

2008-2009 PPHR CRITERIA FOR LOCAL HEALTH DEPARTMENTS
GOAL I- ALL-HAZARDS PREPAREDNESS PLANNING: MEASURE 1



Please follow these guidelines:

1. ALL Evidence Elements (items under Measures and/or Sub-Measures) must be addressed.
2. Every page in the application must have a page number.
3. To allow peer-reviewers to locate supporting documentation, the exact page number where evidence for each Evidence Element is located must be included in the "Page Number/s" column on this checklist. If documentation appears in multiple locations, include page numbers.
4. If the LHD is not the lead agency for a particular Evidence Element and/or Sub-Measure, evidence must be provided that addresses how the LHD works with the lead agency to support and/or ensure that the Evidence Element and/or Sub-Measure is adequately addressed. Specific items that must be addressed in this description can be found in the Guidance on Measure Elements section at the end of this document.
5. If at the time of the PPHR submission deadline a particular Evidence Element and/or Sub-Measure is not met because plans in that area are not fully developed (e.g. only minimal processes have been established for adequate response), evidence must be provided that address how the LHD plans to address that Evidence Element and/or Sub-Measure. Specific items that must be addressed in this description can be found in the Guidance on Measure Elements section at the end of this document.

GOAL I: ALL HAZARDS PREPAREDNESS PLANNING

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

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

A. Table of Contents	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. The table of contents correctly corresponds to the numbered pages of the plan.		
a2. <u>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).</u>		
B. Introductory Material	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b1. The plan provides an overview or introduction, including a description of the purpose of the plan.		

b2. The plan describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.		
b3. The plan clearly identifies all neighboring jurisdictions and, if applicable, tribal and/or international borders and/or military installations within the locality.		
b4. The plan lists the locations where copies of the plan are kept in the agency.		
C. Plan-Update Cycle	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
c1. The plan bears a date showing that the plan and its annexes have been reviewed or revised within one year of PPHR submission.		
c2. <u>The plan details the procedure the LHD will use to update and revise its plan on a regular basis.</u>		
D. Authority and Acknowledgments	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
d1. <u>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.</u>		
d2. <u>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).</u>		
E. Situations and Assumptions	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
e1. The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of the LHD and possibly, the <u>surge capacity</u> of the LHD.		
e2. The plan demonstrates performance of a <u>hazard analysis</u> of threats (e.g. chemical industry, hurricanes, floods) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.		
e3. The plan describes policies for how the LHD is preparing for the vulnerabilities described in the results of the <u>hazard analysis</u> .		
F. Activation Circumstances and Event Sequence Following Activation	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
f1. The plan includes <u>Standard Operating Procedures</u> that describe an all-hazards response for activation, decision matrices, flow charts, decision trees, or other means of describing an all-hazards response.		
f2. 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.		

G. Concept of Operations	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
g1. The plan describes the responsibilities of the local emergency response agency or team(s) that will respond to a public health emergency.		
g2. <u>The plan contains a bulleted list, table, or matrix that clearly identifies both the primary and secondary support roles for local, state and federal partner agencies, in areas such as command and control, detection, investigation, communication, containment and prevention, recovery.</u>		
H. National Incident Management System	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
h1. The LHD has adopted <u>NIMS</u> through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.		
h2. <u>The LHD has completed a baseline assessment of NIMS implementation requirements.</u>		
h3. The departmental operations center or emergency operations center utilizes the <u>incident command system</u> , as called for by <u>NIMS</u> , to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.		
I. Functional Staff Roles	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
i1. The plan contains a list, table, or other format detailing the necessary roles to be filled during all-hazard response operations.		
i2. 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.		
i3. The plan contains copies of Job Aids or <u>Job Action Sheets</u> for staff and volunteers detailing specific functions of each role indicated as necessary roles in Measure 1.1.i1.		
i4. The plan provides procedures for how the LHD will assimilate staff and/or volunteers into a response operation.		
J. Vulnerable Population Access and Demographics	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
j1. <u>The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.</u>		
j2. The plan describes systems in place and/or LHD role in providing services to <u>vulnerable populations</u> , as identified by the LHD in Measure 1, J. j1, in emergency services.		

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

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

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

K. Command and Control	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
k1. The plan contains a table or diagram that illustrates the LHD’s command and control structure (<u>Incident Command System</u> /Unified Command Structure/Multi-agency Coordination System) to be used for coordination of emergency response.		
L. Communication Plan	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
I1. Agency Communication Plan		
I1i. The plan details communication response actions to be taken, by whom, and how they will be documented.		
I1ii. The plan details the responsible party(ies) for notification, alerts, and mobilization.		
I1iii. The plan describes whom to notify and at what level (e.g. alert, standby, report).		
I1iv. The plan describes the method by which notification will take place.		
I1v. The plan contains pertinent contact information (e.g., EOC, phone, cell, fax).		
I1vi. The plan describes where to report and the location of specified activity(ies).		
I1vii. The plan describes the timing of the activity(ies) noted in Measure 1.L.I1vi.		
I1viii. 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.		
I2. Risk Communication Plan		
I2i. The plan describes the processes and procedures to communicate timely, accurate information to the public, including <u>vulnerable populations</u> , during an <u>incident</u> through the <u>Joint Information Center</u> or System.		
I2ii. The plan contains sample press releases (e.g., media alerts, pre-approved		

press releases, and coordinated messages).		
I2iii. The plan contains a Media Contact List, accompanied by a procedure for keeping the list current and accurate.		
I2iv. The plan describes the approval process for communication.		
I2v. The plan provides evidence that key spokespersons for LHD and partner organizations have been trained in the principals of risk communication.		
I2vi. The plan describes the process for partner notification, including at a minimum: <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will receipt of notification be confirmed? ▪ 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.)? 		
I3. <u>Health Alert Network (HAN)/ Public Health Information Network (PHIN)</u>		
I3i. The plan will describe the process for how the LHD is sending, receiving, and interacting with <u>HAN</u> or PHIN.		
I3ii. The plan includes sample health alert message/s that may be shared by the LHD with neighboring jurisdictions or military installations.		
M. Epidemiology	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
m1. <u>The plan contains the protocol(s) for event-specific collection of health data for active surveillance outbreak management and regular passive surveillance of communicable disease reporting system currently in place.</u>		
m2. <u>The plan provides evidence of early incident detection (e.g., the use and monitoring of regular surveillance data).</u>		
m3. <u>Epidemiological Investigation</u> Tasks		
m3i. <u>The plan calls for the comparison of cases to the baseline and confirmation of diagnosis.</u>		
m3ii. <u>The plan calls for contact tracing.</u>		
m3iii. <u>The plan calls for the development of a description of cases through interviews, medical record review and other mechanisms (person, place, and time).</u>		
m3iv. The plan calls for the generation of possible associations of transmission,		

exposure, and source.		
m3v. The plan calls for identifying the population at risk.		
m3vi. The plan calls for the evaluation of therapeutic outcome(s).		
m3vii. 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.		
m3viii. The plan describes <u>epidemiological/outbreak investigation</u> tasks for staff and/or volunteers that would be called upon in an LHD emergency response.		
m4. Epidemiological Data		
m4i. The plan describes how epidemiological data is shared.		
m4ii. 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.		
m5. Data Management		
m5i. The application provides evidence of a database used for management/flow of <u>epidemiological investigation</u> data for both emergency response and daily work.		
m5ii. The application provides evidence of a protocol for management/flow of <u>epidemiological investigation</u> data for emergency response and daily work.		
m6. The plan calls for coordination with environmental investigation as required.		
N. Laboratory Data and Sample Testing	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
n1. Access to Labs (e.g. local, regional, state)		
n1i. 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.		
n1ii. The plan demonstrates the capability to transport specimens/samples to a confirmatory reference lab 24/7/365.		
n1iii. The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.		
n1iv. The plan includes a list of laboratory contacts.		

n2. The application provides evidence of the database and protocol for management/flow of laboratory data and sample testing information.		
n3. 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).		
n4. The plan describes a process or policy related to evidence management .		
O. Mass Prophylaxis and Immunization	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
o1. The plan describes the procedures for implementing mass prophylaxis and immunization in the jurisdiction.		
o2. The plan describes the system in place for managing and tracking personnel and material resources.		
o3. The plan provides a description of how the LHD monitors adverse reactions of public health interventions (also known as post-event tracking).		
o4. The plan includes a Point-of-Dispensing (POD) flow chart.		
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.		
o7. SNS Plan		
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 definition of Essential Personnel.		
o7iv. The plan includes definition of Local Medical Inventories.		
o7v. The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.		

P. Mass Patient Care	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
p1. <u>Mass Patient Care Plan</u>		
p1i. The plan describes how mass patient care will be established.		
p1ii. The plan describes where mass patient care will be conducted.		
p1iii. The plan describes who will have access to care.		
p1iv. The plan describes how mass patient care will be maintained.		
p2. The plan provides a detailed description of any LHD role in mass patient care from the field to the medical treatment center.		
p3. The plan provides documentation detailing the communication process for mass patient care and the role of the LHD in that communication process.		
p4. The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.		
p5. The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.		
p6. The plan describes the system of <u>tracking and monitoring</u> known cases/exposed persons through disposition to enable short- and long-term follow-up (including patients under isolation or quarantine).		
Q. Mass Fatality Management Plan	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
q1. The plan describes the LHD plan and process for managing mass fatalities in the local jurisdiction.		
R. Environmental Health Response	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
r1. Environmental Surety Planning		
r1i. 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.		
r2. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:		
r2i. Foodborne and Waterborne Outbreak Surveillance, Investigation and Control		

r2ii. Vector Surveillance for injury prevention and vector borne disease control		
r2iii. <u>Food Safety</u>		
r2iv. <u>Drinking Water Supply and Safety</u>		
r2v. Sanitation		
r2vi. <u>Mass Care and Evaluation of Shelter Facilities</u>		
r2vii. Wastewater		
r2viii. Solid Waste Management		
r2ix. Hazardous Waste Management		
r2x. Air quality and PPE (outdoor and indoor)		
r2xi. Radiation exposure response		
r2xii. Chemical or Toxic Release Control and Clean Up		
S. <u>Disaster Behavioral Health: Public Health Emergency Response Personnel</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
s1. <u>The plan describes the LHD process to prepare response personnel for behavioral health implications of public health emergencies.</u>		
T. <u>Disaster Behavioral Health: Population-Wide Plan</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
t1. The plan addresses processes to enhance the emotional resilience of a community prior to and following a public health emergency or disaster.		
t2. The plan describes who is responsible for addressing and responding to the behavioral health issues of the community.		
t3. 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.		
U. <u>Quarantine and Isolation Plan</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
u1. The plan addresses the processes for implementing quarantine & isolation.		
u2. The plan describes the legal authority to isolate and/or quarantine of individuals, groups, facilities, animals, and food products.		

u3. The plan addresses coordination of public health and medical services among those isolated or quarantined.		
u4. The plan describes any stress management strategies, programs, and crisis response for those isolated or quarantined.		
u5. The plan describes the procedure and/or process for directing and controlling public information releases about those who have been isolated or quarantined.		
V. <u>Continuity of Operations Plan</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
v1. The plan addresses the strategies by which an agency or jurisdiction will provide for ongoing function in light of a natural disaster or deliberately caused emergency.		
W. <u>Public Health Surge Capacity and Mutual Aid</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
w1. The plan defines the limits of present LHD internal capabilities and <u>surge capacity</u> .		
w2. The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.		
w3. The plan provides a description of the regular availability and <u>surge capacity</u> of LHD personnel, treatment facilities, laboratories, redundant communications, pharmacologic supplies and security, in relation to scope and duration for anticipated events.		
w4. The plan specifies to what extent the LHD or partners can respond using their present human and physical resources before asking for outside assistance.		
w5. The plan specifies how the LHD will determine when to ask for higher order support based on models and/or past experience.		
w6. 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.		
w7. Volunteer Recruitment		
w7i. The plan describes the process for volunteer recruitment.		
W7ii. The plan includes what partners the LHD works with for recruitment.		
w7iii. The plan describes how volunteers are notified.		
w7iv. The plan describes how volunteers are used in an emergency.		
w7v. The plan describes how volunteers are credentialed.		

<p>w7vi. The plan describes how volunteers are retained.</p>		
<p>w8vii. 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>w8. The plan describes the process by which the LHD develops intrastate and interagency <u>mutual aid agreements</u> with neighboring jurisdictions, including military installations, private sector and non-governmental organizations.</p>		
<p>w9. The plan includes a table, chart, or other format that lists <u>mutual aid agreements</u> and their status (including inter-jurisdictional state agreements).</p>		

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5. If at the time of the PPHR submission deadline a particular Evidence Element and/or Sub-Measure is not met because plans in that area are not fully developed (e.g. only minimal processes have been established for adequate response), evidence must be provided that address how the LHD plans to address that Evidence Element and/or Sub-Measure. Specific items that must be addressed in this description can be found in the Guidance on Measure Elements section at the end of this document.

GOAL II—WORKFORCE CAPACITY DEVELOPMENT

In workforce capacity development, the agency develops the workforce to meet the needs of a population prior to, during, and after any event or disaster. This is accomplished by providing employees the training, resources, and processes necessary to increase the skills, abilities, and knowledge necessary to respond to any event or disaster. These training activities, when completed by individual staff, increase organizational capacity.

To demonstrate evidence for this Goal, an organizational process must be in place to assess, implement, and evaluate workforce competency consistent with the agency’s All-Hazards Response Plan, according to the competencies described in the “Bioterrorism and Emergency Readiness Competencies for All Public Health Workers¹.” After the assessment, training is necessary to demonstrate staff competence (skill, ability, and knowledge) and to rectify any other gaps identified from the agency-wide public health competency assessment.

PPHR MEASURE #2: CONDUCT OF REGULAR TRAINING NEEDS ASSESSMENTS

Agencies need to conduct a training needs assessment of staff competency of the agency’s All-Hazards Response Plan and the “Bioterrorism and Emergency Readiness Competencies for All Public Health Workers¹” In most agencies, the assessment may be conducted in advance of starting the PPHR application process to allow for enough time to implement workforce development activities. To demonstrate evidence for this Measure, the following sub-measures (A-C) must be provided in a report format.

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

A. Date of <u>Training Needs Assessment</u>	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. The PPHR application shows a <u>training needs assessment</u> completed within the 12 months prior to the start of the application process		
B. Assessment Process Report	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b1. The report includes a description of the assessment methodology.		
b2. The report notes the length of time to complete the assessment process.		
b3. The report notes how frequently re-assessments will occur.		
b4. The report includes details of the assessment tool(s), if applicable.		
b5. The report lists those involved in the design of the assessment process.		
b6. <u>The report notes the total number and percentage of staff assessed.</u>		
C. Results and Implications Report	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
c1. The report lists those involved in analyzing the data.		
c2. The report describes priority areas that are clearly based on the assessment.		
c3. The report describes how results will be or are being used to inform the training plan.		
c4. The report shows how results will be or are being used to inform the exercise plan.		

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

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

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

A. Training Needs Assessment	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. The plan is clearly based on results from the Training Needs Assessment completed within the 12 months prior to the start of the application process. (See Measure 2.A.a1.)		
B. Training Topics	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b1. The plan identifies agency priority training topics.		
C. Training Objectives	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
c1. The plan provides the objectives of the trainings OR describes the competencies that the workforce development plan addresses.		
D. Training Delivery	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
d1. The plan describes the type of trainings to be provided.		
d2. The plan describes the participants in the trainings. 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'.		
E. Management of Training Plan	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
e1. The plan describes continuing competency-based education in emergency preparedness through the duration of PPHR recognition .		
e2. The plan describes how the training plan will be kept up-to date, providing at a		

minimum: <ul style="list-style-type: none"> ▪ Who will update the plan; ▪ How updates will be conducted; and ▪ When updates will take place. 		
e3. The plan describes how progress will be tracked.		
e4. The plan describes how new employees will be trained, assessed, and incorporated into the training plan.		
F. Rapid Training Curricula	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
f1. The application provides the rapid training curriculum for training staff and/or volunteers about <u>epidemiological investigation</u> tasks reflecting the agency's All-Hazard Plan.		
f2. The application provides the rapid training curriculum for training staff and/or volunteers about mass prophylaxis reflecting the agency's All-Hazard Plan.		
f3. The application provides the rapid training curriculum for training staff and/or volunteers about the National Incident Management System (<u>NIMS</u>) reflecting the agency's All-Hazard Plan.		
f4. The application provides the rapid training curriculum for training staff and/or volunteers about communications reflecting the agency's All-Hazard Plan.		
f5. The application provides the rapid training curriculum for training staff and/or volunteers about isolation and quarantine reflecting the agency's All-Hazard Plan.		
f6. The application provides the rapid training curriculum for training staff and/or volunteers about any other tasks relevant to agency's All-Hazard Plan.		

PPHR MEASURE #4: CULTIVATION OF ORGANIZATIONAL CAPACITY TO SUPPORT AND MAINTAIN STAFF COMPETENCE IN EMERGENCY PREPAREDNESS

In order for an LHD to implement an ongoing work plan to build workforce **capability**, it must demonstrate the organizational ability to sustain the process. This section represents measures that the organization must adequately meet in order to demonstrate that it has the ability to address workforce capacity on an ongoing basis.

LHDs should submit documentation that represents the information asked for in the sub-Measures.

A. Management of Agency Workforce Capability	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. <u>The application includes a report or table that describes the method used to demonstrate agency workforce capability.</u>		
a2. <u>The application should describe how the LHD routinely evaluates agency workforce capability.</u>		
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.		
B. Performance Improvement Plan	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b1. The application describes the link between the workforce evaluation, identified gaps, and the process for improving and sustaining levels of competence.		
b2. The application should provide evidence of linkage to each of the appropriate Training Objectives noted in Measure 3.		
b3. The application should describe how new employees will be included in the performance improvement plan.		

PPHR MEASURE #5: NIMS COMPLIANCE

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

A. Identification and Tracking of Staff that Must Complete Coursework	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. The application shows how the LHD identifies training needs and tracks completion of coursework for all LHD staff as required for <u>NIMS</u> compliance.		

2008-2009 PPHR CRITERIA FOR LOCAL HEALTH DEPARTMENTS
GOAL III—QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS

Please follow these guidelines:

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5. If at the time of the PPHR submission deadline a particular Evidence Element and/or Sub-Measure is not met because plans in that area are not fully developed (e.g. only minimal processes have been established for adequate response), evidence must be provided that address how the LHD plans to address that Evidence Element and/or Sub-Measure. Specific items that must be addressed in this description can be found in the Guidance on Measure Elements section at the end of this document.

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

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

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

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

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

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

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

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

A1. Date of AAR/IP	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1i. The final <u>AAR/IP</u> 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.		
A2. Exercise Executive Summary	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a2i. The <u>AAR/IP</u> describes why the exercise was conducted and what part(s) of the LHD's plan was (were) exercised.		
a2ii. <u>The AAR/IP lists the exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.</u>		
a2iii. The <u>AAR/IP</u> lists notable strengths learned from the exercise.		
a2iv. The <u>AAR/IP</u> lists the key areas that require further development.		
a2v. The <u>AAR/IP</u> lists any high level observations that cut across multiple capabilities.		
a2vi. The <u>AAR/IP</u> includes copies of evaluation tools as appropriate for the type of exercise, including at a minimum: <ul style="list-style-type: none"> ▪ Participant evaluation sheets; ▪ Observer record sheets; and ▪ Exercise evaluation guides. 		
A3. Exercise Overview	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a3i. The <u>AAR/IP</u> lists the exercise name.		
a3ii. The <u>AAR/IP</u> lists the type of exercise.		
a3iii. The <u>AAR/IP</u> lists the date(s) of the exercise (start to end).		
a3iv. The <u>AAR/IP</u> lists the duration of the exercise.		
a3v. The <u>AAR/IP</u> lists the location where the exercise took place.		
a3vi. The <u>AAR/IP</u> lists the sponsor of the exercise.		
a3vii. The <u>AAR/IP</u> lists the funding recipient.		

a3viii. The AAR/IP lists the mission addressed in the exercise.		
a3ix. The AAR/IP lists the capabilities addressed in the exercise.		
a3x. The AAR/IP lists the scenario used in the exercise.		
a3xi. The AAR/IP lists the names of the members of the exercise planning team.		
a3xii. The AAR/IP lists the agencies that participated in the exercise.		
<p>a3xiii. The AAR/IP lists the number of participants, including at a minimum:</p> <ul style="list-style-type: none"> ▪ Players; ▪ Victim role players; ▪ Controllers; ▪ Evaluators; ▪ Observers; and ▪ Facilitators. 		
A4. Analysis of Capabilities	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
<p>a4i. 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>Strength: A strength is an observed action, behavior, procedure, and/or practice that is worthy of special notice and recognition.</p> <p>Area for Improvement: 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"> ▪ Activity; ▪ Observation; ▪ Reference/s; ▪ Analysis; and ▪ Recommendations describing what can be done to correct or resolve issues (change plans, training, equipment, personnel resources etc.). 		
A5. Conclusion	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a5i. The AAR/IP contains a summary of remarks on the exercise, including strengths, weaknesses, and areas for improvement.		

A6. Improvement Plan	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
<p>a6i. The <u>AAR/IP</u> contains a matrix that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> ▪ Capability; ▪ Observation Title; ▪ Recommendation; ▪ Corrective action description; ▪ Capability Element; ▪ Primary responsible agency; ▪ Agency point of contact; ▪ Start date; and ▪ Completion date. 		
A7. Plan Correction	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
<p>a7i. The application contains any revisions that were made to the All Hazards Response Plan based on what was learned during the exercise.</p>		
<p>a7ii. The application contains any revisions that were made to the Training Plan based on what was learned during the exercise.</p>		
<p>a7iii. The application contains any revisions that were made to the Exercise Plan and Schedule based on what was learned during the exercise.</p>		
<p>B. INCIDENT RESPONSE DOCUMENTATION (REAL-EVENT)</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> <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, you do NOT need to submit an After Action Report/Improvement Plan for an Exercise.</i></p>		
B1. All <u>Incident Action Plan(s)</u> (IAP) from Real Event	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
<p>b1i. The <u>IAP</u> lists the date of the real event.</p>		
<p>b1ii. The <u>IAP</u> lists the name of the incident during the real event.</p>		
<p>b1iii. The <u>IAP</u> lists the operational period.</p>		
<p>b1iv. The <u>IAP</u> includes the objectives for the real event.</p>		

b1v. The <u>IAP</u> includes a list of LHD participants and partner organizations		
b1vi. The <u>IAP</u> includes any safety messages from during the real event.		
b1vii. The <u>IAP</u> includes who prepared the IAP.		
B2. Debrief Documents	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b3i. The application includes any debrief documents used during the real event.		
B3. After Action Report (AAR)	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b3i. The AAR contains a summary of the real event.		
b3ii. The AAR contains an overview synopsis of the real event.		
b3iii. The AAR contains an assessment of whether or not objectives were met during the real event.		
b3iv. The AAR describes any lessons learned during the real event.		
b3v. The AAR contains conclusions drawn from the real event and recommendations based on those conclusions.		
B4. Plan of Correction	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b4i. 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.		
b4ii. 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 event response.		
b4iii. 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.		

PPHR MEASURE #7: COMPREHENSIVE EXERCISE PLAN

Based on the After Action Report/Improvement Plan or Incident Action Plan, the LHD provides documentation of its comprehensive exercise plan or planning notes that are clear and include a detailed description of at least one planned exercise to take place no later than 12 months after submitting the PPHR application.

The data (e.g., lessons learned, evidence of performance) used for developing the future exercise plan should be based from the LHD's evaluation of previous exercises. The LHD also provides evidence of establishing a continuous quality improvement system. Effective systems will clearly use, and build upon, lessons learned from previous exercises.

A. Future Exercise Plan Description	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
a1. The exercise plan contains the proposed dates of exercise(s).		
a2. The exercise plan describes the type(s) of exercise(s) that is(are) scheduled.		
a3. The exercise plan describes the purpose(s) of the exercise(s).		
a4. <u>The exercise plan lists draft exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.</u>		
a5. The exercise plan lists expected departmental participants and partner organizations.		
B. Description of Exercises	Page Number(s)	Comments &/or Explanation for Item(s) Not Addressed
b1. The exercise plan shows anticipated participation in any jurisdiction-wide exercise based on <u>NIMS</u> involving responders from multiple disciplines and/or jurisdictions and includes integration of Incident Command, Multi-agency Coordination Systems (MACS), and Public Information.		
b2. The exercise plan shows anticipated participation in any exercise testing the health alert messaging system using a high priority message.		
b3. The exercise plan shows anticipated participation in any exercise involving the State health department as an actual exercise participant, evaluator, observer, or planner.		
b4. The exercise plan shows anticipated participation in any exercise involving active coordination of response and resources between state and local public health response partners.		
b5. 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).		

Guidance on Measure Evidence Elements:

Application Guidelines #4: If you are not the lead agency for a particular task (Evidence Element and/or Sub-Measure), you must provide a description that includes the following:

- Identify the lead agency.
- Describe how the LHD partners with the lead agency to plan and prepare to deliver the emergency service described in the measure or sub-measure.
- Describe the coordination and communication process of the LHD to support the work of the lead agency.
- Describe how the LHD will work with the lead agency during and/or following an emergency response.
- Describe the roles and responsibilities of the lead agency.
- Describe the roles and responsibilities of your LHD.
- Provide an example of how this has worked in the past or was exercised.
- If available, provide agreements you have with the agency.

Application Guidelines # 5: If there is an Evidence Element and/or Sub-Measure that your LHD has not yet addressed or if documentation is not yet available for, you must provide a description that includes the following:

- Provide an explanation of why the specific item has not been addressed.
- Include the steps/milestones of your plan to address the item.
- Include a timeline for steps/milestones.
- List and describe responsibilities of partners involved to sufficiently address the item.

Measure 1.A.a2: Evidence for this element can be provided via a note from the County Emergency Manager or an affidavit from the Health Officer. This affidavit should also describe how the plan incorporates National Incident Management System (NIMS) components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

Measure 1.C.c2: Updating the plan on “a regular basis” means that specific trigger(s) for this process could be defined, e.g. as part of enacting an exercise corrective action plan, and/or in response to new guidelines as posted; and/or a timed basis could be provided, e.g. on an annual basis.

Measure 1.D.d1: Evidence for this element should include citations of applicable statutes or administrative rules governing the plan’s creation and use, including isolation and quarantine. This item is dependent upon local and state legal practice.

Measure 1.D.d2: Evidence for this element should include at least one of the following:

- Notes/Minutes: Meeting notes or minutes that include a motion/approval to accept the plan.
- List/Acknowledgments: List of agency representatives participating in the plan’s development and to whom the plan applies, and acknowledgments by the agencies participating in the planning process.

Measure 1.G.g2: If applicable, evidence for this element should also describe the collaboration between the LHD and tribal and/or military installations, and/or international entities located within or adjacent your jurisdiction.

Measure 1.H.h2: Applicants may use the most current version of the [NIMS Capability Assessment Support Tool](http://www.fema.gov/nimscast/index.jsp) (<http://www.fema.gov/nimscast/index.jsp>) or other approved assessment tool.

Measure 1.I.i3: Evidence for this element must include, at a minimum, a specific plan for the assimilation of staff/volunteers in epidemiological investigation operations.

Measure 1.M.m1: For an active surveillance program such as Biosense, RODs or other, protocols must be developed to clarify agency response to public health events detected and the affect on the health department, related partner agencies and the geographic area.

Measure 1.M.m2: Evidence for this element should include a description of when responses will be handled solely within the agency and when outside support will be needed. Additionally, the plan should indicate how this data will be used with regular surveillance and with the creation of master outbreak lists.

Measure 1.M.m3.m3i: The occurrence of reportable disease conditions or unusual epidemiological situations is dependent on the knowledge of when an event is beyond or in excess of normal expectancy. Since the procedure for investigation of a suspected outbreak is the same, the agency must show documentation of disease occurrence of both yearly incidence and monthly occurrence of reportable conditions. This is compared to available information about the new cases with a predetermined definition of an outbreak. Consequently, each agency must also discuss what is used for case definitions and the process used to establish specific outbreak case definitions. The agency must reference how laboratory testing is used to confirm or reject suspected diagnoses and determine the type of agent associated with the illness, whether bacterial, viral, or other. The agency must describe how case definitions are determined and cases counts in a specific time, place or group of persons.

Measure 1.M.m3.m3ii: Evidence for this element should include procedures to determine the group(s) at risk and what procedures to follow when the scope of the outbreak exceeds normal agency capacity.

Measure 1.M.m3.m3iii: Evidence for this element should include how the agency will develop a master contact list and a final (or perhaps successive on a complex outbreak) outbreak case definition and hypothesis. The hypothesis directs the investigation and is tested by the data gathered. Describe the mechanism for how the data will be gathered, collected and managed during the outbreak event and afterwards from the interviews, the sampling mechanisms, laboratory processes, and participating investigators. Describe who will prepare daily and final written reports. Describe who is responsible for control and prevention measures.

Measure 1.R.r2.r2iii: Evidence for this element should include a plan for retail and food service with food industry and healthcare facilities.

Measure 1.R.r2.r2iv: Evidence for this element should include a plan for public and healthcare facilities.

Measure 1.R.r2.r2vi: Evidence for this element should include a plan for water and food safety at shelters.

Measure 1.S.s1: A Behavioral Health Plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

Measure 2.B.b6: If not all staff were assessed, provide justification for the sampling size decision and a timeline for when the remaining staff members will be assessed.

Measure 4.A.a1: Examples of means to show workforce capability include certificates from Columbia University on-line courses, descriptions of exercises or one-day activities, inclusion of curricula, etc.

Measure 4.A.a2: Evaluation activities may include annual performance appraisals, exercises, real events, or other agency/worker activities and events. This can be done at the supervisor level, peer-to-peer, 360 evaluation, etc. Any description needs to detail the process, including how the evaluation is structured, who conducts the evaluation and how often the evaluations will be performed.

Measure 5.A.a1: If there are individuals in specific job categories that are not required to complete the courses outlined in the most recent NIMS guidance, due to local or state public health directive, provide a report that identifies these categories and provides evidence and justification of the directive (e.g., “The state health department has mandated that only positions funded through federal dollars are required to complete IS-100, but ALL public health staff must complete IS700.”)

Measure 6.A.A2.a2: Exercise objectives should be SMART (specific, measurable, achievable, realistic, and task-oriented).

Measure 6.A.A4.a4i: Within the analysis of capabilities there is a sub-section created for each capability validated during the exercise. Each section must include a summary of the capability in question, including an overview of how that capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The length of this summary depends on the scope of the exercise. Adequate detail must be included to provide the reader with an understanding of how the capability was performed or addressed. 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.

Measure 7.A. A4: The Homeland Security Exercise and Evaluation Program (HSEEP) Policy and Guidance can be found at https://hseep.dhs.gov/pages/1001_HSEEP7.aspx.





Project Public Health Ready Glossary

February 2008

The following key terms appear in the Project Public Health Ready (PPHR) Criteria and are specific to the three project goals. The glossary is not intended to be a comprehensive list of all preparedness-related terms because such resources are available through other sources.

The following websites can be accessed for definitions of preparedness terms:

- Homeland Security Glossary: <https://hseep.dhs.gov/HSResource/Glossary.aspx>
- National Incident Management System (NIMS): www.fema.gov/nimscast/Glossary.do
- FEMA: www.fema.gov
- National Response Plan (NRP): www.dhs.gov/xprepresp/committees/editorial_0566.shtm
- National Disaster Medical System (NDMS): www.oep-ndms.dhhs.gov/
- Yale Preparedness Glossary: <http://publichealth.yale.edu/ycphp/pdf/glossary.pdf>
- Institute for Crisis, Disaster, and Risk Management The George Washington University: www.gwu.edu/~icdrm/publications/PDF/GLOSSARY%2002-19-2007.pdf

<p>After Action Report / Improvement Plan</p>	<p>An After Action Report and Improvement Plan (AAR/IP) is the main product of the Evaluation and Improvement Planning process.. The document has two components: an after action report (AAR), which captures observations of an exercise and makes recommendations for post-exercise improvements; and an improvement plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise.</p>
<p>Capability</p>	<p>Capability is the ability to perform actions. As it applies to <u>human capital</u>, capability is the sum of expertise and capacity.</p>

Capacity	Capacity is the ability to achieve stated public health objectives and to perform better at the national, regional and global levels with respect to both ongoing and emerging health problems. Building capacity is seen as linked to improving both performance and competence.																		
Continuity of Operations Plan (COOP)	A Continuity of Operations Plan (COOP) contains the plans and strategies by which an agency or jurisdiction provides for ongoing functioning in light of a natural disaster or deliberately caused emergency (i.e., sustainment of operations).																		
Continuous Quality Improvement (CQI)	In the context of PPHR, Continuous Quality Improvement (CQI) is a management process in which the agency reviews planning, training, and exercise phases of emergency preparedness and seeks to improve upon standards and procedures. This process both reveals needed improvements and highlights strengths.																		
Crosswalk	A Crosswalk is a document that lists the page number(s) where PPHR documentation evidence can be found in the application materials.																		
Disaster Behavioral Health	Disaster Behavioral Health comprises the mental health issues related to disasters and the means of addressing them, including proactive methods to build resiliency; as well as short and long term approaches to restoring and maintaining psychological and emotional health in the face of an emergency.																		
Emergency Support Function (ESF)	<p>An Emergency Support Function (ESF) provides structure for coordinating interagency support to an emergency incident. Drawn originally from the National Response Plan for the federal government, many State and local plans are also based upon an ESF structure. The roles and responsibilities of each ESF are designated by the scope of public services each provides. The current ESFs in the National Response Plan are:</p> <table data-bbox="537 1081 1602 1406"> <tr> <td>ESF 1-Transportation</td> <td>ESF 10-Hazardous Materials</td> </tr> <tr> <td>ESF 2-Communications</td> <td>ESF 11-Food and Water</td> </tr> <tr> <td>ESF 3-Public Works</td> <td>ESF 12-Energy</td> </tr> <tr> <td>ESF 4-Firefighting</td> <td>ESF 13-Military Support</td> </tr> <tr> <td>ESF 5-Information and Planning</td> <td>ESF 14-Public Information</td> </tr> <tr> <td>ESF 6-Mass Care</td> <td>ESF 15-Volunteers and Donations</td> </tr> <tr> <td>ESF 7-Resource Support</td> <td>ESF 16-Law Enforcement</td> </tr> <tr> <td>ESF 8-Health and Medical</td> <td>ESF 17-Animal Services</td> </tr> <tr> <td>ESF 9-Search and Rescue</td> <td></td> </tr> </table>	ESF 1-Transportation	ESF 10-Hazardous Materials	ESF 2-Communications	ESF 11-Food and Water	ESF 3-Public Works	ESF 12-Energy	ESF 4-Firefighting	ESF 13-Military Support	ESF 5-Information and Planning	ESF 14-Public Information	ESF 6-Mass Care	ESF 15-Volunteers and Donations	ESF 7-Resource Support	ESF 16-Law Enforcement	ESF 8-Health and Medical	ESF 17-Animal Services	ESF 9-Search and Rescue	
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<p>Environmental Surety Plan</p>	<p>An Environmental Surety Plan is a part of the public health preparedness plan which assures that environmental hazards to public health and the environment, such as contaminated media, epizootic disease and environmental health infrastructure failure are managed. Capabilities of a team that does environmental surety include:</p> <table border="0"> <tr> <td>Risk Assessment</td> <td>Epidemiological Analysis</td> </tr> <tr> <td>Remediation Oversight</td> <td>Sample Collection</td> </tr> <tr> <td>Advise on Protective Action</td> <td>Preventative Measures</td> </tr> <tr> <td>Treatment Guidance Support</td> <td>Incident Reporting</td> </tr> <tr> <td>Management of Early Responders</td> <td>Epidemiological Follow-up</td> </tr> </table>	Risk Assessment	Epidemiological Analysis	Remediation Oversight	Sample Collection	Advise on Protective Action	Preventative Measures	Treatment Guidance Support	Incident Reporting	Management of Early Responders	Epidemiological Follow-up
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Treatment Guidance Support	Incident Reporting										
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<p>Emergency Operations Plan (EOP)</p>	<p>An Emergency Operations Plan (EOP) is an all-hazards plan developed to describe the system of operations that will be used in an emergency event. It defines who will do what, when they will do, with what resources they will work with, and by whose authority they shall act before, during, and immediately after an emergency. An EOP will be tailored to each community’s own potential hazards and resource base.</p>										
<p>Epidemiological Investigation</p>	<p>An Epidemiological Investigation follows anomaly detection or an alert from a surveillance system, with the goal of rapidly determining the validity of the alert, and the parameters of the outbreak as the index case is being confirmed. Steps may not always proceed in the same order and may in fact repeat in the course of the investigation as new cases present themselves. Steps in an epidemiological investigation include:</p> <table border="0"> <tr> <td>Case confirmation</td> <td>Case identification</td> </tr> <tr> <td>Cause investigation</td> <td>Initiation of control measures (do early)</td> </tr> <tr> <td>Conduct analytic study (if necessary)</td> <td>Conclusions (epi/causal inference)</td> </tr> <tr> <td>Continued surveillance</td> <td>Communication of findings</td> </tr> </table>	Case confirmation	Case identification	Cause investigation	Initiation of control measures (do early)	Conduct analytic study (if necessary)	Conclusions (epi/causal inference)	Continued surveillance	Communication of findings		
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<p>Evidence Management</p>	<p>Evidence Management comprises activities designed to protect the integrity of evidence and provide for a documented chain of custody when there is a possibility (or it is already a known fact) that the incident is deliberately caused and therefore a legal and law enforcement issue as well as a health issue.</p>										
<p>Full-Scale Exercise</p>	<p>A Full-Scale Exercise is a scenario-based exercise that includes all or most of the functions and complex activities of the Emergency Operations Plan. It is typically conducted under high levels of stress and very real-time constraints of an actual incident and should include actual movement of people and resources to replicate real world response situations. Interaction across all functions by the players decreases the artificial (oral) injects by controllers, and make the overall scenario much more realistic. A Full-Scale Exercise is therefore a more comprehensive evaluation/validation of plans, policies, and procedures.</p>										

Functional Exercise	A Functional Exercise is a scenario-based execution of specific tasks and/or more complex activity within a functional area of the Emergency Operations Plan. Collaboration and cooperation and interactive decision-making are more focused within the exercised function and accomplished in real-time. Interaction with other functions and outside personnel are simulated, commonly through the play of exercise controllers.
Hazard Analysis	Hazard Analysis evaluates potential targets and hazards in a specific community. The analysis can be the basis both for identifying potential targets and for planning for their defense; as well as for the response capability necessary should an emergency arise.
Health Alert Network (HAN)	The Health Alert Network (HAN) is a national communications infrastructure that supports the dissemination of vital health information (such as emerging infectious and chronic diseases, environmental hazards, as well as bioterrorism related threats) at the State and local levels. The HAN Messaging System directly and indirectly transmits Health Alerts, Advisories, and Updates to over one million recipients. The current system is being phased into the overall PHIN (Public Health Information Network) messaging component. Many States also possess state-oriented extensions of the national system, also called HAN.
Incident Command System (ICS)	The Incident Command System (ICS) is a system designed to enable effective domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within an organized command structure.
Incident	An Incident is an unexpected occurrence that requires immediate response actions to protect life or property. Examples of Incidents include major disasters, emergencies, terrorist attacks, terrorist threats, woodland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, as well as other occurrences requiring an emergency response.
Incident Action Plan (IAP)	Part of the Incident Command System, an Incident Action Plan (IAP) is written at the outset of emergency response coordination and continually revised throughout the course of a response during operational periods. The IAP is usually prepared by the Planning Section Chief. This plan must be accurate, as well as transmit all information produced in the planning process.
Indicators	In the context of PPHR, Indicators are identifiable and measurable criteria by which a determination of readiness can be made.
Job Action Sheets	Part of the Incident Command System, Job Action Sheets (JAS) contain succinct descriptions of the duties

(JAS)	of each member of a unit, department or response team. Job Action Sheets should describe clearly the primary responsibilities of the position, the chain of command and reporting authority. These tools can be applicable in both emergency situations and daily job functions.
Joint Information Center (JIC)	Mandated by the National Incident Management System, a Joint Information Center (JIC) is a multi-agency location within a jurisdiction or other geographic region that coordinates the preparation and distribution of information to the public in an emergency to avoid conflicting or contradictory messaging.
Mass Patient Care Plan	A Mass Patient Care Plan guides the response of the medical and public health community to an event of public health significance that includes therapeutic interventions for various medical and health problems. The primary consideration needs to be for the rapid expansion of capacity.
Memorandum of Understanding (MOU)/Mutual Aid Agreement (MAA)	Both Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are written agreements established between agencies, organizations, and/or jurisdictions that they will assist one another upon request by furnishing personnel, equipment, and/or expertise in a specified manner, according to specified parameters.
National Incident Management System (NIMS)	The National Incident Management System (NIMS) is an incident management structure used by federal, state, local, and tribal responders to an emergency situation. NIMS uses best practices developed by responders and authorities throughout the country.
NIMS Assessment	A NIMS Assessment determines the compliance of an agency or jurisdiction with the directives of the National Incident Management System. The NIMS Compliance Assistance Support Tool, or NIMSCAST, is an example of a tool that can assist in such an assessment and is available online at www.fema.gov/nimscast/index.jsp .
Patient Tracking and Monitoring System	A Patient Tracking and Monitoring System maintains information on individuals who have either received or are receiving health care services. At a minimum, this system should maintain individual contact information and information on the services received. Services tracked by such a system include emergency sheltering, mass patient care, and pre- or post-exposure prophylaxis.
Public Health Surge Capacity	Public Health Surge Capacity is the ability of the public health system, including the local health department, clinics, hospitals, or public health laboratories, to respond to sharply increased demand for services during a public health emergency (i.e., capacity building).

Recognition	In the context of PPHR, Recognition denotes having successfully met the requirements within the process designed by Project Public Health Ready to assess the level of preparedness of an agency or a region. An agency's recognition status is valid for four years, after which the agency must participate in Re-Recognition to maintain recognition status.
Standard Operating Procedure	A Standard Operating Procedure (SOP) is the established (e.g., regular, daily, routine) manner in which a specified type of work will be done.
Strategic National Stockpile (SNS)	The Strategic National Stockpile (SNS) comprises a Federal cache of medicines and other medical supplies to be used in the event of a public health emergency. In an event, these supplies will be delivered to requesting or affected states within 12 hours. Each state has a plan to receive and distribute resources provided from the SNS.
Tabletop Exercise	A Tabletop Exercise is a scenario-based discussion that permits evaluation of an agency or jurisdiction's emergency plans, or elements thereof, through oral interaction and application of plan guidance. This is accomplished using minimal or no physical activity, with discussion often taking place around a table or tables. Individuals and teams describe their roles and responsibilities through a presented scenario, and to evaluate the performance of these roles in a relatively low stress environment. Through the use of simulation techniques, emphasis is placed on collaboration and cooperation, decision-making and team-building in the context of a specified scenario. This format allows a significant amount of comment and coaching from the facilitator(s).
Training Needs Assessment	A Training Needs Assessment identifies what educational courses or activities should be provided to employees to address gaps in knowledge and improve work productivity.
Vulnerable Populations	Vulnerable Populations comprise a range of residents who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. They may include people with sensory impairments (blind, deaf, hard-of-hearing); cognitive disorders; mobility limitations; or limited English comprehension or non-English speaking. Other groups may include, but are not limited to, the elderly; people who are geographically or culturally isolated; medically or chemically dependent; or homeless. These populations may require specific planning to address their specific situations.