PPHR Pre-application Checklist

This document is a decision support tool to assist NACCHO and potential PPHR applicants determine what version of the PPHR criteria will best assess their agency's function and role in public health emergency response and recovery. This checklist must be submitted to NACCHO (email to pphr@naccho.org) by September 1st in the year prior to application deadline. The applicant will then participate in a brief conference call with NACCHO staff to discuss the checklist and determine whether they will use the standard PPHR criteria or the support response criteria.

Primary Response Agency: For the purposes of PPHR a primary response agency (PRA) is the entity which serves as a boots on the ground first response in a public health emergency event. This agency would be the first to activate and execute the task or planning element described. Example: A measles case is identified in your jurisdiction—a primary response agency would likely be the lead agency in charge of the following: epidemiological investigation, contract tracing and follow-up, public notification (if needed), initiating social distancing, and isolation and quarantine processes (if necessary).

Support Response Agency: For the purposes of PPHR a support response agency (SRA) is any entity which provides logistical, material, or operational support to a PRA. The SRA may have some lead response obligations but for the element or task described the agency's lead role is to be activated when the PRA has exhausted it's resources and requires additional support. Example: A measles case is identified in your jurisdiction—a support response agency might provide the following to the primary response agency: additional staff or volunteers to support epidemiological investigation and or prophylaxis campaign (if requested), communications support via sharing situation reports with other response partners (state agencies)

Elements and Activities	Please indicated if your agency has lead responsibility for each activity described below.	Additional Information
Operational Authority	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have explicit authority (or lead responsibility) for responding to public health emergencies in your community?	☐ **Yes**—In the box to the right please list and describe the operational authority under which your agency responds to public health emergencies in your community.	
	☐ **No**—In the box to the right please describe the roles and responsibilities of your organization during a public health emergency.	
Does your agency have authority to activate public health response operations with partners in your community?	☐ **Yes**—In the box to the right please list and describe the operational authority under which your agency carries out these activities, including the process for partner notification.	
	☐ **No**—In the box to the right please list the organization that has the primary authority and describe the support functions your agency provides.	
Emergency Public Information and Warning	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have the authority to issue emergency information, alerts, warnings and notifications to the public?	☐ **Yes**—In the box to the right please list and describe the operational authority under which your agency carries out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority and describe the support functions your agency provides.	

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Does your agency have the authority to issue emergency information, alerts, warnings and notifications to incident management responders and or partner agencies?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have primary responsibility for **developing** accurate and timely messages to communicate necessary information to the public, including vulnerable populations, during an emergency?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have primary responsibility for **communicating** messages to the public during an emergency?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have primary responsibility for monitoring, managing, and responding to inquiries from the public during a public health emergency?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Information Sharing	**Please indicated if your agency has lead responsibility for each activity described below.**	

During public health response operations does your agency have lead responsibility for generating situational awareness reports?	☐ **Yes**—In the box to the right please list and describe the operational authority under which your agency carries out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority and describe the support functions your agency provides.	
During public health response operations does your agency have lead responsibility for sharing situational awareness reports with response partners?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities including a description of the partners you typically share information with.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Epidemiology	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency conduct surveillance (or manage an early incident detection system) for communicable diseases and incidents involving chemical or radiological hazards in the community?	☐ **Yes**—In the box to the right please list and describe the operational authority under which your agency carries out these activities, including the types of threats (e.g., influenza, foodborne illness, chemical or radiological incidents) your agency conducts active and passive surveillance to detect.	
	☐ **No**—In the box to the right please list the organization that has the primary authority and describe the support functions your agency provides.	

Does your agency have lead responsibility for conducting epidemiological investigations?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for reporting notifiable conditions and situations?	☐ **Yes**—In the box to the right please describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Laboratory Data and Sample Testing	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have lead responsibility for coordinating with laboratory partners to develop and implement the process for transporting specimens/samples to the applicable laboratory?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities, including how you coordinate with laboratory partners.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for managing the flow and maintaining accountability of laboratory data and sample testing information?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or	

	responsibility and describe the support functions your agency provides.	
Medical Countermeasure Dispensing	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have lead responsibility for requesting, receiving and distributing SNS assets within the jurisdiction?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for implementing medical countermeasures dispensing (open or closed PODs, or other alternate dispensing modalities) in the jurisdiction?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for managing and tracking personnel and material resources related to medical countermeasures during a public health emergency?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for implementing and/or	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	

tracking vaccination or prophylaxis status of essential personnel and the general population, to include post event tracking to monitor for adverse reactions?	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for defining and prioritizing "essential personnel" and to provide prophylaxis to those populations during an incident?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for procuring and managing local inventories of medical countermeasures?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Mass Care	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have lead responsibility for identifying, establishing and/or operating mass care facilities?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibilities for ensuring appropriate	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	

accommodations for sheltering vulnerable and at-risk populations based on their access and functional needs?	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for conducting environmental health and safety evaluations (including surveillance) of sheltering and mass care locations?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Mass Fatality Management	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have primary responsibility for coordinating the management of mass fatality operations in the local jurisdiction during an emergency?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have responsibility for coordinating with local and/or state authorities to develop and implement processes for issuing death certificates and how other vital records will be handled during emergencies that involve mass fatalities?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
R. Environmental Health Response	**Please indicated if your agency has lead responsibility for each activity described below.**	

Does your agency have a lead role in the protection of the public from environmental hazards?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities and for which specifc threats (e.g. vector borne disease, food safety, sanitation, drinking water, solid waste management, waste water, hazardous waste management, air quality, radiation exposure etc.) your agency is the lead.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have a lead role in the management (e.g., surveillance, determining or implementing corrective actions, reporting findings) of the public health impacts of an environmental health emergency?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities and for which specifc threats (e.g. vector borne disease, food safety, sanitation, drinking water, solid waste management, waste water, hazardous waste management, air quality, radiation exposure etc.) your agency is the lead.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
S. Disaster Behavioral Health	**Please indicated if your agency has lead responsibility for each activity described below.**	**Comments**
Does your agency have lead responsibility for planning and coordinating with applicable partners for the the provision of mental and behavioral health services to the general population?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	

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Does your agency have lead responsibility for assuring the provision of mental and behavioral health services to response personnel, including agency personnel?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities for response personnel within and external to your agency.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Non-Pharmaceutical Interventions	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have lead responsibility for implementing *quarantine, isolation, and social distancing* measures?	☐ **Yes**—In the box to the right describe the operational authority under which your agency carries out these activities and the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Surge Capacity	**Please indicated if your agency has lead responsibility for each activity described below.**	**Comments**
Does your agency have lead responsibility for conducting surge capacity planning (or developing a surge plan)?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	If yes, describe the authority and/or role of your agency in carrying out these activities. Or If yes, please describe your role in surge planning?
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	If no, please list the organization that has the primary authority and describe the support functions your agency provides.

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Does your agency have lead responsibility for acquiring additional resources (e.g., personnel, facilities, supplies) to meet surge demands during or immediately following a public health emergency?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Volunteer Management	**Please indicated if your agency has lead responsibility for each activity described below.**	
Does your agency have lead responsibility for for volunteer recruitment, engagement, and retention?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for credentialing volunteers in advance of a public health emergency response?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for managing/tracking volunteers during a public health emergency response?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	

Mutual Aid and External Resources	Please indicated if your agency has lead responsibility for each activity described below.	
Does your agency have the authority to enter into intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector, and non-governmental organizations?	☐ **Yes**—In the box to the right describe the operational authority under which your agency carries out these activities and the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	
Does your agency have lead responsibility for requesting additional resources as needed during a public health emergency?	☐ **Yes**—In the box to the right describe the role of your agency in carrying out these activities.	
	☐ **No**—In the box to the right please list the organization that has the primary authority or responsibility and describe the support functions your agency provides.	