensure appropriate participating healthcare systems continue implementing and maintaining NIMS activities during FY09, and throughout the three-year project period.</p> <p><i>1.4.1.1 ASPR Expectation</i> Awardees: Awardees will assess</p>	<p>To provide an effective and coordinated response to a complex incident, a public health department must maintain a current roster of pre-identified staff available to fill core Incident Command System (ICS) functional roles. (p.16: Demonstrated capability to notify primary, secondary, and tertiary</p>	

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		and report annually which participating healthcare systems currently have adopted all NIMS implementation activities, and which are still in the process of implementing the 14 activities. Healthcare Systems: All participating healthcare systems must comprehensively track all NIMS implementation activities, and report on those activities annually as part of the reporting requirements for this CA. (p. 12: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)	staff to cover all incident management functional roles during a complex incident (Elements 1-2 in Table 1).	
i3. The plan contains copies of Job Aids or Job Action Sheets for staff and volunteers detailing specific functions of each role indicated as necessary roles in Measure 1.1.i1.	One of four standard levels of procedural documents (p.19: Procedures and Protocols)			Develop and implement competency-oriented job descriptions and use them to evaluate staff performance and effectiveness (Objective 2.1.1)
i4. The plan explains how the LHD will assimilate staff and/or volunteers into a response operation.				
<b>J. Vulnerable Population Access and Demographics</b>				
j1. The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.	Jurisdictions should have outreach programs to promote and support individual and community preparedness (e.g., public education, training sessions, demonstrations), including preparedness of	FY10 HPP CONT applications must clearly describe which at-risk populations with medical needs are being served, and the activities that will be undertaken with respect to the needs of these individuals during the FY10 and FY11 budget periods. Medical needs include, but are		

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	those with special needs. (p. 12: Preparedness Roles)	not limited to behavioral health consisting of both mental health and substance abuse considerations. Awardees should work with community-based organizations serving these groups to ensure plans are appropriate, involve the necessary partners, and include representation from the at-risk populations. (p. 13: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.2 Needs of At-Risk Populations)		
<p><b>j2.</b> The plan describes systems in place and/or LHD role in providing services to vulnerable populations (including special needs sheltering) as identified by the LHD in Measure 1, J. j1, in emergency situations.</p>	<p>Jurisdictions should have outreach programs to promote and support individual and community preparedness (e.g., public education, training sessions, demonstrations), including preparedness of those with special needs. (p. 12: Preparedness Roles)</p>	<p>At-risk populations: Taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p> <p>FY10 HPP CONT applications must clearly describe which at-risk populations with medical needs are being served, and the activities that will be undertaken with respect to the needs of these individuals during the FY10 and FY11 budget periods. (p. 13: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.2 Needs of At-Risk Populations)</p>	<p>Engage the State Office for Aging or equivalent office in addressing the emergency preparedness, response, and recovery needs of the elderly. Describe the activities the awardee will undertake in BP10 to further work with this resource on behalf of the elderly in awardee communities. (p. 8: Program Requirements)</p> <p>Taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency. The term ‘at-risk individuals’ means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency. (p. 21: At-Risk)</p>	

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			<p>Individuals)</p> <p>All-Hazards Public Health Emergency Preparedness and Response Plan which shall include-</p> <p>- preparedness and response strategies and capabilities that take into account the medical and public health needs of at-risk individuals in the event of a public health emergency; (p. 21: PAHPA Requirements)</p> <p>A description of how the entity will include the State Unit on Aging in public health emergency preparedness; (p. 21: PAHPA Requirements)</p>	
<p><i>NOTE: Sub-Measures K–X are <u>crosscutting</u> with the LHD’s Concept of Operations.</i></p> <p>Therefore, Sub-Measures K–X, all labeled in BLUE, must <i>also</i> address the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for Emergency Support Functions (ESF) 8: Health and Medical Services.</li> <li>▪ Description of response actions that will happen.</li> <li>▪ Description of when the response actions will happen.</li> </ul>				

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<ul style="list-style-type: none"> <li>▪ Description of under whose authority the actions will happen.</li> </ul>				
<b>K. Command and Control</b>				
<b>k1.</b> The plan contains a table or diagram that illustrates the LHD’s command and control structure (Incident Command System/Unified Command Structure/Multi-agency Coordination System) to be used for coordination of emergency response.	Federal, State, tribal, or local levels, when appropriately deployed, become part of the field ICS as prescribed by the local authority. (p 45-69: Component IV: Command and Management)			
<b>k2.</b> The command and control structure addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>L. Communication Plan</b>				
<b>l1. Agency Communication Plan</b>				
<b>l1i.</b> The plan details communication response actions to be taken, who will take them, and how				

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they will be documented.				
<b>I1ii.</b> The plan details the responsible party(ies) for notification, alerts, and mobilization.				
<b>I1iii.</b> The plan describes whom to notify during an incident and at what level (e.g. alert, standby, report).			Communication of data about public health incidents including dissemination of alerts and secure sharing of preliminary information about suspected events. (p. 7: Ensure interoperable systems are consistent with PHIN)	
<b>I1iv.</b> The plan describes the method by which notification will take place.		HHS encourages all participating healthcare systems, and State Departments of Public Health to develop communications redundancy composed of the following: <ul style="list-style-type: none"> <li>• Landline and</li> <li>• Cellular Telephones</li> <li>• Two-Way VHF/UHF Radio</li> <li>• Satellite Telephone</li> <li>• Amateur (HAM) Radio</li> </ul> (p. 15: FY09 HPP, Section 1.5 Project Activities 1.5.3 Interoperable Communication System)		
<b>I1v.</b> The plan contains pertinent contact information (e.g., EOC, phone, cell, fax).				
<b>I1vi.</b> The plan describes where staff must report.				

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<p><b>11vii.</b> The plan describes how quickly staff will be notified of an incident and how long the staff will have to report to the designated locations.</p>				
<p><b>11viii.</b> The application contains evidence that the agency has a redundant communication plan that demonstrates the ability to stand-up three-deep communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours.</p>		<p>During the FY10 and FY11 budget periods, all awardees are required to equip participating healthcare systems, to the extent achievable, with communication devices which allow them to communicate horizontally (with each other), and vertically with EMS, fire, law enforcement, local and State public health agencies, etc. Since FY03, the HPP has required that healthcare systems and health departments establish communications redundancy, ensuring that if one communications system fails, other technologies can be implemented in order to maintain communications. (p. 18: FY010 HPP, Section 1.5 Project Activities 1.5.3 Interoperable Communication System)</p>		<p>Implement and refine statewide Communication Interoperability Plans (SCIPs). (Objective 5.6.3)</p>
<p><b>12. Crisis and Emergency Risk Communication Plan</b></p>			<p>Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following:  (C) Risk communication and public preparedness. (p. 21: Public Health)</p>	

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<p><b>12i.</b> The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including vulnerable populations, during an emergency.</p>	<p>It is critical that all those involved with an incident know and use commonly established operational structures, terminology, policies, and procedures. (p 29: Component II: Communications and Information Management)</p> <p>The Joint Information System (JIS) provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions. Craft messages conveying key information that are clear and easily understood by all, including those with special needs. (p. 70-72: Joint Information System and Center)</p>	<p>At-risk populations: Taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA) FY09 HPP applications must clearly describe which at-risk populations with medical needs are being served, and the activities that will be undertaken with respect to the needs of these individuals during the FY10 and FY11 budget periods.. (p. 13: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.2 Needs of At-Risk Populations)</p>		<p>Ensure that communications about community risks and threats address the functional needs of at-risk individuals (e.g., physical and cognitive disabilities, language isolation, or low health literacy), giving consideration to types of health threats and preferred or necessary modes of communication, culture, developmental age, trusted spokespersons/channels, preferred formats, and preferred languages. (Objective 1.1.1)</p>
<p><b>12ii.</b> The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.</p>	<p>Coordinated communications policy and planning provides the basis for effective communications and information management. (p. 26: Policy and Planning)</p>			<p>Actively engage population representatives in identifying and addressing any communication issues/concerns. (Objective 5.4.4)</p>

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<p><b>I2iii.</b> The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including vulnerable populations, during an emergency.</p>				<p>Strengthen and expand existing capabilities to disseminate and share existing health security information quickly. (Objective 3.2.3)</p>
<p><b>I2iv.</b> The plan includes a press release template.</p>				
<p><b>I2v.</b> The plan includes a media contact list that is accompanied by a procedure for keeping the list current and accurate.</p>				
<p><b>I2vi.</b> The plan describes the process and procedures necessary to coordinate the communication process during an emergency and/or the plan includes a message map.</p>				
<p><b>I2vii.</b> The plan details the communication process for mass patient care and the role of the LHD in that communication process.</p>				
<p><b>I2viii.</b> The plan details the communication process for directing and controlling public information releases</p>				

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about those under isolation and quarantine.				
<p><b>12ix.</b> The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) including information about who the information was provided to, the date the information was provided, and for what purpose the information was provided.</p>				
<p><b>12x.</b> The plan describes the process for partner notification, including at a minimum the following:</p> <ul style="list-style-type: none"> <li>• Who will notify partners?</li> <li>• How will partners be notified?</li> <li>• How will receipt of notification be confirmed?</li> <li>• What procedures are in place to assure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills, etc.)?</li> </ul>				

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<b>13. Health Alert Network (HAN)/ Public Health Information Network (PHIN)</b>				
13i. The plan describes the process for sending, receiving, confirming receipt/acknowledging messages, and interacting with HAN or PHIN.				
13ii. The plan includes a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.				
14. The communication plan addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen.</li> </ul>				
<b>M. Epidemiology</b>				

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<b>m1. Surveillance</b>				
<b>m1i.</b> The plan contains the protocol(s) for hazard-specific collection of health data for active surveillance of communicable disease and incidents involving technological hazards (chemical or radiological).			Analysis of data about public health incidents, including outbreak management and integration of public health and clinical data. (p. 7: Ensure interoperable systems are consistent with PHIN)	
<b>m1ii.</b> The plan provides evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data) for communicable diseases and chemical or radiological agents.				
<b>m1iii.</b> The application includes a list of providers and public health system partners who are surveillance sites reporting to the surveillance system.				
<b>m3. Epidemiological Investigation Tasks</b>			Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following: (A) Disease situational awareness including detection, identification, and investigation. (p. 21: Public Health)	
<b>m2i.</b> The plan calls for the comparison of cases to the baseline and confirmation of				

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diagnosis.				
<b>m2ii.</b> The plan calls for contact tracing.				
<b>m2iii.</b> The plan calls for the development of a description of cases through interviews, medical record review and other mechanisms (person, place, and time).				
<b>m2iv.</b> The plan calls for the generation of possible associations of transmission, exposure, and source.				
<b>m2v.</b> The plan calls for identifying the population at risk.				
<b>m2vi.</b> The plan calls for the evaluation of therapeutic outcome(s).				
<b>m2vii.</b> The plan describes the process for reporting notifiable conditions, including any on-call system(s), policies, and procedures to take reports of notifiable conditions 24/7/365.				
<b>m2viii.</b> The plan describes outbreak and exposure investigation tasks for staff and/or				

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volunteers that would be called upon in an LHD emergency response.				
<b>m3. Epidemiological Data</b>				
m3i. The plan describes how epidemiological data is shared.			Identification of events/conditions of public health incidents through biosurveillance, including clinical data exchange with hospitals, urgent care centers, health information exchanges, laboratories, etc.(p. 7: Ensure interoperable systems are consistent with PHIN)	
<b>m4. Data Management</b>				
m4i. The application provides evidence of a system and protocol for managing epidemiological investigation data.				
m5. The plan calls for coordination with environmental investigation as required.				
<p>m6. The epidemiology plan addresses the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the</li> </ul>				

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<p>response actions will happen</p> <ul style="list-style-type: none"> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>N. Laboratory Data and Sample Testing</b>				
<b>n1. Access to Labs (e.g. local, regional, state)</b>				
<p><b>n1i.</b> The plan describes current packaging and shipping regulations on transporting infectious and potentially hazardous substances to labs in the jurisdiction that can test for biological/chemical/radiological agents.</p>				
<p><b>n1ii.</b> The application demonstrates the capability to transport specimens/samples to a confirmatory reference lab 24 hours a day, 7 days a week, 365 days a year.</p>				
<p><b>n1iii.</b> The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.</p>				
<p><b>n1iv.</b> The plan includes a list of laboratory contacts.</p>				
<b>n2.</b> The application provides				

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evidence of the database and protocol for management/flow of laboratory data and sample testing information.				
<p><b>n3.</b> The plan describes the system in place for sharing of laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of appropriate response to and control of the outbreak (e.g., electronic system).</p>				
<p><b>n4.</b> The plan describes a process or policy related to evidence management.</p>				
<p><b>n5.</b> The plan describes local and state laboratory capacity, including a list of pathogens that can be identified at each level.</p>				
<p><b>n5.</b> The laboratory data and sample testing plan addresses the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under</li> </ul>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
whose authority the actions will happen				
<b>O. Mass Prophylaxis and Immunization</b>				
<p><b>o1.</b> The plan describes the procedures for implementing mass prophylaxis and immunization in the jurisdiction.</p>		<p>Medical: Increasing the preparedness, response capabilities, and surge capacities of hospitals, other healthcare facilities, and trauma care and emergency medical service systems, with respect to public health emergencies. This shall include developing plans for the following: Rapid distribution and administration of medical countermeasures, specifically to hospital-based healthcare workers and their family members, or partnership entities; (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p> <p>Each awardee may develop an operational plan that assures storage, rotation and timely distribution of critical antibiotic medications through the supply chain during an emergency, for healthcare workers and their families. *Awardees may undertake analysis of and propose funding for the purchase of antiviral caches to care for patients in healthcare systems, if this has not already occurred.</p> <p><i>1.5.11.1 Allowable purchases</i></p> <p>1. Antibiotic drugs for prophylaxis</p>	<p>Based on the state’s public health preparedness planning infrastructure, describe the actions that will be taken during BP10 to ensure that within each planning/local jurisdiction medical countermeasures can be rapidly dispensed to the affected population. (p. 9: Continue the Development of Mass Prophylaxis and Countermeasure Distribution and Dispensing Operations)</p> <p>Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following:</p> <p>(D) Rapid distribution and administration of medical countermeasures. (p. 21: Public Health)</p>	

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		<p>and post-exposure prophylaxis to biological agents for at least three days;</p> <p>2. Nerve agent antidotes;</p> <p>3. Antiviral drugs - In general, the purchase of antiviral drugs for use during an influenza pandemic is allowed through the HPP; however, purchases must be made consistent with U.S. government antiviral drug use guidance published on <a href="http://pandemicflu.gov">pandemicflu.gov</a>: <a href="http://www.pandemicflu.gov/vaccine/antiviral_use.pdf">www.pandemicflu.gov/vaccine/antiviral_use.pdf</a> and <a href="http://www.pandemicflu.gov/vaccine/antiviral_employers.pdf">www.pandemicflu.gov/vaccine/antiviral_employers.pdf</a>. Plans should consider the following: prescribing, storage, and dispensing. <i>Public sector purchases can be coordinated with the HHS Subsidy Program.</i></p> <p>4. Medications needed for exposure to other threats (E.g., radiological events). (p. 27: FY10 HPP, Section 1.5 Project Activities, 1.5.11 Pharmaceutical Caches)</p>		
<p><b>o2.</b> The plan describes the system in place for managing and tracking personnel and material resources.</p>			<p>Describe actions that will be taken in BP10 to ensure that critical medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a timeframe appropriate to the incident. (p. 9: Continue the Development of Mass Prophylaxis and Countermeasure Distribution and</p>	

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
			Dispensing Operations)	
o3. The plan describes the process or system the LHD uses to monitors for adverse reactions of public health interventions (also known as post-event tracking).				
o4. The plan includes a Point-of-Dispensing (POD) patient flow chart and a description of each station.			Describe the actions that will be taken by the planning/local jurisdiction(s) within a CRI metropolitan statistical area (MSA) during BP10 to achieve the point of dispensing (POD) standards provided by DSNS. (p. 9: Continue the Development of Mass Prophylaxis and Countermeasure Distribution and Dispensing Operations)	
o5. The plan specifies the number of volunteers and supplementary staff necessary to support the delivery of mass prophylaxis to the local population within 48 hours.				
o6. The application specifies the number of volunteers or supplemental staff the LHD has recruited to support mass prophylaxis.				
o7. The plan includes a functional definition of Essential Personnel necessary for receiving, distributing, and dispensing medical countermeasures.				
o8. The plan includes provisions for				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
serving individuals for whom the frontline medical countermeasure is contraindicated.				
<b>o9. Strategic National Stockpile (SNS) Plan</b>				
<b>o9i.</b> The plan describes its integration into the state SNS plan.				
<b>o9ii.</b> The plan includes clear delineation of LHD responsibilities, including security for receiving, distributing, and dispensing SNS assets				
<b>o9iii.</b> The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.				
<b>o9iv.</b> The application includes documentation of legal authority and/or memorandums of understanding with outside entities to suspend normal operations to complete mass prophylaxis.				
<b>o9v.</b> The plan includes a definition of local				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<p>medical inventories as defined by Centers for Disease Control and Prevention Division of SNS Guidance for Receiving, Distributing, and Dispensing SNS Assets.</p>				
<p><b>o9vi.</b> The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.</p>				
<p><b>o10.</b> The mass prophylaxis and immunization plan addresses the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<p><b>P. Mass Patient Care</b></p>				
<p><b>p1.</b> The Mass Patient Care Plan provides a detailed description of any LHD role in mass patient care from the field to the medical</p>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
treatment center.				
<b>p1i.</b> The plan describes how mass patient care will be established.				
<b>p1ii.</b> The plan describes where mass patient care will be conducted.				
<b>p1iii.</b> The plan describes who will have access to care.				
<b>p1iv.</b> The plan describes how mass patient care will be maintained.				
<b>p2.</b> The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.				
<b>p3.</b> The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.				
<b>p4.</b> The plan describes the system of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up (including patients under isolation or quarantine).				
<b>p5.</b> The mass patient care plan addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles,</li> </ul>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<p>responsibilities, and concept of operations for ESF 8</p> <ul style="list-style-type: none"> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<p><b>Q. Mass Fatality Management Plan</b></p>				
<p><b>q1.</b> The plan provides a detailed description of any LHD role in managing mass fatalities in the local jurisdiction.</p>		<p>Medical: Increasing the preparedness, response capabilities, and surge capacities of hospitals, other healthcare facilities, and trauma care and emergency medical service systems, with respect to public health emergencies. <u>This shall include developing plans for the following:</u> Medical evacuation and fatality management; (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p> <p>1.4.4 Exercises, Evaluations and Corrective Actions  <i>*To meet the applicable goals described in section 2802(b) of the PHS Act, all applications must address the evaluation of State and local preparedness and response capabilities through drills and exercises.</i></p>		

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
		<p>HPP expects that each exercise tests the operational capability of the following medical surge components:</p> <p>3. Fatality Management, Medical Evacuation/Shelter in Place, and Tracking of Bed Availability; (p. 14: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p> <p>All awardees must work closely with participating healthcare systems and other appropriate entities, to ensure that facility level fatality management plans are integrated into local, jurisdictional and State plans for disposition of the deceased. In the funding application, awardees must address:</p> <ul style="list-style-type: none"> <li>• the current status of fatality management planning, including the need for expanded refrigerated storage capacity, and supplies such as body bags;</li> <li>• the role of the State/jurisdictional Chief Medical Examiner/Coroner in the fatality management planning process;</li> <li>• the role of participating healthcare systems, emergency management, public health and other State/local agencies in the</li> </ul>		

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		fatality management planning process, and <ul style="list-style-type: none"> <li>• the cultural, religious, legal and regulatory issues involved with the respectful retrieval, tracking, transportation, identification of bodies, and death certificate completion.</li> </ul> (p. 22: FY10 HPP, Section 1.5 Project Activities, 1.5.6 Fatality Management)		
<b>q2.</b> The mass fatality management addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>R. Environmental Health Response</b>				
<b>r1. Environmental Surety Planning</b>				
<b>r1i.</b> The plan addresses the management of environmental hazards to public health and the environment, such as contaminated media, epizootic disease and				

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environmental health infrastructure failure.				
<b>r2. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:</b>				
<b>r2i.</b> Foodborne and waterborne outbreak surveillance, investigation and Control				
<b>r2ii.</b> Vector surveillance for injury prevention and vector borne disease control				
<b>r2iii.</b> Food safety				
<b>r2iv.</b> Drinking water supply and safety				
<b>r2v.</b> Sanitation				
<b>r2vi.</b> Mass care and Evaluation of Shelter Facilities				
<b>r2vii.</b> Waste water				
<b>r2viii.</b> Solid waste management				
<b>r2ix.</b> Hazardous waste management				
<b>r2x.</b> Air quality		Awardees should ensure adequate types and amounts of personal protective equipment (PPE) to protect current and additional trained healthcare workers expected in support of the events of highest risk, and identified through State, regional, and/or community-based HVAs		

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		or assessments. (p. 28: FY10 HPP, Section 1.5 Project Activities, 1.5.12 Personal Protective Equipment)		
<b>r2xi.</b> Radiation exposure response including population monitoring.				
<b>r2xii.</b> Chemical or toxic release control and clean up.				
<b>r3.</b> The environmental health response plan addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>S. Disaster Behavioral Health: Public Health Emergency Response Personnel</b>				
<b>s1.</b> The plan describes the LHD process to prepare response personnel, including agency personnel, for the behavioral health implications of public health emergencies.				
<b>s2.</b> The disaster behavioral health plan for public health				

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<p>emergency response personnel addresses the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<p><b>T. Disaster Behavioral Health: Population-Wide Plan</b></p>				
<p><b>t1.</b> The plan describes who is responsible for addressing and responding to the behavioral health issues of the community.</p>				
<p><b>t2.</b> The plan describes the partnerships the LHD has established and the local resources the LHD has cultivated to respond to population-wide mental health needs.</p>				
<p><b>t3.</b> The population-wide disaster behavioral health plan addresses the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and</li> </ul>				

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<p>concept of operations for ESF 8</p> <ul style="list-style-type: none"> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<p><b>U. Quarantine, Isolation and Social Distancing Plan</b></p>				
<p><b>u1.</b> The plan addresses the processes for implementing quarantine, isolation and social distancing.</p>			<p>Developing and sustaining Federal, State, local, and tribal essential public health security capabilities, including the following: (B) Disease containment including capabilities for isolation, quarantine, social distancing, and decontamination. (p. 21: Public Health)</p>	
<p><b>u2.</b> The plan identifies the legal authority to isolate, quarantine and/or institute social distancing for the following:</p>				
<p><b>u2i.</b> Individuals</p>				
<p><b>u2ii.</b> Groups</p>				
<p><b>u2iii.</b> Facilities</p>				
<p><b>u2iv.</b> Animals</p>				
<p><b>u3.</b> The plan addresses coordination of public health and medical services among</p>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
those under isolation, quarantine or social distancing.				
<b>u4.</b> The plan describes any stress management strategies, programs, and crisis response for those under isolation, quarantine or social distancing.				
<b>u5.</b> The quarantine, isolation and social distancing plan addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>V. Continuity of Operations Plan</b>				
<b>v1.</b> The plan identifies the health department functions that must be continued despite a natural disaster or deliberately-caused emergency.	Ensuring that the right leadership, support staff, communications, facilities, infrastructure, and other resources with the right continuity planning and program management are available to support a jurisdiction is critical to	Continuity of Operations: Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency. (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as	Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency. (p. 21: Continuity of Operations)	

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
	the success of emergency management and incident response operations. (p. 17: Continuity Capability)	amended by PAHPA)  Maintain continuity of operations in the community vertically with the local jurisdictional emergency management organizations. (p. 25: FY10 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)		
v2. The plan identifies the staff member who will implement the COOP (must be three-deep).				
v3. The plan identifies an alternate location for key health department staff to report, if necessary.				
v4. The Continuity of Operations Plan addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>W. Public Health Surge Capacity and Volunteer Management</b>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<p><b>w1.</b> The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.</p>	<p>Preparedness involves actions to establish and sustain necessary capabilities to execute a full range of emergency management and incident response activities. For NIMS to function effectively, jurisdictions and organizations should set expectations about the capabilities and resources that will be provided before, during, and after an incident. The inventorying and categorizing of resources available for an incident or planned event is a critical element of preparedness, as it helps to establish and verify the level of capability needed. Additionally, the concept of identifying this level of capability is woven throughout the components of NIMS, including the credentialing system. (p. 10: Levels of Capability)</p> <p>Identify resources and other requirements and set priorities for their use. (p. 13: Preparedness Organizations)</p>			<p>Conduct a gap analysis of resource/personnel needs to achieve national health security capabilities; for workforce areas identified as shortage areas or unevenly distributed, work with appropriate stakeholders to develop and then begin to implement specific strategies to increase workforce size or address distribution issues for such categories. (Objective 2.4.2)</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
	The resource management process uses standardized methods to identify, order, mobilize, and track the resources required to support incident management activities.(p. 33: Resource Identification and Ordering)			
<p><b>w2.</b> The plan provides a description of the regular availability and surge capacity of the following, in relation to the scope and duration for anticipated events:</p> <ul style="list-style-type: none"> <li>▪ LHD personnel</li> <li>▪ Treatment facilities</li> <li>▪ Laboratories</li> <li>▪ Redundant communications</li> <li>▪ Pharmacologic supplies</li> <li>▪ Security</li> </ul>	Resources must be categorized by kind and type (capability and capacity), and resource status must be tracked continuously to manage them effectively during an incident. (p. 103: Resources Unit)	In 2003, as a planning target, HPP further defined surge capacity for beds as 500 beds/million population. In 2006, the HPP defined surge capability, as the ability of healthcare systems to treat the unusual or highly specialized medical needs produced as a result of surge capacity. *In an effort to assist awardees with continued execution of long-term strategic planning, this FY10 cont FOA provides assistance for <b>“year 2”</b> of a <b>three-year project period</b> . Applicants will be required to submit an updated program narrative, including all appropriate components identified under the “Content and Form of Application Submission” section of this FOA, describing how the project will progressively unfold during the FY10 and FY11 budget periods using their FY10 award as a budget planning target for FY11. (p. 7: FY10 HPP, Section 1.0		

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
		Funding Opportunity Description, 1.1.1. Surge Capacity – Surge Capacity)		
<b>w3. Volunteer Management</b>				
<b>w3i.</b> The plan describes the process for volunteer recruitment., (e.g., community Medical Reserve Corps units).			Integrating public and private sector public health and medical donations and volunteers (p. 21: Integration)	Implement ongoing efforts to recruit volunteers. (Objective 2.6.1)
<b>w3ii.</b> The plan includes the partners that the LHD works with for recruitment.				Partner with institutions serving culturally diverse populations to recruit a diverse workforce to health security-related fields. (Objective 2.5.2)
<b>w3iii.</b> The plan describes how volunteers are notified.				
<b>w3iv.</b> The plan describes how volunteers are used in an emergency.	Potential users of volunteers (e.g., hospitals, fire and police departments, etc.)—must develop protocols governing the activation and use of volunteers. (p. 40: Credentialing)			
<b>w3v.</b> The plan describes how volunteers are credentialed.				
<b>w4vi.</b> The plan describes how volunteers are retained.				Develop effective strategies to retain public health workers and minimize turnover. (Objective 2.4.3)
<b>w4vii.</b> The plan describes the LHD’s involvement in the state’s Emergency		1.4.4 Exercises, Evaluations and Corrective Actions . HPP expects that each exercise	PHEP awardees are required to describe how they work with their state Hospital	

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<p>System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.</p>		<p>tests the operational capability of the following medical surge components:</p> <ol style="list-style-type: none"> <li>1. Interoperable communications and Emergency System for Advance Registration of Volunteer Health Professionals(ESAR-VHP);</li> </ol> <p>(p. 15: FY10 HPP, Section1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p> <p>All awardees are required to meet and maintain all ESAR-VHP electronic system, operational, evaluation and reporting compliance requirements. (p. 20: FY10 HPP, Section 1.5 Project Activities, 1.5.5 Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP))</p>	<p>Preparedness Program to continue adopting and implementing the <i>Interim ESAR-VHP Technical and Policy Guidelines, Standards, and Definitions (ESAR-VHP Guidelines)</i> (p. 7: Program Requirements)</p>	
<p><b>w5.</b> The public health surge capacity and volunteer management plans address the following four items:</p> <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations for ESF 8</li> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will</li> </ul>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<p>happen</p> <ul style="list-style-type: none"> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<p><b>X. Mutual Aid and Resource Management</b></p>				
<p><b>x1.</b> The plan describes the process by which the LHD develops intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector and non-governmental organizations.</p>	<p>Jurisdictions should be party to agreements with the appropriate jurisdictions and/or organizations (including NGOs and the private sector, where appropriate) from which they expect to receive, or to which they expect to provide, assistance. States should participate in interstate compacts and look to establish intrastate agreements that encompass all local jurisdictions. Authorized officials from each of the participating jurisdictions and/or organizations should collectively approve all mutual aid agreements and assistance agreements. (p.18: Mutual Aid Agreements and Assistance Agreements)</p>	<p>Partnerships/coalitions are strongly encouraged to continue to plan and develop memoranda of understanding (MOU) to share assets, personnel and information. These MOUs shall be tested through tabletop components of exercises conducted in CRI and non-CRI cities as described above in the Exercises, Evaluations and Corrective Actions section. (p. 24: FY10 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)</p>	<p>A description of the mechanism the entity will implement to utilize the Emergency Management Assistance Compact or other mutual aid agreements for medical and public health mutual aid (p. 21: PAHPA Requirements)</p>	
<p><b>x2.</b> The plan includes a table, chart, or other format that lists mutual aid agreements and their status (including inter-jurisdictional state</p>	<p>Plans should be realistic, scalable, and applicable to all types of incidents, from daily occurrences to incidents requiring the</p>	<p><b>The following information must be submitted with each HPP End-of-Year Progress Report forFY10, and FY11:</b> 1. the name of the partnership/coalition;</p>		<p>Develop partnerships and memoranda of understanding (MOUs) with local government agencies and NGOs. (Objective 8.1.3)</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
agreements).	activation of interstate mutual aid to those requiring a coordinated Federal response. (p. 16: Preparedness Planning)	2. the location of the partnership/coalition; 3. the participant healthcare systems and other partners; and 4. the number and type of MOUs that exist. 5. the funding directed to the partnership/coalition and activities associated with these funds. (p. 24: FY10 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)		
<b>x3.</b> The plan specifies how the LHD will determine when to ask for higher order support based on models and/or past experience.				Develop plans to assess community needs for resource allocation at the onset of an incident to activate funding plans quickly. (Objective 8.4.3)
<b>x4.</b> The plan specifies when and how partners would be requested and how long such resources can be maintained.	NIMS defines standardized mechanisms and establishes the resource management process to identify requirements, order and acquire, mobilize, track and report, recover and demobilize, reimburse, and inventory resources. (p. 8: Resource Management)			
<b>x6.</b> The mutual aid and resource management plans addresses the following four items: <ul style="list-style-type: none"> <li>▪ Staff roles, responsibilities, and concept of operations</li> </ul>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2010	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
for ESF 8 <ul style="list-style-type: none"> <li>▪ Description of response actions that will happen</li> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>				
<b>Y. Recovery</b>				
<b>y1.</b> The plan provides information on transitioning from response to short and long-term recovery.				

## GOAL II—WORKFORCE CAPACITY DEVELOPMENT

### *MEASURE 2: Conduct of Regular Training Needs Assessments*

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<b>A. Date of Training Needs Assessment</b>				
<b>a1.</b> The PPHR application shows that a training needs assessment was completed no earlier than 36 months prior to the application submission date.				Conduct a gap analysis of resource/personnel needs to achieve national health security capabilities; for workforce areas identified as shortage areas or unevenly distributed, work with appropriate stakeholders to develop and then begin to implement specific strategies to increase workforce size or address distribution issues for such categories. (Objective 2.4.2)
<b>B. Assessment Process Report</b>				
<b>b1.</b> The report includes a description of the assessment methodology.		A gap analysis will drive the rationale to fund sub-capabilities needed by local, regional and State healthcare systems (p. 10: FY10 HPP, Section 1.3 Project Description, 1.3.2 Gap Analysis)		
<b>b2.</b> The report notes the length of time to complete the assessment process.				
<b>b3.</b> The report notes how frequently re-assessments will occur.				
<b>b4.</b> The report includes details of the assessment tool(s), if				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
applicable.				
<b>b5.</b> The report lists those involved in the design of the assessment process.				
<b>b6.</b> The report notes the total number and percentage of staff assessed.				
<b>C. Results and Implications Report</b>				
<b>c1.</b> The report lists those involved in analyzing the data.				
<b>c2.</b> The report describes priority areas based on the assessment.				
<b>c3.</b> The report describes how results will be or are being used to inform the training plan.				

**MEASURE 3: Completion and Maintenance of a Workforce Development Plan**

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<b>A. Training Needs Assessment</b>				
<b>a1.</b> The workforce development plan is based on results from the training needs assessment completed no earlier than 36 months prior to the application submission date.				
<b>B. Training Topics</b>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
b1. The workforce development plan identifies agency priority training topics based on results from the training needs assessment				
b2. The workforce development plan includes the following training topics:				
b2i. NIMS training for the public health workforce.	Personnel with roles in emergency management and incident response at all levels of government—including persons with leadership positions, such as elected and appointed officials—should be appropriately trained to improve all-hazards capabilities nationwide. (p. 19: Training and Exercises)	As a condition of receiving HPP funds, awardees shall ensure appropriate participating healthcare systems continue implementing and maintaining NIMS activities during the FY10 and FY11 budget period. <i>1.4.1.1 ASPR Expectation</i> Awardees: Awardees will assess and report annually which participating healthcare systems currently have adopted all NIMS implementation activities, and which are still in the process of implementing the 14 activities. Healthcare Systems: All participating healthcare systems must comprehensively track all NIMS implementation activities, and report on those activities annually as part of the reporting requirements for this CA. (p. 12: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)		To achieve national health security, staff, Volunteers, and the agencies and organizations in which they serve must understand and be able to perform their specific roles and responsibilities during all phases of an incident. Furthermore, each worker must be able to function as part of a larger, coordinated response in accordance with the National Incident Management System (NIMS). Effective incident response requires workers who are not only trained to fill pre determined roles, but who can serve in additional roles, as required by evolving conditions. Cross-training is needed to help staff' perform a variety of possible functions as dictated by the needs of the incident and to help foster a general culture of adaptability. (p. 19)  Adhere to NIMS compliance training requirements in accordance with prescribed roles and functions within the incident management framework during

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
				an exercise or real incident. (Objective 2.1.2)
<b>b2ii.</b> ICS training for the public health workforce.				
<b>b2iii.</b> Training in the principals of risk communication for key spokespersons for the LHD.				
<b>C. Training Objectives</b>				
<b>c1.</b> The workforce development plan provides the objectives of the trainings <b>OR</b> describes the competencies that the workforce development plan addresses.		<p><b>The following issues must be addressed in the FY10 CONT application:</b></p> <p>1. Describe how the education and training activities proposed in the awardee’s program narrative support sub-capability development, and are linked to healthcare system, community-based, regional and/or State HVAs.</p> <p>2. Describe how the knowledge, skills and abilities acquired as a result of education and training activities proposed in the program narrative will be incorporated into the organizational exercises program. (p. 14: FY10 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)</p>		
<b>D. Training Delivery</b>				
<b>d1.</b> The workforce development plan describes the type of trainings to be provided.				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<p><b>d2.</b> The workforce development plan describes the participants in the trainings.</p> <p>NOTE: If all staff are not trained by the application deadline, a timeline of the planned training process for the remainder of the priority staff must be provided.</p>				
<p><b>d3.</b> The workforce development plan notes the agency(ies) that will deliver the trainings.</p>				
<p><b>d4.</b> The application provides justification for each chosen 'training activity'.</p>				
<p><b>E. Management of Training Plan</b></p>				
<p><b>e1.</b> The application describes how continuing competency-based education in emergency preparedness will be maintained through the duration of PPHR recognition.</p>		<p>Awardees shall undertake activities that ensure all education and training opportunities/programs enhance the ability of healthcare workers (including not only healthcare system workers, but those from local health departments, community healthcare systems, emergency response agencies, public safety agencies, and others) to respond in a coordinated and non-overlapping manner. In order to reduce costs and build relationships, joint training of all healthcare system workers is strongly encouraged.</p> <p>(p. 14: FY10 HPP, Section 1.4,</p>		

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
		Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)		
<p><b>e2.</b> The workforce development plan describes how the training plan will be kept up-to date, providing at a minimum:</p> <ul style="list-style-type: none"> <li>▪ Who will update the plan;</li> <li>▪ How updates will be conducted; and</li> <li>▪ When updates will take place.</li> </ul>				
<p><b>e3.</b> The plan describes how progress will be tracked for each of the identified training topics referred to in sub-measure B.</p>				
<p><b>e4.</b> The workforce development plan describes how new employees will be trained, assessed, and incorporated into the training plan.</p>		Awardees shall ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or other public health emergencies during the FY10 and FY11 budget periods, and ensure those opportunities or programs encompass the sub-capabilities described herein. (p. 13: FY10 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)		
<p><b>F. Just-in-Time Training</b></p>				
<p><b>f1.</b> The workforce development</p>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
plan describes the process for how just-in-time trainings will be provided.				
<b>f2.</b> The workforce development plan includes training materials for the following just-in-time topics:				
<b>f2i.</b> Epidemiological investigation task reflecting the agency's all-hazards plan.				
<b>f2ii.</b> Mass prophylaxis reflecting the agency's all-hazards plan.				
<b>f2iii.</b> NIMS reflecting the agency's all-hazards plan.				
<b>f2iv.</b> Communication processes reflecting the agency's all-hazards plan.				
<b>f2v.</b> Isolation and quarantine reflecting the agency's all hazards plan.				
<b>f2vi.</b> Any other tasks relevant to the agency's all-hazard plan.				

**MEASURE 4: Organizational Capacity to Support and Maintain Staff Competence in Emergency Preparedness**

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
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PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<b>A. Management of Agency Workforce Capability</b>				
a1. The application includes a report or table that describes the method used to demonstrate agency workforce capability.				Develop and implement competency-oriented job descriptions and use them to evaluate staff performance and effectiveness. (Objective 2.1.1)
a2. The application should describe how the LHD routinely evaluates agency workforce capability.				
a3. The application provides two examples of activities (and curricula) and/or exercises wherein staff had the opportunity to demonstrate specific competencies noted in the training plan.		Exercises, Evaluations and Corrective Actions <i>*To meet the applicable goals described in section 2802(b) of the PHS Act, all applications must address the evaluation of State and local preparedness and response capabilities through drills and exercises.</i> Awardees must: Describe how plans for training are integrated with the exercise program. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
<b>B. Performance Improvement Plan</b>			An assurance that the entity, with respect to the plan described under the all-hazards preparedness plan has developed and will implement an accountability system to ensure that such entity make satisfactory annual improvement and describe such system in the plan (p. 22: PAHPA Requirements)	

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	National Health Security Strategy Biennial Implementation Plan 2010
<b>b1.</b> The application describes the link between the workforce evaluation, identified gaps, and the process for improving and sustaining levels of competence.		A gap analysis will drive the rationale to fund sub-capabilities needed by local, regional and State healthcare systems (p. 10: FY10 HPP, Section 1.3 Project Description, 1.3.2 Gap Analysis)		
<b>b2.</b> The application should provide evidence of linkage to each of the appropriate Training Objectives noted in Measure 3.		Awardees shall ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or other public health emergencies during the FY10 and FY11 budget periods, and ensure those opportunities or programs encompass the sub-capabilities described herein. (p. 13: FY10 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)		
<b>b3.</b> The application should describe how new employees will be included in the performance improvement plan.				

**GOAL III—QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS**

**MEASURE 5: Learning and improving through Exercises or Responses**

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<b>A. Multi-Agency After Action</b>		Integrating public health and		



PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<p>Report/Improvement Plan (Exercises)</p> <p>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).</p>		<p>public and private medical capabilities with other first responder systems, including through--</p> <p>(A) the periodic evaluation of Federal, State, local, and tribal preparedness and response capabilities through drills and exercises (p. 8: Integration)</p>		
<p><b>A1. Date of AAR/IP</b></p>				
<p><b>a1i.</b> The final AAR/IP includes recommendations and corrective actions derived from discussion at the exercise evaluation conference dated as completed no longer than 60 days after completion of the exercise.</p>	<p>Conduct after-action reviews to strengthen future preparedness. (p. 13: Preparedness Organizations)</p>	<p>Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>		<p>The final AAR/IP is an outcome of the After Action Conference and should be disseminated to participants no more than 60 days after exercise conduct. (Vol. I, Appendix B-2)</p>
<p><b>A2. Exercise Executive Summary</b></p>				
<p><b>a2i.</b> The AAR/IP describes why the exercise was conducted and what part(s) of the LHD's plan was (were) exercised.</p>		<p>Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR</p>		<p>[The AAR] should include (1) <b>why the exercise was conducted</b>; (2) <b>the exercise objectives</b> (i.e., what the community wanted to learn by participating in the exercise); (3) what missions, capabilities, and scenario(s) were used to achieve those learning objectives; (4) a list of the most notable strengths that were learned from the exercise; and (5) a list of the key areas that</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
		Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		require further development or improvement. (Vol. III, Appendix A-2)
<p><b>a2ii.</b> The AAR/IP lists the exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines and states whether these objectives were met during the exercise.</p>	<p>For guidance on exercise design, methodology, and evaluation, refer to the Homeland Security Exercise and Evaluation Program or other exercise development tools. Exercises should also cover the following:  --All aspects of a plan, particularly the processes and procedures for activating local, intrastate, and/or interstate mutual aid agreements and assistance agreements.  --Knowledge needed to activate those agreements. (p. 20: Training and Exercises)</p>	<p>1.4.4 Exercises, Evaluations and Corrective Actions  <i>*To meet the applicable goals described in section 2802(b) of the PHS Act, all applications must address the evaluation of State and local preparedness and response capabilities through drills and exercises.</i>  Continuing for FY10 and FY11, HPP CA funds should be built on the Homeland Security Exercise and Evaluation Program (HSEEP) (p. 15: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>		<p>This section should be a complete list of the exercise objectives. Any overarching programmatic goals should also be listed. Depending on the length and/or complexity of the exercise, individual exercise objectives and program goals may be presented in paragraph form or in a bulleted list. (Vol. III, Appendix A-4)</p>
<p><b>a2iii.</b> The AAR/IP lists notable strengths learned from the exercise.</p>				<p>[The AAR] should include (1) why the exercise was conducted; (2) the exercise objectives (i.e., what the community wanted to learn by participating in the exercise); (3) what missions, capabilities, and scenario(s) were used to achieve those learning objectives; (4) <b>a list of the most notable strengths that were learned from the exercise;</b> and (5) a list of the key areas that require further development or improvement.</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
				(Vol. III, Appendix A-2)
<p><b>a2iv.</b> The AAR/IP lists the key areas that require further development.</p>		<p>Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>		<p>[The AAR] should include (1) why the exercise was conducted; (2) the exercise objectives (i.e., what the community wanted to learn by participating in the exercise); (3) what missions, capabilities, and scenario(s) were used to achieve those learning objectives; (4) a list of the most notable strengths that were learned from the exercise; and (5) <b>a list of the key areas that require further development or improvement.</b> (Vol. III, Appendix A-2)</p>
<p><b>a2v.</b> The AAR/IP lists any high level observations that cut across multiple capabilities.</p>				
<p><b>a2vi.</b> The AAR/IP includes copies of evaluation tools as appropriate for the type of exercise, including at a minimum:</p> <ul style="list-style-type: none"> <li>▪ Participant evaluation sheets;</li> <li>▪ Observer record sheets; and</li> <li>▪ Exercise evaluation guides.</li> </ul>				
<p><b>A3. Exercise Overview</b></p>				
<p><b>a3i.</b> The exercise overview contains the following information:</p> <ul style="list-style-type: none"> <li>• The AAR/IP lists the</li> </ul>		<p>Integration: Ensure the integration of public and private medical capabilities with public health and other first responder</p>		<p>Specifically, the Exercise Overview should contain the following information: Exercise name (formal name of exercise); Type of</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<p>exercise name.</p> <ul style="list-style-type: none"> <li>• The AAR/IP lists the type of exercise.</li> <li>• The AAR/IP lists the date(s) of the exercise (start to end).</li> <li>• The AAR/IP lists the duration of the exercise.</li> <li>• The AAR/IP lists the location of the exercise.</li> <li>• The AAR/IP lists the sponsor of the exercise.</li> <li>• The AAR/IP lists the funding recipient.</li> <li>• The AAR/IP lists the names of the members of the exercise planning team.</li> </ul>		<p>systems, including: The periodic evaluation of preparedness and response capabilities through drills and exercises; (p. 8: FY10 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p>		<p>exercise (the type of exercise as described in HSEEP Volume I: seminar, workshop, drill, game, tabletop, functional exercise, or full-scale exercise); Exercise start date (the month, day, and year that the exercise began); Exercise end date (the month, day, and year that the exercise ended); Duration (the total length of the exercise); Location (all applicable information regarding the specific location of the exercise, including the city, State, Federal region, international country, military installation, as applicable); Sponsor (the Federal agency or agencies that sponsored the exercise, as well as any co-sponsors); Program (the name of the program from which exercise funding originated); Funding recipient (the entities that received funding for the exercise); Exercise planning team (a list of exercise planning team members, including their associated organizations or agencies). (Vol. III, Appendix A-2)</p>
<p><b>a3ii.</b> The AAR/IP lists the mission addressed in the exercise.</p>				<p>The appropriate mission(s) of the exercise (e.g., Prevent, Protect, Response, Recovery); (Vol. III, Appendix A-3)</p>
<p><b>a3iii.</b> The AAR/IP lists the capabilities addressed in the exercise.</p>				<p>Capabilities (a list of the capabilities addressed within the exercise); (Vol. III, Appendix A-3)</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<b>a3iv.</b> The AAR/IP lists the scenario used in the exercise.				Scenario (the exercise/event scenario); (Vol. III, Appendix A-3)
<b>a3v.</b> The AAR/IP lists the agencies that participated in the exercise.				Participating agencies (a list of the individual participating organizations or agencies, including Federal, State, tribal, non-governmental organizations (NGOs), and local and international agencies, as applicable.); (Vol. III, Appendix A-4)
<b>a3vi.</b> The AAR/IP lists the number of participants, including at a minimum: <ul style="list-style-type: none"> <li>▪ Players;</li> <li>▪ Victim role players;</li> <li>▪ Controllers;</li> <li>▪ Evaluators;</li> <li>▪ Observers; and</li> <li>▪ Facilitators.</li> </ul>				Number of Participants: A list of the total number of each of the following exercise participants (as applicable, depending on the type of exercise and specific design needs): <ul style="list-style-type: none"> <li>• Players</li> <li>• Victim role players</li> <li>• Controllers</li> <li>• Evaluators</li> <li>• Observers</li> <li>• Facilitators</li> </ul> (Vol. III, Appendix A-4)
<b>A4. Analysis of Capabilities</b>				
<b>a4i.</b> The AAR/IP contains an analysis of capabilities in which each capability tested within the exercise is addressed (described more in detail in the guidance entry for this measure). Each observation must be identified as either a strength or an area for improvement according to the		Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR	An assurance that the entity will conduct, on at least an annual basis, an exercise or drill that meets any criteria established by the Secretary to test the preparedness and response capabilities of such entity, and that the entity will report back to the Secretary within the application of the following year on the strengths	Each capability summary is followed by a subheading for each of the capability's associated activities. Under each activity, observations that analyze how well the tasks within that activity were carried out are provided. Each observation must be identified as either a strength or an area for improvement, according to the following

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<p>following definitions:</p> <p><b>Strength:</b> A strength is an observed action, behavior, procedure, and/or practice that is worthy of special notice and recognition.</p> <p><b>Area for Improvement:</b> Areas for improvement are those areas in which the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems and includes, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>▪ Activity;</li> <li>▪ Observation;</li> <li>▪ Reference/s;</li> <li>▪ Analysis; and</li> <li>▪ Recommendations describing what can be done to correct or resolve issues (change plans, training, equipment, personnel resources etc.).</li> </ul>		Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)	and weaknesses identified through such exercise or drill, and corrective actions taken to address material weaknesses; (p. 21: PAHPA Requirements)	<p>definitions:</p> <ol style="list-style-type: none"> <li>1. Strength: A strength is an observed action, behavior, procedure, and/or practice that is worthy of special notice and recognition.</li> <li>2. Area for Improvement: Areas for improvement are those areas in which the evaluator observed that a necessary activity was not performed or that an activity was performed but with notable problems.</li> </ol> <p>(Vol. III, Appendix A-5)</p>
<b>A5. Conclusion</b>				
<p><b>a5i.</b> The AAR/IP contains a summary of remarks on the exercise, including strengths, weaknesses, and areas for improvement.</p>		Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching		

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
		Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
<b>A6. Improvement Plan</b>				
<p><b>a6i.</b> The AAR/IP contains a matrix that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>▪ Capability;</li> <li>▪ Observation Title;</li> <li>▪ Recommendation;</li> <li>▪ Corrective action description;</li> <li>▪ Capability Element;</li> <li>▪ Primary responsible agency;</li> <li>▪ Agency point of contact;</li> <li>▪ Start date; and</li> <li>▪ Completion date.</li> </ul>		<p>Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	<p>An assurance that the entity has developed and will implement an accountability system to ensure that such entity make satisfactory annual improvement and describe such system in the plan (p. 22: PAHPA Requirements)</p>	
<b>A7. Plan Correction</b>				
<p><b>a7i.</b> The application provides a listing of corrective actions and a timetable for any revisions to the LHD all-hazards response plan based on gaps identified during the exercise.</p>	<p>It is essential that plans address training and exercising and allow for the incorporation of after-action reviews, lessons learned, and corrective actions, with responsibility agreements following any major incident or exercise. (p. 16: Preparedness Planning)</p>	<p>Additional activities for funding consideration under this sub-capability include: Enhancement and upgrade of emergency operations plans based on exercise evaluation and improvement plans. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>		<p>In addition to refining the draft AAR, much of the After Action Conference is devoted to discussing specific corrective actions to address the observed areas for improvement and associated recommendations identified in the draft AAR. This discussion takes place in a moderated, disciplined environment and yields the IP; a list of corrective actions that</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
				identify what should be done to address observations and recommendations; who (person or entity) is responsible; and the timeframe for implementation. (Vol. III, p. 20)
<p><b>a7ii.</b> The application provides a listing of corrective actions and a timetable for any revisions of the training plan based on gaps identified during the exercise.</p>	<p>It is essential that plans address training and exercising and allow for the incorporation of after-action reviews, lessons learned, and corrective actions, with responsibility agreements following any major incident or exercise. (p. 16: Preparedness Planning)</p>	<p>Awardees must: Describe how plans for training are integrated with the exercise program. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>		
<p><b>a7iii.</b> The application provides a listing of corrective actions and a timetable for any revisions to the exercise plan and schedule based on gaps identified during the exercise.</p>				
<p><b>B. Incident response documentation (real incident)</b></p> <p>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.</p>				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
<p>IAPs submitted to PPHR must include ALL of the elements in the following sub-Measures (B1-B4).</p> <p><i>Reminder: Based on your LHD's activities, if you include Documentation of a Real Event Response, <u>you do NOT need to submit an After Action Report/Improvement Plan for an Exercise.</u></i></p>				
<b>B1. All Incident Action Plan(s) (IAP) from Real Event</b>				
<b>b1i.</b> The IAP lists the date of the real event.				
<b>b1ii.</b> The IAP lists the name of the incident.				
<b>b1iii.</b> The IAP lists the operational period.				
<b>b1iv.</b> The IAP includes the objectives for the real event.	Centralized, coordinated incident action planning should guide all response activities. An Incident Action Plan (IAP) provides a concise, coherent means of capturing and communicating the overall incident priorities, objectives, strategies, and tactics in the context of both operational and support activities. (p. 47: Command and Management)			
<b>b1v.</b> The IAP includes a list of LHD participants and				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
partner organizations				
<b>b1vi.</b> The IAP includes any safety messages delivered during the real event.				
<b>b1vii.</b> The IAP includes who prepared the IAP.				
<b>B2. Debrief Documents</b>				
<b>b2i.</b> The application includes any debrief documents used during the real event.				
<b>B3. After Action Report (AAR)</b>				
<b>b3i.</b> The AAR contains a summary of the real event.		Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
<b>b3ii.</b> The AAR contains an overview synopsis of the real event.				
<b>b3iii.</b> The AAR contains an assessment of whether or not objectives were				

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
met during the real event.				
<b>b3iv.</b> The AAR describes any lessons learned during the real event.				
<b>b3v.</b> The AAR contains conclusions drawn from the real event and recommendations based on those conclusions.		Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
<b>B4. Plan of Correction</b>				
<b>b4i.</b> The application provides a review, implementation of corrective actions, and time table for any revisions to the LHD All Hazards Response Plan based on gaps identified during the real event response.	It is essential that plans address training and exercising and allow for the incorporation of after-action reviews, lessons learned, and corrective actions, with responsibility agreements following any major incident or exercise. (p. 16: Preparedness Planning)	Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
<b>b4ii.</b> The application provides a review, implementation of	It is essential that plans address training and exercising and allow for the incorporation of			

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	Public Health Emergency Preparedness BP 2010	Homeland Security Exercise and Evaluation Program February 2007
corrective actions, and time table for any revisions to the Training Plan based on gaps identified during the real event response.	after-action reviews, lessons learned, and corrective actions, with responsibility agreements following any major incident or exercise. (p. 16: Preparedness Planning)			
<b>b4iii.</b> The application provides a review, implementation of corrective actions, and time table for any revisions to the Exercise Plan and Schedule based on gaps identified during the real event response.	It is essential that plans address training and exercising and allow for the incorporation of after-action reviews, lessons learned, and corrective actions, with responsibility agreements following any major incident or exercise. (p. 16: Preparedness Planning)	Awardees must submit all AAR summaries, improvement plans, and corrective actions that are developed for the aforementioned exercises, an executive summary of the priority 3 corrective action items, and a timeline for fixing those deficiencies. (p. 16: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		

**MEASURE 6: Comprehensive Exercise Plan**

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	National Health Security Strategy Biennial Implementation Plan 2010	Homeland Security Exercise and Evaluation Program - February 2007
<b>A. Future Exercise Plan Description</b>				
<b>a1.</b> The exercise plan contains the proposed dates of exercise(s).		During the FY10 and FY11 budget periods, awardees are strongly encouraged to continue to use the DHS Senior Advisory Committees, established to coordinate Federal preparedness programs and encourage collaboration at the State and local level among homeland		*See HSEEP Multiyear Plan Draft Template

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	National Health Security Strategy Biennial Implementation Plan 2010	Homeland Security Exercise and Evaluation Program - February 2007
		security, emergency management, public safety, public health, the health and medical community, and other responders, <b>to develop and refine a multi-year exercise plan for conducting joint exercises to meet multiple requirements from various grant/CA programs, and minimize the burden on exercise planners and participants.</b> (p. 14: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)		
a2. The exercise plan describes the type(s) of exercise(s) that is(are) scheduled.				*See HSEEP Multiyear Plan Draft Template
a3. The exercise plan describes the purpose(s) of the exercise(s).				*See HSEEP Multiyear Plan Draft Template
a4. The exercise plan lists draft exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.				*See HSEEP Multiyear Plan Draft Template
a5. The exercise plan lists expected departmental participants and partner organizations.				*See HSEEP Multiyear Plan Draft Template
<b>B. Description of Exercises</b>				
b1. The exercise plan shows anticipated participation in any jurisdiction-wide exercise		As a condition of receiving HPP funds, awardees shall ensure appropriate participating		*See HSEEP Multiyear Plan Draft Template

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	National Health Security Strategy Biennial Implementation Plan 2010	Homeland Security Exercise and Evaluation Program - February 2007
<p>based on NIMS involving responders from multiple disciplines and/or jurisdictions and includes integration of Incident Command, Multi-agency Coordination Systems (MACS), and Public Information.</p>		<p>healthcare systems continue implementing and maintaining NIMS activities during the FY10 and FY11 budget periods.            1.4.1.1 ASPR Expectation Awardees: Awardees will assess and report annually which participating healthcare systems currently have adopted all NIMS implementation activities, and which are still in the process of implementing the 14 activities.            Healthcare Systems: All participating healthcare systems must comprehensively track all NIMS implementation activities, and report on those activities annually as part of the reporting requirements for this CA. (p. 12: FY10 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</p>		
<p><b>b2.</b> The exercise plan shows anticipated participation in any exercise testing the health alert messaging system using a high priority message.</p>				<p>*See HSEEP Multiyear Plan Draft Template</p>
<p><b>b3.</b> The exercise plan shows anticipated participation in any exercise involving the State health department as an actual exercise participant, evaluator, observer, or planner.</p>				<p>*See HSEEP Multiyear Plan Draft Template</p>
<p><b>b4.</b> The exercise plan shows anticipated participation in any exercise involving active coordination of response and</p>				<p>*See HSEEP Multiyear Plan Draft Template</p>

PPHR Criteria	National Incident Management System December 2008	Hospital Preparedness Program FY 2009	National Health Security Strategy Biennial Implementation Plan 2010	Homeland Security Exercise and Evaluation Program - February 2007
resources between state and local public health response partners.				
<b>b5.</b> The exercise plan shows anticipated participation in any exercise wherein the LHD coordinates or is an active participant in testing the coordination of information about the event and response activities with other health and medical partners (medical, mental health, and social systems of care).				*See HSEEP Multiyear Plan Draft Template
<b>b6.</b> 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 occurring outside of regular business hours.			Conduct call-down/notification and assembly drills to test staff and volunteer mobilization (Objective (2.3.2))	*See HSEEP Multiyear Plan Draft Template

## REFERENCES

National Incident Management System (NIMS):

[http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

FY 10 Hospital Preparedness Program Guidance:

[http://www.phe.gov/Preparedness/planning/hpp/Documents/fy10\\_hpp\\_guidance.pdf](http://www.phe.gov/Preparedness/planning/hpp/Documents/fy10_hpp_guidance.pdf)

Program Announcement, Public Health Emergency Preparedness (PHEP) Cooperative Agreement:

[http://www.bt.cdc.gov/cotper/coopagreement/10/FinalPHEP\\_BP10\\_Guidance\\_5-01-09.pdf](http://www.bt.cdc.gov/cotper/coopagreement/10/FinalPHEP_BP10_Guidance_5-01-09.pdf)

National Health Security Strategy – Biennial Implementation Plan (NHSS-BIP):

<http://www.phe.gov/Preparedness/planning/authority/nhss/comments/Documents/nhssbip-draft-100719.pdf>

Homeland Security Exercise and Evaluation Program (HSEEP):

[https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx)

Homeland Security Exercise and Evaluation Program Multiyear Plan Draft Template:

[https://hseep.dhs.gov/support/Multiyear\\_Plan\\_Draft\\_Template.doc](https://hseep.dhs.gov/support/Multiyear_Plan_Draft_Template.doc)