



**2006 PPHR DOCUMENTATION CHECKLIST FOR REGIONAL SITES
GOAL I—PREPAREDNESS PLANNING: MEASURES 1–2**

Before you use this checklist, please review the PPHR Application Instructions. Follow the steps in the Instructions. If you need help, please make use of the support described in Step 3 on page two of the Instructions. **Reminder:** You must address *all* criteria items.

Follow these guidelines:

1. If an item is missing, include a one-page description that explains why you have not addressed the item and your plan to address the item. Include a timeline and the steps you will take to address the item.
2. When a brief explanation of a missing item will suffice, use the “Explanation for Item(s) Not Addressed” column in the checklist.
3. Each item of documentation that you reference and include in the application must have a page number. Handwritten page numbers are acceptable. Insert the page number for each item in the column in this checklist. If documentation appears in several locations, include all of the page numbers.

PPHR MEASURE #1: Written All-Hazards Response Plan

The regional site demonstrates how it will respond to biological incidents. To do so, the site submits a written copy of its regional All-Hazards public health emergency response plan. **OR**, the site submits the public health annex to a regional response plan. Both documents must include the following information:

- A clear description of the responsibilities of the region and constituent LHDs
- How the site’s efforts fit within the larger jurisdictional (e.g, county, city) regional response
- The specific actions the site will take, when the site will take these actions, and how the site will maintain and end these actions

PLAN COMPONENTS: SECTIONS A–B	Page Number(s)	Explanation for Item(s) Not Addressed
A. Table of Contents		
a1. Sets forth sections and subsections with an appropriate pagination scheme that is consistent with the Local/State Civil Defense or Emergency Management Agency’s Response Plan.		
a2. All pages are numbered and consistent with the pages listed in the TOC.		
B. Purpose/Introductory Material		
b1. Sets forth the purpose of the plan and provides an overview of/introduction to the plan.		
b2. Description of how overall regional preparedness is organized in your region (e.g., coordination, standardization, centralization, or other typology. Refer to the NACCHO Regional Preparedness paper for examples.).		

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<p>b3. Using a table format, identify all neighboring jurisdictions and, if applicable, tribal and/or international borders and/or military installations within the locality.</p>		
<p>PLAN COMPONENTS: SECTIONS C–D</p>	<p>Page Number(s)</p>	<p>Explanation for Item(s) Not Addressed</p>
<p>C. Plan Update Cycle</p>		
<p>c1. The plan is dated as reviewed/revised within one year of submission (since September 2005).</p>		
<p>c2. The procedure to update and revise the regional plan on a regular basis (e.g., as part of exercise results, as new guidelines are posted, on an annual basis).</p>		
<p>c3. The plan is revised and updated to incorporate National Incident Management System (NIMS) components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.</p>		
<p>D. Authority, Signatures, and Acknowledgment</p>		
<p>d1. Describe the legal and administrative authority under which the region would respond to an emergency requiring a public health response. Include citations of applicable statutes or administrative rules governing the plan’s creation and use (this item is dependent upon local and state legal practice).</p>		
<p>d2. Provide evidence of joint participation in disaster planning meetings (e.g., city-state-tribal collaboration, city-county collaboration). Evidence includes at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Invitation: Recent (since 9/05) invitation from the region to military installations or neighboring jurisdictions to participate in a planning process. <input type="checkbox"/> ii. Notes/Minutes: Recent (since 9/05) meeting notes or minutes. <input type="checkbox"/> iii. 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. 		
<p>d3. Statement signed by affected jurisdictional authorities acknowledging adoption or support of the plan and including citations of applicable statutes or administrative rules governing the plan’s creation and use (this item is dependent upon local and state legal practice). Evidence includes at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Cover Sheet: Minimum requirement cover sheet that states that the regional response plan is adopted, supported, or acknowledged by the planning committee and is signed by LHDs participating in the planning process; OR <input type="checkbox"/> ii. Notes: Meeting notes that include a motion to accept the plan and approval of the motion by the participating agencies. 		

PPHR MEASURE #1: Written All-Hazards Response Plan		
PLAN COMPONENTS: SECTION E	Page Number(s)	Explanation for Item(s) Not Addressed
E. Situations, Assumptions, Surge Capacity, and Mutual Aid		
<p>e1. Situations and Assumptions: Description of situations (e.g., floods, hurricanes) likely to affect regional emergency response—unique vulnerabilities and distinguishing characteristics that may affect the circumstances of an emergency event and how the region is preparing for these vulnerabilities (e.g., hazard analysis results).</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Special Populations: Identify special populations (total numbers, categories, who in different situations) in the region and constituent LHDs jurisdictions that need to be considered in the agency’s response. 		
<p>e2. Surge Capacity: Expected capability/capacity of local, state, federal, and private resources to respond to an emergency.</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Define the limits of present capabilities and internal agency surge capacity. <input type="checkbox"/> ii. Specify how you will determine when to ask for higher order support based on models or past experience. <input type="checkbox"/> iii. Specify how far your region or partner can manage with present human and physical resources before asking for outside assistance. <input type="checkbox"/> iv. Provide a description of the availability and surge capacity of personnel, treatment facilities, laboratories, redundant communications, pharmacologic supplies and security, etc. in relation to scope and duration for anticipated events. <input type="checkbox"/> v. Specify current available resources, when and how the various resources would be requested, and how long they can be maintained (e.g., number of hospital beds, available shelters, volunteers, etc.). <input type="checkbox"/> vi. Describe the process for volunteer credentialing. 		
<p>e3. Mutual Aid: Evidence of participation in and promotion of intrastate and interagency mutual aid agreements, to include agreements with the private sector and non-governmental organizations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Description: A description of the process by which the region is working to develop mutual aid agreements with neighboring jurisdictions, international borders, and military installations; OR <input type="checkbox"/> ii. Status: Status of mutual aid agreements; OR <input type="checkbox"/> iii. Agreement: If available, copy of mutual aid agreement(s). <input type="checkbox"/> iv. Reference State Health Department Agreements: If your state health department is responsible for all mutual aid agreements, submit appropriate reference to these agreements. 		

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PLAN COMPONENTS: SECTION F–H (NOTE: All documentation for Sections F–H must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.)	Page Number(s)	Explanation for Item(s) Not Addressed
F. Activation Circumstances and Event Sequence Following Activation		
<p>f1. Activation: Standard Operating Procedures (SOPs), decision matrix, flow chart, decision tree, or other format describing the following elements (an example of a decision matrix is included in BtPREP, Template H-1).</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. Preliminary Circumstance: Flow diagram or narrative description that indicates when “to consider deploying specific response activities and procedures” (an example is provided in BtPREP, Template F-1) to detail outbreak investigations. <input type="checkbox"/> ii. Indicators: Identification of indicators that suggest a possible bioterrorist event has occurred. 		
G. Role(s) and Responsibility of the Regional Partners		
<p>g1. Partner Agencies: Bulleted list, table, or matrix indicating the primary and secondary support roles for local, regional, state, and federal asset acquisition. If regional response is achieved through a centralized regional entity (e.g., centralization), each function must be addressed in the regional plan. If regional response is achieved through coordination or standardization of constituent LHD functions, the regional plan should summarize, in a table format or narrative format, how Emergency Service Functions (ESF)-8: Health and Medical Services roles are carried out by participating LHDs and describe how coordination or standardization of priority functions will be achieved. Where regional response is achieved differently, please describe using a combination of both methodologies.</p>		
<p>H. Concept of Operations (items I–V)</p> <p>The Concept of Operations section is complex. It must include a narrative description of the responsibilities of the local emergency response agency or team(s) that will respond to a public health emergency. This includes staff roles, responsibilities, and concept of operations for Emergency Services Functions (ESF) 8: Health and Medical Services. It also includes the response actions that will happen, when the actions will happen, and under whose authority the actions will happen.</p> <p>Items I–V below are all part of the Concept of Operations section. We have described these items separately to make it easier for you to use this checklist. Taken together, your narrative description of items I–V will provide reviewers with insight into key aspects of your emergency response plan.</p>		

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PLAN COMPONENTS: SECTION I–L (<i>NOTE: All documentation for Sections I–L must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.</i>)	Page Number(s)	Explanation for Item(s) Not Addressed
I. National Incident Management System (NIMS) Compliance		
i1. Evidence of Compliance with the National Incident Management System (NIMS) <ul style="list-style-type: none"> <input type="checkbox"/> i. Adoption of NIMS: Evidence that the region has adopted NIMS through executive order, proclamation, resolution, or legislation as the region’s all-hazards, incident response system. <input type="checkbox"/> ii. NIMS Assessment: Baseline assessment of NIMS implementation requirements that the region meets—the results of the NIMS Capability Assessment Support Tool (www.fema.gov/nimcast/index.jsp). <input type="checkbox"/> iii. NIMS Strategy: Description of the region’s strategy for full NIMS implementation and maintenance. 		
J. Organizational Structure		
j1. Organizational Structure: Description of the organizational structure to be used for coordination and support of emergency incidents and event management (typically Incident or Unified Command System). <ul style="list-style-type: none"> <input type="checkbox"/> i. ICS Adoption: Includes evidence that the region and constituent LHDs have adopted Incident Command System (ICS) concepts, principles, and structure to manage all emergency incidents and preplanned events. 		
K. Functional Staff Roles		
k1. Functional Staff Roles: Functional role assignments for the staff and volunteers to be called upon in an emergency response. <ul style="list-style-type: none"> <input type="checkbox"/> i. Regional Functional Roles: Identification of how regional functional roles have been or will be assigned (e.g., the regional planning committee identified specific functions necessary at the regional level, individuals in X, Y, Z job categories locally will be trained to fulfill particular roles, etc.). <input type="checkbox"/> ii. Necessary Roles Document: List, table, or other format indicating the necessary roles to be filled during response operations. <input type="checkbox"/> iii. Job Aids/Action Sheets: Copies of Job Aids/Action Sheets for staff and volunteers detailing functions of roles indicated in the Necessary Roles document. 		
L. Command and Control		
l1. Structure: Description, table, or diagram that illustrates the region’s command and control structure for emergency incidents and event management.		

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PLAN COMPONENTS: SECTION M–N (NOTE: All documentation for Sections M–N must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.)	Page Number(s)	Explanation for Item(s) Not Addressed
M. Communication Plan		
m1. Interagency Communication Plan <ul style="list-style-type: none"> <input type="checkbox"/> i. Response actions to be taken, by whom, and how they will be documented (resources include Template G-1 and Template I-1, as well as Table 16 in BtPREP). <input type="checkbox"/> ii. How are regional messages decided. <input type="checkbox"/> iii. Whom to notify and at what level (e.g., alert, standby, report). <input type="checkbox"/> iv. Responsible party(ies) for notification, alerts, and mobilization. <input type="checkbox"/> v. Pertinent contact information (e.g., EOC, phone, cell, fax). <input type="checkbox"/> vi. Method of notification. <input type="checkbox"/> vii. Where to report and location of activity(ies). <input type="checkbox"/> viii. When/timing of the activity(ies). 		
m2. Public Information System <ul style="list-style-type: none"> <input type="checkbox"/> i. Processes, procedures, and/or plans to communicate timely, accurate information to the public during an incident through the joint information system. <input type="checkbox"/> ii. Media relations. <input type="checkbox"/> iii. Joint Information Center. 		
m3. Partner Notification Process		
m4. Health Alert Network (HAN) <ul style="list-style-type: none"> <input type="checkbox"/> i. HAN Communications: How the region is sending, receiving, and interacting with HAN. <input type="checkbox"/> ii. Sample Messages: Evidence includes sample health alert messages that have been or may be shared by the region or constituent LHDs with the tribal, international, neighboring jurisdictions, or military installations. 		
m5. Evidence that the region has achieved Essential Service Designation.		
N. Epidemiology		
n1. Epidemiology/Outbreak Investigation Functional Role: Assignments focusing on epidemiological/outbreak investigation tasks for staff and/or volunteers that would be called upon in a regional emergency response.		

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PLAN COMPONENTS: SECTION N (NOTE: All documentation for Section N must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.)	Page Number(s)	Explanation for Item(s) Not Addressed
N. Epidemiology, <i>continued</i>		
n2. Assimilation of Staff/Volunteers: Plan for how the region will assimilate staff and/or volunteers into preparedness operations.		
n3. Resources: Copies of job action sheets/job aids for staff/volunteers.		
n4. Rapid Training Curriculum: Rapid training curriculum for staff and/or volunteers for Epidemiological Investigation Tasks.		
n5. Early Recognition and Surveillance: Ongoing/event-specific collection of health data.		
n6. Epidemiological Investigation Tasks <ul style="list-style-type: none"> i. Compare cases to the baseline and confirm diagnosis. ii. Case finding—actively search for cases. iii. Conduct contact tracing. iv. Develop description of cases through interviews, medical record review, and other mechanisms (person, place, and time). v. Generate possible associations of transmission, exposure, and source. vi. Identify population at risk. vii. Evaluate therapeutic outcome. 		
n7. Epidemiological data shared by the constituent LHDs with partners, installations, or neighboring jurisdictions, including what data is shared and how it is shared. <ul style="list-style-type: none"> i. Data Example: Include at least one example of data that has been shared or that might be shared if this has not happened yet. 		
n8. Reports of Notifiable Conditions: An on-call system, policies, and procedures to take reports of notifiable conditions 24/7.		
n9. Data Management: Develop database and protocol for management/flow of data concerning epidemiology.		
n10. Coordination with Environmental Investigation		
n11. Perform and Analyze Definitive Studies		
n12. Monitor Adverse Reactions of Public Health Interventions		

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PLAN COMPONENTS: SECTION O–Q (NOTE: All documentation for Sections O–Q must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.)	Page Number(s)	Explanation for Item(s) Not Addressed
O. Laboratory Data and Sample Testing		
<p>o1. Testing and Sharing: Description of how lab samples would be tested and how results would be shared with military installations or neighboring jurisdictions. Description includes what data would be shared and how it would be shared.</p> <p><input type="checkbox"/> i. Data Example: Include at least one example of data that has been shared or that might be shared if this has not happened yet.</p>		
<p>o2. Packaging and Shipping: Evidence of 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.</p>		
<p>o3. Transportation: Capability to transport specimens/samples to a confirmatory reference lab on nights, weekends, and holidays.</p>		
<p>o4. Access to Reference Labs: An on-call system, policies, and procedures to assure reference labs are available 24/7.</p>		
<p>o5. Data Management/Flow: Develop a database and a protocol for management/flow of laboratory data and sample testing information.</p>		
<p>o6. Evidence Management</p>		
P. Mass Prophylaxis and Immunization		
<p>p1. Plan for implementing mass prophylaxis and immunization that includes:</p> <p><input type="checkbox"/> i. The number of volunteers necessary to support mass prophylaxis.</p> <p><input type="checkbox"/> ii. The number of volunteers recruited to support mass prophylaxis.</p>		
Q. Mass Patient Care System		
<p>q1. Mass Patient Care System: Description of the mass patient care system—including how established, location, who will have access, and how it is maintained.</p>		
<p>q2. Patient Tracking System: System of tracking known cases/exposed persons through disposition to enable short- and long-term follow-up.</p>		

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PLAN COMPONENTS: SECTION Q–W (NOTE: All documentation for Sections Q–W must take into account the region and constituent LHDs, neighboring jurisdictions, and if applicable, tribal and/or international borders and/or military installations.)	Page Number(s)	Explanation for Item(s) Not Addressed
Q. Mass Patient Care System, <i>continued</i>		
q3. Isolation/Quarantine Patient Tracking System: System of tracking patients under isolation, quarantine, or treatment order whose health status and/or treatment compliance is monitored at a frequency consistent with agency policy.		
q4. Regional Policy for Patient Monitoring		
R. Mass Fatality Management Plan		
S. Environmental Surety Plan		
T. Mental Health of Public Health Emergency Response Personnel Plan		
U. Mental Health: Population-Wide Plan		
u1. Response Capacity: Description of the response capacity of the region towards population-wide mental health.		
u2. Partnerships: Description of what, if any, plans the region has to partner with sister agency(ies) to deal with population-wide mental health.		
V. Other		
v1. Other Responsibilities: Identify and describe responsibilities of the constituent LHDs that fall outside of ESF-8.		
W. Quarantine & Isolation (NOTE: If a regional policy has not been developed, copies of constituent LHD procedures are acceptable.)		
w1. Individual Quarantine/Isolation Process: The statutory or regulatory process of the constituent jurisdictions in the region to order individual quarantine and isolation.		
w2. Mass Quarantine/Isolation Process: The statutory or regulatory process of the constituent jurisdictions in the region to order mass quarantine and isolation.		
w3. Regional Quarantine Process: The statutory or regulatory process in the region to order mass quarantine and isolation.		

PPHR MEASURE #1: Written All-Hazards Response Plan		
PLAN COMPONENTS: SECTION X	Page Number(s)	Explanation for Item(s) Not Addressed
X. Supporting and/or Reference Documents, as needed		
PPHR MEASURE #2: Plan Accessibility Plan and job action sheets easily accessible to all regional and constituent LHD staff.		
REQUIRED EVIDENCE	Page Number(s)	Explanation for Item(s) Not Addressed
A. Assurance of Accessibility		
<p>a1. Plan and Job Action Sheets: Plan and job action sheets are easily accessible to all regional and constituent LHD staff. Evidence includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i. List: List of locations of plan copies in region and constituent LHDs. <input type="checkbox"/> ii. Agenda: New employee orientation agenda, including emergency role for regional entity and summary table for constituent LHDs. 		