



## 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

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<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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)	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)
<b>B. Introductory Material</b>			
<b>b1.</b> The plan provides an overview or introduction, including a description of the purpose of the			

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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: Preparedness Roles)		
<b>b5.</b> The plan lists the locations where copies of the plan are kept in the agency.			
<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	Elected and appointed officials may also be called upon to help shape and revise laws, policies (p 14: Elected and Appointed Officials)		

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response.	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 creation of an Emergency Operations Plan (e.g., city-state tribal collaboration, city-county collaboration).	Preparedness organizations provide coordination for emergency management and incident response activities before an incident or planned event. (p. 13: Preparedness Organizations)	<b>Coordination:</b> 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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)	Minimizing duplication of, and ensuring coordination between, Federal, State, local, and tribal planning, 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)		
<b>e3.</b> The plan describes policies for how the LHD is preparing for	Jurisdictions should also develop scenario-specific plans or annexes		

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the vulnerabilities described in the results of the hazard analysis.	derived from their threat assessment. (p. 17: Component 1: Preparedness)		
<b>F. Activation Circumstances and Event Sequence Following Activation</b>			
<b>f1.</b> The plan includes Standard Operating Procedures that describe an all-hazards response for activation, decision matrices, flow charts, decision trees, or other means of describing an all-hazards response.			
<b>f2.</b> The plan includes a flow diagram or narrative description that indicates when the LHD will consider deploying specific response activities and procedure to detail outbreak investigations.			
<b>G. Concept of Operations</b>			
<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.			
<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 control, detection, investigation, communication, containment and prevention, and recovery.		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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by	

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		PAHPA)	
<b>H. National Incident Management System</b>			
<p><b>h1.</b> The LHD has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.</p>	<p>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)</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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p>	
<p><b>h2.</b> The LHD has completed a baseline assessment of NIMS implementation requirements.</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. (p. 9: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</p>	
<p><b>h3.</b> The departmental operations center or emergency operations center utilizes the incident command system, as called for by NIMS, to perform core functions such as coordination,</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</p>	

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communications, resource dispatch, and information collection, analysis, and dissemination.		<p>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> <p>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 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. 6: FY09 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>			
<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.			

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<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 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> <p>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 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</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 staff to cover all incident management functional roles during a complex incident (Elements 1-2 in Table 1).</p>
<p><b>i3.</b> 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.I.i.1.</p>	<p>One of four standard levels of procedural documents (p.19: Procedures and Protocols)</p>		
<p><b>i4.</b> The plan provides procedures for how the LHD will assimilate staff and/or volunteers into a response operation.</p>			
<p><b>J. Vulnerable Population Access and Demographics</b></p>			
<p><b>j1.</b> The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.</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</p>	<p>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. (p. 10: FY09</p>	

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	special needs. (p. 12: Preparedness Roles)	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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p> <p>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. (p. 10: FY09 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 Individuals)</p> <p>All-Hazards Public Health Emergency Preparedness and Response Plan which shall include-- 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>

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<p><b>NOTE: Sub-Measures K–X are crosscutting with the LHD’s Concept of Operations.</b></p> <p><b>Therefore, Sub-Measures K–X, all labeled in GREEN, must also address the following four items:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Staff roles, responsibilities, and concept of operations for Emergency Support Functions (ESF) 8: Health and Medical Services.</b></li> <li>▪ <b>Description of response actions that will happen.</b></li> <li>▪ <b>Description of when the response actions will happen.</b></li> <li>▪ <b>Description of under whose authority the actions will happen.</b></li> </ul>		<p>Partnerships/coalitions shall develop plans to unify ESF-8 management of healthcare during a public health emergency, and integrate communication with jurisdictional command in the area. (p. 20: FY09 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)</p>	
<p><b>K. Command and Control</b></p>			
<p><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.</p>	<p>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)</p>		
<p><b>k2.</b> The command and control structure 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> </ul>			

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<ul style="list-style-type: none"> <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>II. Agency Communication Plan</b>			
<b>IIi.</b> The plan details communication response actions to be taken, by whom, and how they will be documented.			
<b>IIii.</b> The plan details the responsible party(ies) for notification, alerts, and mobilization.			
<b>IIiii.</b> The plan describes whom to notify 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>IIiv.</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>IIv.</b> The plan contains pertinent			

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contact information (e.g., EOC, phone, cell, fax).			
<b>11vi.</b> The plan describes where to report and the location of specified activity(ies).			
<b>11vii.</b> The plan describes the timing of the activity(ies) noted in Measure 1.L.11vi.			
<b>11viii.</b> The agency has a redundant communication plan that demonstrates the ability to stand-up 3-deep communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours.		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. 15: FY09 HPP, Section 1.5 Project Activities 1.5.3 Interoperable Communication System)	
<b>12. Risk Communication Plan</b>			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)
<b>12i.</b> The plan describes the processes and procedures to communicate timely, accurate information to the public, including vulnerable populations, during an incident through the Joint Information	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)  The Joint Information System (JIS)	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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA) FY09 HPP applications must clearly	

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Center and/or System.	<p>provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions.</p> <p>Craft messages conveying key information that are clear and easily understood by all, including those with special needs.</p> <p>(p. 70-72: Joint Information System and Center)</p>	<p>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. (p. 10: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.2 Needs of At-Risk Populations)</p>	
<p><b>12ii.</b> The plan contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages).</p>	<p>Coordinated communications policy and planning provides the basis for effective communications and information management. (p. 26: Policy and Planning)</p>		
<p><b>12iii.</b> The plan contains a Media Contact List, accompanied by a procedure for keeping the list current and accurate.</p>			
<p><b>12iv.</b> The plan describes the approval process for communication.</p>			
<p><b>12v.</b> The plan describes the process for partner notification, including at a minimum:</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</li> </ul>			

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an emergency (e.g., regular updating of contact lists, regular drills, etc.)?			
<b>13. Health Alert Network (HAN)/ Public Health Information Network (PHIN)</b>			
<b>13i.</b> The plan describes the process for how the LHD is sending, receiving, and interacting with HAN or PHIN.			
<b>13ii.</b> The plan includes sample health alert message/s that may be shared by the LHD with neighboring jurisdictions or military installations.			
<b>14.</b> 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>			
<b>m1.</b> The plan contains the protocol(s) for event-specific collection of health data for active surveillance outbreak management and regular passive surveillance of			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

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communicable disease.			with PHIN)
<b>m2.</b> The plan provides evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data).			
<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>m3i.</b> The plan calls for the comparison of cases to the baseline and confirmation of diagnosis.			
<b>m3ii.</b> The plan calls for contact tracing.			
<b>m3iii.</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>m3iv.</b> The plan calls for the generation of possible associations of transmission, exposure, and source.			
<b>m3v.</b> The plan calls for identifying the population at risk.			
<b>m3vi.</b> The plan calls for the evaluation of therapeutic outcome(s).			

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<b>m3vii.</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>m3viii.</b> The plan describes epidemiological/outbreak investigation tasks for staff and/or volunteers that would be called upon in an LHD emergency response.			
<b>m4. Epidemiological Data</b>			
<b>m4i.</b> 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>m4ii.</b> The application includes an example of epidemiological data that has been shared by the LHD (or that might be shared) with partners, military installations, or neighboring jurisdictions.			
<b>m5. Data Management</b>			
<b>m5i.</b> The application provides evidence of a database used for management/flow of epidemiological			

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investigation data for both emergency response and daily work.			
<b>m5ii.</b> The application provides evidence of a protocol for management/flow of epidemiological investigation data for emergency response and daily work.			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>m6.</b> The plan calls for coordination with environmental investigation as required.			
<b>m7.</b> The epidemiology 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>N. Laboratory Data and Sample Testing</b>			
<b>n1. Access to Labs (e.g. local, regional, state)</b>			
<b>n1i.</b> The plan describes current packaging and shipping regulations on transporting infectious substances and dangerous goods to labs in the jurisdiction that can test for biological/chemical/radiological agents.			
<b>n1ii.</b> The plan demonstrates the			

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capability to transport specimens/samples to a confirmatory reference lab 24/7/365.			
<b>nliii.</b> The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.			
<b>nliiv.</b> The plan includes a list of laboratory contacts.			
<b>n2.</b> The application provides evidence of the database and protocol for management/flow of laboratory data and sample testing information.			
<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).			
<b>n4.</b> The plan describes a process or policy related to evidence management.			
<b>n5.</b> The laboratory data and sample testing 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> </ul>			

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<ul style="list-style-type: none"> <li>▪ Description of under whose authority the actions will happen</li> </ul>			
<p><b>O. Mass Prophylaxis and Immunization</b></p>			
<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. 6: FY09 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> <ol style="list-style-type: none"> <li>1. Antibiotic drugs for prophylaxis and post-exposure prophylaxis to biological agents for at least three days;</li> <li>2. Nerve agent antidotes;</li> <li>3. Antiviral drugs - In general, the purchase of antiviral drugs for use during an influenza pandemic is</li> </ol>	<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:  (D) Rapid distribution and administration of medical countermeasures. (p. 21: Public Health)</p>

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		<p>allowed through the HPP; however, purchases must be made consistent with U.S. government antiviral drug use guidance published on pandemicflu.gov: <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><b>4.</b> Medications needed for exposure to other threats (E.g., radiological events). (p. 24: FY09 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 Dispensing Operations)</p>
<p><b>o3.</b> The plan provides a description of how the LHD monitors adverse reactions of public health interventions (also known as post-event tracking).</p>			
<p><b>o4.</b> The plan includes a Point-of-Dispensing (POD) patient flow chart and a description of each station.</p>			<p>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)</p>

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
			Operations)
o5. The plan specifies the number of volunteers necessary to support mass prophylaxis.			
o6. The application specifies the number of volunteers the LHD has recruited to support mass prophylaxis.			
<b>o7. SNS Plan</b>			
o7i. The plan describes its integration into the state SNS plan.			
o7ii. The plan includes clear delineation of local responsibilities for receiving, distributing, and dispensing SNS assets			
o7iii. The plan includes a definition of Essential Personnel as defined by Centers for Disease Control and Prevention Division of Strategic National Stockpile Guidance for Receiving, Distributing, and Dispensing SNS Assets			
o7iv. The plan includes definition of Local Medical Inventories as defined by Centers for Disease Control and Prevention Division of Strategic National Stockpile Guidance for Receiving, Distributing, and Dispensing SNS			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
Assets.			
<p><b>o7v.</b> The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.</p>			
<p><b>o8.</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. The Mass Patient Care Plan</b> provides a detailed description of any LHD role in mass patient care from the field to the medical treatment center.</p>			
<p><b>p1i.</b> The plan describes how mass patient care will be established.</p>			
<p><b>p1ii.</b> The plan describes where mass patient care will be conducted.</p>			
<p><b>p1iii.</b> The plan describes who will have access to care.</p>			
<p><b>p1iv.</b> The plan describes how mass patient care will be maintained.</p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<p><b>p2.</b> The plan provides documentation detailing the communication process for mass patient care and the role of the LHD in that communication process.</p>			
<p><b>p3.</b> The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.</p>			
<p><b>p4.</b> The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.</p>			
<p><b>p5.</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).</p>			
<p><b>p6.</b> The mass patient care 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>Q. Mass Fatality Management Plan</b></p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<p>q1. 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. 6: FY09 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>            HPP expects that each exercise tests the operational capability of the following medical surge components:            3. Fatality Management, Medical Evacuation/Shelter in Place, and Tracking of Bed Availability;            (p. 13: FY09 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</li> </ul>	

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
		<p>management planning, including the need for expanded refrigerated storage capacity, and supplies such as body bags;</p> <ul style="list-style-type: none"> <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 fatality management planning process, and</li> <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>(p. 18: FY09 HPP, Section 1.5 Project Activities, 1.5.6 Fatality Management)</p>	
<p><b>q2.</b> The mass fatality management 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>R. Environmental Health Response</b></p>			
<p><b>r1. Environmental Surety Planning</b></p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<p><b>r1i.</b> The plan addresses the management of environmental hazards to public health and the environment, such as contaminated media, epizootic disease and environmental health infrastructure failure.</p>			
<p><b>r2.</b> The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:</p>			
<p><b>r2i.</b> Foodborne and Waterborne Outbreak Surveillance, Investigation and Control</p>			
<p><b>r2ii.</b> Vector Surveillance for injury prevention and vector borne disease control</p>			
<p><b>r2iii.</b> Food Safety</p>			
<p><b>r2iv.</b> Drinking Water Supply and Safety</p>			
<p><b>r2v.</b> Sanitation</p>			
<p><b>r2vi.</b> Mass Care and Evaluation of Shelter Facilities</p>			
<p><b>r2vii.</b> Wastewater</p>			
<p><b>r2viii.</b> Solid Waste Management</p>			
<p><b>r2ix.</b> Hazardous Waste Management</p>			
<p><b>r2x.</b> Air quality and PPE (outdoor and indoor)</p>		<p>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,</p>	

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
		and/or community-based HVAs or assessments. (p. 24: FY09 HPP, Section 1.5 Project Activities, 1.5.12 Personal Protective Equipment)	
r2xi. Radiation exposure response			
r2xii. Chemical or Toxic Release Control and Clean Up			
<p>r3. The environmental health response 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>S. Disaster Behavioral Health: Public Health Emergency Response Personnel</b></p>			
<p>s1. The plan describes the LHD process to prepare response personnel for behavioral health implications of public health emergencies.</p>			
<p>s2. The disaster behavioral health plan for public health 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> </ul>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<ul style="list-style-type: none"> <li>▪ Description of when the response actions will happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>			
<b>T. Disaster Behavioral Health: Population-Wide Plan</b>			
<b>t1.</b> The plan addresses processes to enhance the emotional resilience of a community prior to and following a public health emergency or disaster.			
<b>t2.</b> The plan describes who is responsible for addressing and responding to the behavioral health issues of the community.			
<b>t3.</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.			
<b>t4.</b> The population-wide disaster behavioral health 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>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>U. Quarantine, Isolation and Social Distancing Plan</b>			
<b>u1.</b> The plan addresses the processes for implementing quarantine, isolation and social distancing.			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)
<b>u2.</b> The plan identifies the legal authority to isolate, quarantine and/or institute social distancing for the following:			
<b>u2i.</b> Individuals			
<b>u2ii.</b> Groups			
<b>u2iii.</b> Facilities			
<b>u2iv.</b> Animals			
<b>u2v.</b> Food Products			
<b>u3.</b> The plan addresses coordination of public health and medical services among 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 plan describes the procedure and/or process for directing and controlling public information releases about those under isolation, quarantine or social distancing strategies.			
<b>u6.</b> The quarantine, isolation and			

<b><u>PPHR Criteria</u></b>	<b>NIMS Dec. 2008</b>	<b>Hospital Preparedness Program FY09</b>	<b>PHEP BP 2010</b>
<p>social distancing 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>			
<b>V. Continuity of Operations Plan</b>			
<p><b>v1.</b> The plan identifies the necessary health department functions that must be continued in light of a natural disaster or deliberately caused emergency.</p>	<p>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 the success of emergency management and incident response operations. (p. 17: Continuity Capability)</p>	<p>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. 6: FY09 HPP, Section 1.2 Background, 1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p> <p>Maintain continuity of operations in the community vertically with the local jurisdictional emergency management organizations. (p. 20: FY09 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)</p>	<p>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)</p>
<p><b>v2.</b> The plan identifies the staff member who will implement the COOP (must be three-deep).</p>			
<p><b>v3.</b> The plan identifies an alternate location for key health department staff to report, if necessary.</p>			
<p><b>v4.</b> The Continuity of Operations Plan addresses the following</p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<p>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>			
<b>W. Public Health Surge Capacity and Volunteer Management</b>			
w1. The plan defines the limits of present LHD internal capabilities and surge capacity.			
w2. The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.	<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)</p>		

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
	Organizations)  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>w3.</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. (p. 5: FY09 HPP, Section 1.0 Funding Opportunity Description, 1.1.1. Surge Capacity – Surge Capacity)	
<b>w4. Volunteer Management</b>			
<b>w4i.</b> The plan describes the process for volunteer recruitment.			Integrating public and private sector public health and medical donations and volunteers (p. 21: Integration)
<b>w4ii.</b> The plan includes what partners the LHD works with for recruitment.			
<b>w4iii.</b> The plan describes how volunteers are notified.			
<b>w4iv.</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>w4v.</b> The plan describes how volunteers are credentialed.			
<b>w4vi.</b> The plan describes how			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
volunteers are retained.			
<p><b>w4vii.</b> The plan describes the LHD's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.</p>		<p>1.4.4 Exercises, Evaluations and Corrective Actions . HPP expects that each exercise 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. 12: FY09 HPP, Section1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p> <p>The ASPR expects that all ESAR-VHP electronic system, operational, evaluation and reporting compliance requirements are met by August 8, 2012. (p. 17: FY09 HPP, Section 1.5 Project Activities, 1.5.5 Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP))</p>	<p>PHEP awardees are required to describe how they work with their state Hospital 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 happen</li> <li>▪ Description of under whose authority the actions will happen</li> </ul>			
<b>X. Mutual Aid and Resource Management</b>			

<b><u>PPHR Criteria</u></b>	<b>NIMS Dec. 2008</b>	<b>Hospital Preparedness Program FY09</b>	<b>PHEP BP 2010</b>
<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. 20: FY09 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 agreements).</p>	<p>Plans should be realistic, scalable, and applicable to all types of incidents, from daily occurrences to incidents requiring the activation of interstate mutual aid to those requiring a coordinated Federal response. (p. 16: Preparedness Planning)</p>	<p>Report for FY09, FY10, FY11:</p> <ol style="list-style-type: none"> <li>1. the name of the partnership/coalition;</li> <li>2. the location of the partnership/coalition;</li> <li>3. the participant healthcare systems and other partners; and</li> <li>4. the number and type of MOUs that exist.</li> <li>5. the funding directed to the partnership/coalition and activities associated with these funds.</li> </ol> <p>(p. 20: FY09 HPP, Section 1.5 Project Activities, 1.5.8 Partnership/Coalition Development)</p>	
<p><b>x3.</b> The plan specifies to what extent the LHD or partners can respond using their present human and physical resources before asking for outside assistance.</p>			
<p><b>x4.</b> The plan specifies how the LHD will determine when to ask for higher order support based on models and/or past experience.</p>			

<b><u>PPHR Criteria</u></b>	<b>NIMS Dec. 2008</b>	<b>Hospital Preparedness Program FY09</b>	<b>PHEP BP 2010</b>
<p><b>x5.</b> The plan specifies when and how the various resources of partners would be requested to accomplish public health mission, and how long such resources can be maintained.</p>	<p>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)</p>		
<p><b>x6.</b> The mutual aid and resource management plans 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>			

**GOAL II—WORKFORCE CAPACITY DEVELOPMENT**

**MEASURE 2: Workforce Capacity Development**

<b>PPHR Criteria</b>	<b>NIMS Dec. 2008</b>	<b>Hospital Preparedness Program FY09</b>	<b>PHEP BP 2010</b>
<b>A. Date of Training Needs Assessment</b>			
<b>a1.</b> The PPHR application shows a training needs assessment completed no earlier than 36 months prior to the application submission date.			
<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. 8: FY09 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 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.			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>c2.</b> The report describes priority areas that are based on the assessment.			
<b>c3.</b> The report describes how results will be or are being used to inform the training plan.			
<b>c4.</b> The report shows how results will be or are being used to inform the exercise plan.			

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

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>A. Training Needs Assessment</b>			
<b>a1.</b> The 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>			
<b>b1.</b> The plan identifies agency priority training topics based on results from the Training Needs Assessment			
<b>b2.</b> The plan includes the following training topics:			
<b>b2i.</b> NIMS training for workforce.		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. <i>1.4.1.1 ASPR Expectation</i> Awardees: Awardees will assess and report annually which participating healthcare systems currently have	

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
		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 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)	
<b>b2ii.</b> ICS training for 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 plan provides the objectives of the trainings <b>OR</b> describes the competencies that the workforce development plan addresses.		Ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or other public health emergencies <i>1.4.3.2 Application Requirements</i> The following issues must be addressed in the FY09 application: 1. Describe how the education and training activities proposed in the awardee's program narrative support sub-capability development (p. 11: FY09 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4.3 Education and Preparedness Training)	
<b>D. Training Delivery</b>			
<b>d1.</b> The plan describes the type of trainings to be provided.			
<b>d2.</b> The plan describes the participants in the trainings.			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
NOTE: If all staff are not trained by the application deadline, a timeline of the planned training process must be provided.			
d3. The plan notes the agency(ies) that will deliver the trainings.			
d4. The plan provides justification for each chosen 'training activity'.			
<b>E. Management of Training Plan</b>			
e1. The plan describes continuing competency-based education in emergency preparedness through the duration of PPHR recognition.		Ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or other public health emergencies <i>1.4.3.2 Application Requirements</i> The following issues must be addressed in the FY09 application: 1. Describe how the education and training activities proposed in the awardee's program narrative support sub-capability development (p. 11: FY09 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)	
e2. The plan describes how the training plan will be kept up-to date, providing at a minimum: <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>			
e3. The plan describes how progress will be tracked.			
e4. The plan describes how new		Ensure that education and training opportunities/programs exist for	

<b><u>PPHR Criteria</u></b>	<b>NIMS Dec. 2008</b>	<b>Hospital Preparedness Program FY09</b>	<b>PHEP BP 2010</b>
employees will be trained, assessed, and incorporated into the training plan.		healthcare workers who respond to terrorist incidents or other public health emergencies (p. 11: FY09 HPP, Section 1.4, Overarching Requirements and ASPR Expectations, 1.4. 3 Education and Preparedness Training)	
<b>F. Rapid Training Curricula</b>			
<b>f1.</b> The application provides the rapid training curriculum for training staff and/or volunteers about epidemiological investigation tasks reflecting the agency's All-Hazard Plan.			
<b>f2.</b> The application provides the rapid training curriculum for training staff and/or volunteers about mass prophylaxis reflecting the agency's All-Hazard Plan.			
<b>f3.</b> The application provides the rapid training curriculum for training staff and/or volunteers about the National Incident Management System (NIMS) reflecting the agency's All-Hazard Plan.			
<b>f4.</b> The application provides the rapid training curriculum for training staff and/or volunteers about communications reflecting the agency's All-Hazard Plan.			
<b>f5.</b> The application provides the rapid training curriculum for training staff and/or volunteers about isolation and quarantine reflecting the agency's All-Hazard Plan.			
<b>f6.</b> The application provides the rapid training curriculum for			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
training staff and/or volunteers about any other tasks relevant to agency's All-Hazard Plan.			

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

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>A. Management of Agency Workforce Capability</b>			
<b>a1.</b> The application includes a report or table that describes the method used to demonstrate agency workforce capability.			
<b>a2.</b> The application should describe how the LHD routinely evaluates agency workforce capability.			
<b>a3.</b> 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. 14: FY09 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

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
			improvement and describe such system in the plan (p. 22: PAHPA Requirements)
<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. 8: FY09 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.		Ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or other public health emergencies <i>1.4.3.2 Application Requirements</i> The following issues must be addressed in the FY09 application: 1. Describe how the education and training activities proposed in the awardee's program narrative support sub-capability development (p. 11: FY09 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.			

**MEASURE 5: NIMS Compliance**

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>Identification and Tracking of Staff who Must Complete Coursework</b>			

<p><b>a1.</b> The application shows how the LHD identifies training needs and tracks completion of coursework for all LHD staff as required for NIMS compliance.</p>	<p>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)</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.  <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 Overarching Requirements and ASPR Expectations, 1.4.1 National Incident Management System)</p>	
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**GOAL III—QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS**

**MEASURE 6: learning and Improving through Responding in an Exercise or Real Event**

<b><u>PPHR Criteria</u></b>	<b><u>NIMS Dec. 2008</u></b>	<b><u>Hospital Preparedness Program FY09</u></b>	<b><u>PHEP BP 2010</u></b>
<p><b>A. MULTI-AGENCY AFTER ACTION REPORT/IMPROVEMENT PLAN (EXERCISES)</b></p> <p><b>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).</b></p>			<p>Integrating public health and 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. 20: Integration)</p>
<b>A1. Date of AAR/IP</b>			
<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 120 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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	
<b>A2. Exercise Executive Summary</b>			
<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</p>	

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
		items, and a timeline for fixing those deficiencies. (p. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)	
<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.</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>  Exercise programs funded all or in part by HPP CA funds should be built on the Homeland Security Exercise and Evaluation Program (HSEEP) (p. 12: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	
<p><b>a2iii.</b> The AAR/IP lists notable strengths learned from the exercise.</p>			
<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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	
<p><b>a2v.</b> The AAR/IP lists any</p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
high level observations that cut across multiple capabilities.			
<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>			
<b>A3. Exercise Overview</b>			
<b>a3i.</b> The AAR/IP lists the exercise name.			
<b>a3ii.</b> The AAR/IP lists the type of exercise.		<p>Integration: Ensure the integration of public and private medical capabilities with public health and other first responder systems, including:  The periodic evaluation of preparedness and response capabilities through drills and exercises; (p. 6: FY09 HPP, Section 1.2 Background,  1.2.1 The Public Health Service (PHS) Act, as amended by PAHPA)</p>	
<b>a3iii.</b> The AAR/IP lists the date(s) of the exercise (start to end).			
<b>a3iv.</b> The AAR/IP lists the duration of the exercise.			
<b>a3v.</b> The AAR/IP lists the location where the exercise took place.			
<b>a3vi.</b> The AAR/IP lists the			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
sponsor of the exercise.			
<b>a3vii.</b> The AAR/IP lists the funding recipient.			
<b>a3viii.</b> The AAR/IP lists the mission addressed in the exercise.			
<b>a3ix.</b> The AAR/IP lists the capabilities addressed in the exercise.			
<b>a3x.</b> The AAR/IP lists the scenario used in the exercise.			
<b>a3xi.</b> The AAR/IP lists the names of the members of the exercise planning team.			
<b>a3xii.</b> The AAR/IP lists the agencies that participated in the exercise.			
<p><b>a3xiii.</b> The AAR/IP lists the number of participants, including at a minimum:</p> <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>			
<b>A4. Analysis of Capabilities</b>			
<p><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 following definitions:</p> <p><b>Strength:</b> A strength is an</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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective</p>	<p>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 and weaknesses identified through such exercise or drill, and</p>

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<p>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>		Actions)	corrective actions taken to address material weaknesses; (p. 21: PAHPA Requirements)
<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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)	
<b>A6. Improvement Plan</b>			An assurance that the entity has developed and will implement an accountability system to ensure that

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
			such entity make satisfactory annual improvement and describe such system in the plan (p. 22: PAHPA Requirements)
<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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	
<b>A7. Plan Correction</b>			
<p><b>a7i.</b> The application contains any revisions that were made to the All Hazards Response Plan based on what was learned 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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)</p>	
<p><b>a7ii.</b> The application contains any revisions that were made to the Training Plan based on what was learned 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</p>	<p>Awardees must: Describe how plans for training are integrated with the exercise program. (p. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4</p>	

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
	any major incident or exercise. (p. 16: Preparedness Planning)	Exercises, Evaluations and Corrective Actions)	
<p><b>a7iii.</b> The application contains any revisions that were made to the Exercise Plan and Schedule based on what was learned 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><b>B. INCIDENT RESPONSE DOCUMENTATION (REAL-EVENT)</b></p> <p><b>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.</b></p> <p><b>IAPs submitted to PPHR must include ALL of the elements in the following sub-Measures (B1-B4).</b></p> <p><b><i>Reminder: Based on your LHD's activities, if you include Documentation of a Real Event Response, you do NOT need to submit an After Action Report/Improvement Plan for an Exercise.</i></b></p>			
<p><b>B1. All Incident Action Plan(s) (IAP) from Real Event</b></p>			
<p><b>b1i.</b> The IAP lists the date of the real event.</p>			
<p><b>b1ii.</b> The IAP lists the name of the incident during the real event.</p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>b1iii.</b> The IAP lists the operational period.			
<b>b1iv.</b> The IAP includes the objectives for the real event.			
<b>b1v.</b> The IAP includes a list of LHD participants and partner organizations			
<b>b1vi.</b> The IAP includes any safety messages from 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. 13: FY09 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.			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>b3iii.</b> The AAR contains an assessment of whether or not objectives were 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. 13: FY09 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. 13: FY09 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 corrective actions, and time table for any revisions to the Training Plan based on gaps identified during the real	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.		

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
event response.	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. 13: FY09 HPP, Section 1.4 Overarching Requirements and ASPR Expectations, 1.4.4 Exercises, Evaluations and Corrective Actions)	

**MEASURE 7: Comprehensive Exercise Plan**

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>A. Future Exercise Plan</b>			
<b>a1.</b> The exercise plan contains the proposed dates of exercise(s).			
<b>a2.</b> The exercise plan describes the type(s) of exercise(s) that is(are) scheduled.			
<b>a3.</b> The exercise plan describes the purpose(s) of the exercise(s).			
<b>a4.</b> The exercise plan lists draft exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.			
<b>a5.</b> The exercise plan lists expected departmental participants and partner organizations.			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
<b>B. Description of Exercises</b>			
<p><b>b1.</b> The exercise plan shows anticipated participation in any jurisdiction-wide exercise 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>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 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><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><b>b4.</b> The exercise plan shows anticipated participation in any exercise involving active</p>			

<u>PPHR Criteria</u>	NIMS Dec. 2008	Hospital Preparedness Program FY09	PHEP BP 2010
coordination of response and 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).			
<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.			

## 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 09 Hospital Preparedness Program Funding Opportunity Announcement:

<http://www.ncttrac.org/LinkClick.aspx?fileticket=qG8npHDtlxY%3d&tabid=66&mid=556>

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)