



Project Public Health Ready & Public Health Accreditation Crosswalk

Over the past 10 years, over 500 local health departments (LHDs) have been recognized for their achievements in preparedness planning through Project Public Health Ready (PPHR). The National Association of County and City Health Officials (NACCHO) established this program in collaboration with CDC to assess LHD capability and capacity in public health preparedness using a set of standard criteria.

The Public Health Accreditation Board (PHAB) implements and oversees the national accreditation process for state, local, tribal and territorial health departments. The PHAB Standards and Measures are a standard set of criteria used to assess public health capability at the state and local level. One hundred eighty-eight health departments across 38 states achieved accreditation since the program's launch in 2011.¹

The purpose of this document is to demonstrate the connections between PHAB standards and measures and PPHR criteria. This document is intended as a tool for LHDs who completed a PPHR application and are considering or have already begun applying for national accreditation. This tool was created by NACCHO staff as a resource and is not intended to be used as a statement of official policy or endorsement. Use of this tool does not guarantee PHAB accreditation or any scores related to PHAB. Any LHD applying for national accreditation should pay careful attention to all guidance, recommendations, and required documentation notations issued by PHAB.

In the crosswalk below, PHAB measures and required documentation can be found on the left. Corresponding PPHR sub-measures and criteria elements can be found on the right. The crosswalk only shows those areas of alignment, all other PHAB measures and PPHR sub-measures were omitted. There may be areas of alignment that were omitted for other reasons. For example, PHAB Domain 9 focuses on quality improvement processes and PPHR does not have a specific criteria element for quality improvement but the program is based on a continuous quality improvement model where LHDs plan, test and then revise and improve plans based on lessons learned. Criteria elements highlighted green demonstrate strong alignment with the corresponding measure and required documentation. To see a copy of the full PPHR criteria please visit, naccho.org/pphr. To see a copy of the full PHAB Standards and Measures please visit <http://www.phaboard.org/>.

¹ <http://www.phaboard.org/news-room/accredited-health-departments/>

*****Please note that NACCHO has no bearing on decisions made by PHAB and that use of this tool does not mean that a health department will meet PHAB guidance or requirements. Meeting PHAB guidance or requirements also does not mean that a health department has met the PPHR criteria. This tool is simply meant to show alignment and overlap between these national standards.*****

PHAB Standard, Measure, Required Documentation		PPHR sub measure and criteria element	
Measure	Required Documentation	Sub-Measure	Criteria Element
Measure 1.2.1 A 24/7 surveillance system or set of program surveillance systems	RD 1. Process(es) and/ or protocol(s) for the collection, review, and analysis of comprehensive surveillance data on multiple health conditions from multiple sources	M. Epidemiology	m2i. The plan describes the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of the following: <ul style="list-style-type: none"> • Communicable disease (for example, influenza and foodborne illness). • Incidents involving chemical or radiological hazards.
	RD 3. 24/7 contact capacity		m2ii. The plan describes the early incident detection system in place (e.g., the use and monitoring of regular surveillance data) for the following: <ul style="list-style-type: none"> • Communicable diseases. • Chemical or radiological agents.
Measure 1.2.2 A Communication with surveillance sites.	RD 1. The identification of providers and public health system partners who are surveillance sites reporting to the surveillance system	M. Epidemiology	m2iii. The application contains a list of providers and public health system partners that are surveillance sites reporting to the surveillance system.
	RD 4. The distribution of surveillance data	L. Information Sharing	16. The plan describes how epidemiological data are shared. 17. The plan describes the system in place for sharing laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of an appropriate response (e.g., electronic system).

<p>Measure 1.3.1 A Data analyzed and public health conclusions drawn</p>	<p>RD 1. Analysis of data and conclusions drawn with the following characteristics:</p> <ul style="list-style-type: none"> a. The inclusion of defined timelines b. A description of the analytic process used to analyze the data or a citation of another’s analysis c. The inclusion of the comparison of data to other agencies and/ or the state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis 	<p>E. Situations and Assumptions</p>	<p>e1. The application includes a hazard analysis of threats (e.g., chemical/nuclear facilities, floods, extreme weather events) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.</p> <p>e2. The plan includes conclusions drawn from the hazard analysis regarding threats faced by the jurisdiction and unique jurisdictional characteristics/vulnerabilities that may affect a public health response.</p>
<p>Measure 2.1.1 A Protocols for investigation process</p>	<p>RD 1. Protocols that include:</p> <ul style="list-style-type: none"> a. Assignment of responsibilities for investigations of health problems, environmental, and/ or occupational public health hazards b. Health problem or hazard specific protocol steps including case investigation steps and timelines, and reporting requirements 	<p>M. Epidemiology</p>	<p>m4i. The plan calls for the comparison of cases to the baseline.</p> <p>m4ii. The plan calls for confirmation of diagnosis.</p> <p>m4iii. The plan describes how the agency conducts contact tracing, including when it exceeds normal agency capacity.</p> <p>m4iv. The plan calls for the development of a description of cases through interviews, medical record review, and other mechanisms (person, place, and time) and the assignment of a case definition.</p> <p>m4v. The plan calls for the generation of possible associations of transmission, exposure, and source.</p> <p>m4vi. The plan calls for identifying the population at risk and recommending control measures.</p> <p>m4vii. The plan describes the process of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up, including any electronic systems used.</p> <p>m4viii. The plan describes the methods that would be used to evaluate therapeutic outcome(s).</p> <p>m4ix. The plan describes the process for reporting notifiable conditions and situations, including on-call system(s), policies, and procedures to take reports of notifiable conditions and situations 24/7/365.</p> <p>m4x. The plan describes outbreak and exposure investigation tasks for staff and any volunteers who would be called upon in an agency emergency response.</p>
<p>Measure 2.1.4 A Collaborative work through established governmental</p>	<p>RD 3. Laboratory testing for notifiable/reportable diseases.</p>	<p>N. Laboratory Data and Sample Testing</p>	<p>n2iv. The plan contains a table of local and state laboratories, including a description of laboratory</p>

and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues			capacity, list of pathogens that can be identified at each level, and contact information for each laboratory.
Measure 2.2.1 A Protocols for containment/mitigation of public health problems and environmental public health hazards	RD 1. Protocol(s) that address containment/mitigation of public health problems and environmental public health hazards	D. Legal and Administrative Preparedness	d2. The plan describes the process for coordinating and communicating with legal counsel, particularly regarding enforcement.
		F. Activation Circumstances and Event Sequence Following Activation	f1. The plan contains a diagram (i.e. flow chart, decision tree, matrix) and a narrative that describes triggers for activation of the all-hazards EOP. f2. The plan contains standard operating procedures that describe an all-hazards response.
		L. Information Sharing	I2. The plan describes the process and procedures necessary to coordinate the communication process among partners during an emergency.
			I3. The plan describes the process for partner notification, including at a minimum the following: <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)?
			I4. The plan describes the process of sending, receiving, and confirming receipt/ acknowledging health alert messages to/from multiple users.
			I5. The plan contains a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.
I6. The plan describes how epidemiological data are shared.			
I7. The plan describes the system in place for sharing laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of an appropriate response (e.g., electronic system).			
M. Epidemiology	m4iii. The plan describes how the agency conducts contact tracing, including when it exceeds normal agency capacity.		

		<p>m4iv. The plan calls for the development of a description of cases through interviews, medical record review, and other mechanisms (person, place, and time) and the assignment of a case definition.</p>
		<p>m4v. The plan calls for the generation of possible associations of transmission, exposure, and source.</p>
		<p>m4vi. The plan calls for identifying the population at risk and recommending control measures.</p>
		<p>m4vii. The plan describes the process of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up, including any electronic systems used.</p>
	O. Medical Countermeasure Dispensing	<p>o13. The plan addresses the provision of prophylaxis to essential personnel, including the following information:</p> <ul style="list-style-type: none"> ▪ A functional definition of essential personnel who, if indicated by the incident, will receive prophylaxis prior to the general population (e.g., emergency responders, personnel necessary for receiving, distributing, and dispensing medical countermeasures, medical and public health personnel who will treat the sick); ▪ A process for prioritizing the essential personnel; and ▪ A description of when and how prophylaxis will be provided to essential personnel prior to the general population, if indicated by the incident.
	R. Environmental Health Response	<p>r2. The plan describes the agency's lead and support roles in the protection of the public from environmental hazards and the management of public health effects of an environmental health emergency.</p>
		<p>r3. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:</p>
		<p>r3i. Foodborne and waterborne outbreak surveillance, investigation, and control.</p>
		<p>r3ii. Vector surveillance for vector-borne disease control.</p>
		<p>r3iii. Food safety.</p>

			r3iv. Drinking water supply and safety.
			r3v. Sanitation.
			r3vi. Waste water.
			r3vii. Solid waste management.
			r3viii. Hazardous waste management.
			r3ix. Air quality.
			r3x. Radiation exposure response, including population monitoring.
			r3xi. Chemical or toxic release control and clean-up.
	T. Non-pharmaceutical Interventions	t7. The plan identifies the legal authority to isolate, quarantine, and, as appropriate, institute social distancing for the following:	
		t7i. Individuals	
		t7ii. Groups	
		t7iii. Facilities	
		t7iv. Animals	
		t8. The plan describes the legal process for implementing involuntary quarantine and isolation for an individual.	
t9. The plan describes the legal process for implementing involuntary quarantine and isolation for a group.			
Measure 2.2.2 A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	RD 1. Protocols that address infectious disease outbreaks describing processes for the review of specific situations and for determining the activation of the All Hazards Emergency Operations Plan	F. Activation Circumstances and Event Sequence Following Activation	f1. The plan contains a diagram (i.e. flow chart, decision tree, matrix) and a narrative that describes triggers for activation of the all-hazards EOP.
		M. Epidemiology	m3. The plan contains a flow diagram or narrative that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.
	RD 2. Protocols that address environmental public health issues describing processes for the review of specific situations and for determining the initiation of the All Hazards Emergency Operations Plan	R. Environmental Health Response	r2. The plan describes the agency's lead and support roles in the protection of the public from environmental hazards and the management of public health effects of an environmental health emergency.
			r3. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas: r3i. Foodborne and waterborne outbreak surveillance, investigation, and control.

			<p>r3ii. Vector surveillance for vector-borne disease control.</p> <p>r3iii. Food safety.</p> <p>r3iv. Drinking water supply and safety.</p> <p>r3v. Sanitation.</p> <p>r3vi. Waste water.</p> <p>r3vii. Solid waste management.</p> <p>r3viii. Hazardous waste management.</p> <p>r3ix. Air quality.</p> <p>r3x. Radiation exposure response, including population monitoring.</p> <p>r3xi. Chemical or toxic release control and clean-up.</p>	
	<p>RD 3. Cluster evaluation protocols that describe the processes for the review of specific situations that involve a closely grouped series of events or cases of disease or other health-related phenomenon with well-defined distribution patterns in relation to time or place or both, and for determining initiation of the All Hazards Emergency Operations Plan</p>	<p>M. Epidemiology</p>	<p>m2ii. The plan describes the early incident detection system in place (e.g., the use and monitoring of regular surveillance data) for the following:</p> <ul style="list-style-type: none"> • communicable diseases. • chemical or radiological agents. 	
	<p>2.2.3 A Complete After Action Reports</p>	<p>RD 3. Completed AAR for two events.</p>	<p>Goal III Measure 4. Learning and Improving through Exercises or Responses</p>	<p>B2. AAR*</p> <p>*If your jurisdiction submitted an AAR for a real event to meet the requirements of Measure 4 this could apply to PHAB documentation—be sure to read PHAB required documentation and guidance carefully</p>
	<p>2.3.1 A Provisions for the health department’s 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards</p>	<p>RD 1. Policies and procedures ensuring 24/7 coverage.</p>	<p>M. Epidemiology</p>	<p>m4ix. The plan describes the process for reporting notifiable conditions and situations, including on-call system(s), policies, and procedures to take reports of notifiable conditions and situations 24/7/365.</p>
		<p>RD 2. Process to contact epidemiological and environmental public health resources</p>	<p>M. Epidemiology</p>	<p>m5. The application contains evidence of a system and protocol for managing epidemiological investigation data.</p> <p>m6. The plan calls for coordination with environmental investigation as required.</p>
	<p>2.3.2 A 24/7 access to laboratory resources capable of providing rapid detection, investigation and</p>	<p>RD 2. Policies and procedures ensuring 24/7 coverage</p>	<p>N. Laboratory Data and Sample Testing</p>	<p>n2i. The plan describes current packaging and shipping regulations on transporting infectious and potentially hazardous substances to labs that can test for biological/chemical/radiological agents.</p>

containment of health problems and environmental public health hazards			<p>n2ii. The plan describes the process(es) for transporting specimens/samples to a confirmatory reference lab at any time.</p> <p>n2iii. The plan describes the process of contacting the proper lab to notify them of what specimens to expect and, if applicable, special directions.</p> <p>n2iv. The plan contains a table of local and state laboratories, including a description of laboratory capacity, list of pathogens that can be identified at each level, and contact information for each laboratory.</p>
	RD 3. Protocols for the health department's handling and submitting of specimens	N. Laboratory Data and Sample Testing	<p>n1i. The plan describes current packaging and shipping regulations on transporting infectious and potentially hazardous substances to labs that can test for biological/chemical/radiological agents.</p> <p>n2ii. The plan describes the process(es) for transporting specimens/samples to a confirmatory reference lab at any time.</p> <p>n2iii. The plan describes the process of contacting the proper lab to notify them of what specimens to expect and, if applicable, special directions.</p> <p>n2iv. The plan contains a table of local and state laboratories, including a description of laboratory capacity, list of pathogens that can be identified at each level, and contact information for each laboratory.</p>
2.3.3 A Access to laboratory and other support personnel and infrastructure capable of providing surge capacity	RD 1. Surge capacity protocol that pre-identifies support personnel to provide surge capacity	H. Functional Staff Roles	h4. The plan describes how the agency, during an emergency operation, notifies staff and volunteers and incorporates them into response activities.
		U. Continuity of Operations	u4. The plan contains an organizational chart or listing of staff roles for when COOP is activated.
		V. Surge Capacity	<p>v2. The plan describes expected capability and capacity of local, state, federal, and private resources to respond to an emergency.</p> <p>v4. The plan contains a table or matrix that identifies the capacity, surge capacity, and sources for the following, in relation to the scope and duration for anticipated events:</p> <ul style="list-style-type: none"> ▪ Personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; ▪ Pharmacologic supplies; and ▪ Security.

		W. Volunteer Management	<p>w2. The application describes the process for volunteer recruitment, engagement, and retention (e.g., community Medical Reserve Corps units).</p> <p>w3. The application includes the partners that the agency works with for recruitment.</p> <p>w4. The plan describes how volunteers are notified.</p> <p>w5. The plan describes how volunteers are used in an emergency.</p> <p>w6. The plan describes how volunteers are credentialed in advance of an emergency response.</p> <p>w7. The plan describes how volunteers are tracked during an emergency.</p> <p>w8. The application describes the agency's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.</p> <p>w9. The plan describes how spontaneous volunteers are managed and, if applicable, credentialed and incorporated into a response.</p>
	RD 2. Access to surge capacity staffing list	U. Continuity of Operation	u4. The plan contains an organizational chart or listing of staff roles for when COOP is activated.
		V. Surge Capacity	<p>v4. The plan contains a table or matrix that identifies the capacity, surge capacity, and sources for the following, in relation to the scope and duration for anticipated events:</p> <ul style="list-style-type: none"> ▪ Personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; ▪ Pharmacologic supplies; and ▪ Security.
	2.3.4 A Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	RD 2. Joint exercises for rapid detection, investigation, and containment/ mitigation of public health problems and environmental public health hazards	Goal III Measure 4. Learning and Improving through Exercises or Responses

2.4.1 A Written protocols for urgent 24/7 communications	RD 1. Protocol for urgent 24/7 communications	I. Agency Communications	i7. The application contains evidence of a redundant communication plan that demonstrates the ability to stand-up communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours (must be three-deep).
		L. Information Sharing	<p>i3. The plan describes the process for partner notification, including at a minimum the following:</p> <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)?
2.4.2 A A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response	RD 1. A tracking system for the receipt and issuance of urgent and non-urgent health alerts	L. Information Sharing	i4. The plan describes the process of sending, receiving, and confirming receipt/ acknowledging health alert messages to/from multiple users.
2.4.3 A Timely communication provided to the general public during public health emergencies	RD 1. Communications plan, procedure, or process to provide emergency information to the public	K. Emergency Public Information and Warning	k5. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including at-risk individuals, during an emergency.
	RD 2. Communications through the media to provide information during a public health emergency	K. Emergency Public Information and Warning	<p>k6. The plan contains a media contact list that is accompanied by a procedure for keeping the list current and accurate.</p> <p>k7. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) issued within the last two years, including the following information:</p> <ul style="list-style-type: none"> ▪ To whom the information was provided; ▪ The date the information was provided; and ▪ For what purpose the information was provided.
3.2.3 A Communication procedures to provide information outside the health department	RD 2. Implementation of communications procedures	K. Emergency Public Information and Warning	<p>k7. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) issued within the last two years, including the following information:</p> <ul style="list-style-type: none"> ▪ To whom the information was provided; ▪ The date the information was provided; and

			<ul style="list-style-type: none"> ▪ For what purpose the information was provided. 	
3.2.4 A Risk communication plan	RD 1. Risk communication plan	K. Emergency Public Information and Warning	k2. The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including at-risk individuals , during an emergency.	
			k4. The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.	
			k5. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including at-risk individuals, during an emergency.	
			k6. The plan contains a media contact list that is accompanied by a procedure for keeping the list current and accurate.	
			k7. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) issued within the last two years, including the following information: <ul style="list-style-type: none"> ▪ To whom the information was provided; ▪ The date the information was provided; and ▪ For what purpose the information was provided. 	
			k8. The plan describes the process for monitoring, managing, and responding to inquiries from the public during an emergency.	
			L. Information Sharing	I2. The plan describes the process and procedures necessary to coordinate the communication process among partners during an emergency or the plan includes a message map.
			I3. The plan describes the process for partner notification, including at a minimum the following: <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)? 	

			<p>14. The plan describes the process of sending, receiving, and confirming receipt/acknowledging health alert messages to/from multiple users.</p> <p>15. The plan contains a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.</p> <p>16. The plan describes how epidemiological data are shared.</p> <p>17. The plan describes the system in place for sharing laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of an appropriate response (e.g., electronic system).</p>
3.2.6 A Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department	RD 1. Demographic data regarding ethnicity and languages spoken in the community	J. Community Preparedness	j3. The plan describes the at-risk individuals within the jurisdiction, consistent with the definition of at-risk individuals found in the PPHR glossary.
5.4.1 A Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)		*Goal I Measure 1. Possession and Maintenance of a Written All-Hazards Response Plan	* PPHR Measure 1 encompasses a written all-hazards EOP and is a good starting place to look for documentation related to 5.4.1 A. Criteria listed below may have more specific alignment to each required documentation. Be sure to read PHAB required documentation and guidance carefully
	RD 1. Collaborative planning with other government agencies	B. Introductory Material	b3. The application provides evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., city-state tribal collaboration, city-county collaboration).
	RD 2. Collaborative testing of the All Hazards EOP: a. Description of a real emergency or exercise b. Debriefing or After-Action Report (AAR)	*Goal III Measure 4. Learning and Improving through Exercises or Responses	*Sub-measure A (Exercise) or sub-measure B (real response) both contain elements that may meet the criteria for this required documentation. Be sure to read PHAB required documentation and guidance carefully
	RD 3. Collaborative revision of the All Hazards EOP that includes: a. A collaborative review meeting b. Updated contact information c. Coordination with emergency response partners	C. Plan Cycle Update	<p>c1. The plan bears a date demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission.</p> <p>c2. The application describes the procedure the agency will use to update and revise its plan on a regular basis.</p>

	d. Revised All Hazards/EOP		
5.4.2 A Public health emergency operations plan (EOP)	RD 1. EOP, as defined by Tribal, state, or national guidelines that includes: <ul style="list-style-type: none"> a. Designation of the health department staff position that is assigned the emergency operations coordinator responsibilities b. Roles and responsibilities of the health department and its partners c. Communication networks or communication plan d. Continuity of operations 	*Goal I Measure 1. Possession and Maintenance of a Written All-Hazards Response Plan	*Measure 1 covers the written all-hazards EOP and is a good starting place to look for documentation related to 5.4.2 A. Criteria listed below may have more specific alignment to each required documentation.
	RD 2. Testing of the public health EOP, through the use of drills and exercises <ul style="list-style-type: none"> a. Process for exercising and evaluating the public health EOP b. After-Action Report (AAR) 	Goal III Measure 4. Learning and Improving through Exercises or Responses	A. Multi-Agency After-Action Report/Improvement Plan
	RD 3. Revision of the public health EOP including: <ul style="list-style-type: none"> a. A review meeting b. Revised public health EOP, as needed 	C. Plan Cycle Update	c1. The plan bears a date demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission. c2. The application describes the procedure the agency will use to update and revise its plan on a regular basis.
6.3.1 A Written procedures and protocols for conducting enforcement actions	RD 1. Authority to conduct enforcement activities	D. Legal and Administrative Preparedness	d1. The plan describes the legal and administrative authority under which the agency would respond to an emergency requiring a public health response.
		T. Non-pharmaceutical Interventions	t7. The plan identifies the legal authority to isolate, quarantine, and, as appropriate, institute social distancing for the following: <ul style="list-style-type: none"> t7i. Individuals t7ii. Groups t7iii. Facilities t7iv. Animals t8. The plan describes the legal process for implementing involuntary quarantine and isolation for an individual. t9. The plan describes the legal process for implementing involuntary quarantine and isolation for a group.
	RD 2. Procedures and protocols for achieving compliance with laws or enforcement actions	D. Legal and Administrative Preparedness	d2. The plan describes the process for coordinating and communicating with legal counsel, particularly regarding enforcement.

		T. Non-pharmaceutical Interventions	t2. The plan contains an algorithm, flow chart, or matrix that addresses the processes for implementing quarantine, isolation, and social distancing.
6.3.5 A Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns	RD 1. Communication protocol for interagency notifications	L. Information Sharing	<p>l2. The plan describes the process and procedures necessary to coordinate the communication process among partners during an emergency or the plan includes a message map.</p> <p>l3. The plan describes the process for partner notification, including at a minimum the following:</p> <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)?
	RD 2. Protocol for notification of the public of enforcement activities	K. Emergency Public Information and Warning	k5. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including at-risk individuals, during an emergency.
		T. Non-pharmaceutical Interventions	t6. The plan describes the communication process for directing and controlling public information releases about individuals under isolation or quarantine.
8.2.1 A Workforce development strategies	RD 1. Workforce development plan	*Goal II, Measure 3. Completion and Maintenance of a Workforce Development Plan and Staff Competencies	*PPHR Measure 3 focuses on the workforce development plan specific to preparedness. Some agencies find this documentation a good starting point for considering strategies and documentation related to overall agency workforce development. Some agencies also choose to conduct preparedness specific workforce development within their broader agency-wide workforce development plan.
	RD 2. Implemented workforce development strategies		
11.2.2 A Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions	RD 1. Contracts/MOUs/ MOAs or other written agreements for the provision of services, processes, programs, and/or interventions	O. Medical Countermeasure Dispensing	o5. The application contains documentation of legal authority or memoranda of understanding with outside entities to suspend/alter normal operations to complete medical countermeasure dispensing.
		X. Mutual Aid and External Resources	x3. The plan lists existing MOUs/MAAs/resource sharing agreements and describes the process for activating them.
12.1.1 A Mandated public health operations, programs, and services provided	RD 1. Authority to conduct public health activities	D. Legal and Administrative Preparedness	d1. The plan describes the legal and administrative authority under which the agency would respond to an emergency requiring a public health response.

Guidance on Evidence Elements for PPHR

[Measure 1.A.a2:](#) Evidence for this element should be provided by a note from the county emergency manager or an affidavit from the Health Officer. This affidavit should also describe how the plan incorporates NIMS components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

[Measure 1.B.b3:](#) Evidence for this element must 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, along with acknowledgments by the agencies participating in the planning process.

[Measure 1.C.c2:](#) Updating the plan on “a regular basis” means that a specific trigger(s) for this process is defined; for example, as part of enacting an exercise corrective action plan, in response to new guidelines being posted or a regular schedule such as annually.

[Measure 1.D.d1:](#) Evidence for this element should include citations of applicable statutes or administrative rules governing the plan’s creation and use. This item depends on local and state legal practice.

[Measure 1.D.d3:](#) Evidence for this element should describe how the applicant alters their day-to-day operations or processes for the bulleted items during an emergency response event. For example, an applicant may cite and describe the process for calling an emergency meeting of any governing body needed to approve the acceptance, allotment, or spending of federal funds. An applicant may also discuss waivers for executing contracts in timely manner or additional personnel who may approve purchase requests in the event the regular purchasing manager is unavailable.

[Measure 1.F.f1:](#) Consistent with CDC public health preparedness capability 3, the flow diagram or narrative should describe how the agency will act upon information that indicates there may be an incident with public health implications that requires an agency-level response.

[Measure 1.F.f2:](#) The SOPs for this element may include decisions matrices, flow charts, or decision trees that describe all-hazards response. The evidence for this element should describe the SOPs for after the emergency operations plan has been activated.

[Measure 1.G.g2:](#) If applicable, evidence for this element must also describe the collaboration between the agency and any tribal or military installations or international entities located within or adjacent to your jurisdiction.

[Measure 1.G.g3:](#) Evidence of process could include training on [National Response Framework \(NRF\) resource typing methodology](#) and a system for utilizing this resource typing process throughout departmental operations.

[Measure 1.G.g4:](#) The process should describe the agency’s role in activating operations and include details on how the agency coordinates and integrates with any larger jurisdictional EOC when applicable. This could include a description of a physical or virtual EOC. NACCHO recommends including evidence of the use of the [Incident Command System](#) (ICS), as called for by [NIMS](#), to perform core functions such as coordination, communications, resource dispatch, information collection, analysis, and dissemination.

[Measure 1.G.g7:](#) Evidence for this element must address all five items listed. The concept of operations should be general and not hazard-specific.

[Measure 1.H.h4:](#) Evidence for this element must describe whether employees or volunteers will fill functional staff roles during a response, how roles are assigned, where staff and volunteers will report, and how any just-in-time trainings will be provided.

[Measure 1.H.h6:](#) Evidence for this element must be consistent with the most current performance target under the CDC Public Health Preparedness Capabilities. CDC capability 3, function 2, measure 1: Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less.

[Measure 1.J.j1:](#) Engagement may take place through activities such as town hall meetings, strategy sessions, or assistance to community partners to develop their own emergency operations plans/response operations.

[Measure 1.J.j2:](#) Consistent with CDC public health preparedness capability 1, sectors with which agencies work to build partnerships may include the following: healthcare (including healthcare coalitions); business; community leadership; cultural and faith-based groups and organizations; CERTs and MRCs, Local Emergency Planning Committees (LEPCs), emergency management; social services; housing and sheltering; media; mental/behavioral health; and education and childcare settings.

[Measure 1.J.j4:](#) Examples of activities or services that the evidence could address include assistance with written plans for K–12 schools and childcare facilities or emergency planning provisions for community-dwelling older adults.

[Measure 1.K.k5:](#) Evidence for this element must include strategies for communicating with non-English speaking, hearing impaired, visually impaired, and limited language proficiency populations.

[Measure 1.K.k7:](#) Samples from within the last two years are required.

[Measure 1.K.k8:](#) Evidence for this element may include topics such as the use of call centers and monitoring of media, including social media.

[Measure 1.L.l5:](#) Consistent with CDC public health preparedness capability 6, function 3, the alert should include the following elements: subject or title; description; background; action(s) requested or recommended; whom to contact; where to obtain more information; recipients (e.g., specific roles); alert level; and distribution method.

[Measure 1.M.m2i/:](#) For an active surveillance program such as Biosense or Real-time Outbreak and Disease Surveillance, protocols must be developed to clarify agency response to public health events detected and the effect on the agency, related partner agencies, and geographic area.

[Measure 1.M.m2ij:](#) The difference between these two criteria elements and 1.M.m2i is that 1.M.m2i asks for evidence that the applicant is collecting surveillance data, while these criteria elements ask for evidence of a system that is used to monitor/analyze/use that data to detect an incident.

[Measure 1.M.m2iii:](#) In lieu of a list, applicants may also cite the law that specifies who reports into the surveillance system and describe how their agency ensures that the reporters are aware of their responsibilities.

[Measure 1.M.m4i:](#) The occurrence of reportable disease conditions or unusual epidemiological situations depends on the knowledge of when an event is beyond or in excess of normal expectancy. The agency must demonstrate the ability to reference disease occurrence of both yearly incidence and monthly occurrence of reportable conditions, in order to compare it to available information about the new cases and a predetermined definition of an outbreak.

[Measure 1.M.m4ii:](#) 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.

[Measure 1.M.m4iii:](#) 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.m4iv:](#) Evidence for this element should include how the agency will develop a master contact list and the process used to establish a final (or perhaps successive on a complex outbreak) outbreak case hypothesis and case definition. 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 afterward 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. The agency must describe how case definitions are determined and counted in a specific time, place, or group of persons.

[Measure 1.M.m4vi:](#) Evidence for this element calls for identifying the population at risk (of possible associations of transmission, exposure, and source), and not identifying at-risk individuals.

[Measure 1.M.m4viii:](#) Evidence for this element must include details of a system for tracking information relating to adverse effects associated with vaccinations or antiviral medications use (i.e., use of the Vaccine Adverse Events Reporting System or other tracking system).

[Measure 1.M.m4x:](#) Regarding volunteers, NACCHO recommends that the applicant describe who is allowed to volunteer for epidemiological tasks in an emergency, how his or her credentials will be verified if the process differs from that of other volunteers, and any ways in which the volunteer's response roles or reporting duties would differ from those of staff.

[Measure 1.O.o2:](#) The description of receipt and distribution processes must include security.

[Measure 1.O.o3:](#) The description should include a discussion of the decision criteria for using a medical vs. a non-medical model. In accordance with MCMORR standards NACCHO recommends including a decision tree or flowchart here to describe the triggers and implementation processes.

[Measure 1.O.o4:](#) If those individuals legally authorized to dispense during a declared disaster remain the same when a disaster a disaster has not been declared this should be explicitly stated within the plan.

[Measure 1.O.o5:](#) Outside entities may include partners such as schools serving as open POD locations, private companies or community organizations serving as closed POD sites, and transportation companies assisting with distribution of countermeasures or supporting resources. If the applicant references legal statutes or authorities NACCHO recommends they also include initial implementation process for this statute or authority. If the MOU is executed by an entity other than the LHD, regional or state office of public health, or emergency management, the applicant should clearly describe how this MOU is implemented on behalf of the LHD.

[Measure 1.O.o6:](#) Evidence for this element must include the number of volunteers needed to support full staffing for a worst-case scenario. The formula or rationale must include the number of PODs being opened and number of agency staff utilized (e.g., 10 points of distribution, 30 staff each; four health department employees, 26 volunteers; two 12-hour rotating shifts = 520 volunteers).

[Measure 1.O.o8:](#) The applicant must provide context for the location pictured in the flow diagram. If multiple types of PODs are used, the applicant must include one flow diagram for each type of dispensing modality (i.e. open vs. closed PODs).

[Measure 1.O.o10:](#) Evidence for this element must include an all-hazards approach to post-event tracking. The application must demonstrate that the agency has the capacity and structure in place to conduct effective post-event tracking.

[Measure 1.P.p2:](#) Consistent with CDC public health preparedness capability 7, responsibilities of the lead agency may include the following:

- Operation oversight, set-up, and closure of congregate locations;
- Registration of congregate location users;
- Provision of screening and decontamination services;
- Sanitation, waste management, and food and water safety; and
- Provision of service animal and pet shelter and care.

[Measure 1.P.p5:](#) Evidence for this element should include a process for conducting health and safety inspections, including only a shelter inspection form is not sufficient evidence. Applicants should address how barriers are identified by inspection personnel. NACCHO recommends applicants consider access and functional needs outside of ADA compliance.

[Measure 1.P.p7:](#) Consistent with public health preparedness capability 7, plans should include both the physical transfer of the patient and patient information transfer, including current condition and medical needs.

[Measure 1.Q.q2:](#) Applicants should consider discussing the staffing and operations of family assistance centers.

[Measure 1.S.s2:](#) 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 1.T.t2:](#) Consistent with CDC public health preparedness capability 11, the process should include selecting the site, converting it to the environment needed for the intervention, establishing operations in an appropriate timeframe, and returning the site to normal operation, including decontamination or sanitation, if necessary.

[Measure 1.T.t8/Measure 1.T.t9:](#) The process must include the legal agency, legal authority, necessary written forms (e.g., motion, petition, affidavit, order), and partners.

[Measure 1.W.w3:](#) Consistent with CDC public health preparedness capability 15, suggested partners include the following groups: professional medical organizations (e.g., nursing and allied health); professional guilds (e.g., behavioral health); academic institutions; faith-based organizations; voluntary organizations active in disasters (VOADs); Medical Reserve Corps; and non-profit, private, and community-based volunteer groups.

[Measure 1.X.x2:](#) Evidence for this element should describe the applicant’s process for gaining access to external resources necessary to respond to a public health emergency. If the applicant is not responsible for entering into resource sharing agreements the plan should clearly describe the responsible party and the agency’s ability and process for accessing these agreements through the responsible party.

[Measure 1.X.x3:](#) Whatever process was described in x2. the resulting documents, agreements, written policies, statutes etc. and the resources which they cover should be referenced as part of the evidence here.

[Measure 1.Y.y3ii:](#) Some examples of recovery assets are funding, volunteers, equipment—evidence for this element should address where the agency or jurisdiction will source these types of assets for a recovery effort.

[Measure 3.A.a2:](#) If requirements and delivery of NIMS training is done in conjunction with jurisdiction’s emergency management agency applicant should describe this collaboration and list any NIMS requirements that are different from those listed below for a2i-a2iii.

[Measure 3.A.a2i:](#) Evidence for this element should include at a minimum a training record for priority staff in [ICS 700-A](#) and any additional or refresher NIMS training for staff offered by the jurisdiction. If all priority staff have not received this training by the application date evidence should contain a timeline of trainings offered and projected completion date for all priority staff.

[Measure 3.A.a2ii:](#) Evidence for this element should include at a minimum a training record for priority staff in the following ICS courses; [ICS 100b](#), [ICS 200](#). As jurisdictional capacity permits recommend including record of other ICS training taken by jurisdictional staff. If all priority staff have not received this training by the application date evidence should contain a timeline of trainings offered and projected completion date for all priority staff.

[Measure 3.A.a2iii:](#) Evidence for this element should include at a minimum a training record for the identified spokespersons and any priority staff in ICS 702. As jurisdictional capacity permits recommend including record of other ICS training taken by jurisdictional staff. If all priority staff have not received this training by the application date evidence should contain a timeline of trainings offered and projected completion date for all priority staff.

[Measure 2.B.b5:](#) 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 3.B.b3:](#) Each justification should reference one of the training priorities identified in the workforce development plan, and may also reference specific gaps or findings from the training needs assessment. Each of the training priorities from the workforce development plan must have at least one associated training activity.

[Measure 3.C.c1:](#) If all staff were not trained by the application deadline, the applicant must provide a timeline of the planned training process for the remainder of the priority staff.

[Measure 3.D.d3:](#) Examples of means to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, and inclusion of curricula.

Measure 3.D.d4: Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation may be done at the supervisor level, peer-to-peer, or 360 degrees. The 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 3.E.e2: The just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan. The amount of training material provided must be able to be delivered in less than an hour. Evidence must include curricula (presentations or other materials being delivered). Submitting only job action sheets will not satisfy the requirements.

Measure 4.A.a3ii: The analysis of capabilities must include a subsection created for each capability validated during the exercise. Each section must summarize strengths and areas for improvement. Adequate detail must be included to help the reader understand how the capability was performed or addressed. Each area for improvement must include an observation statement; references for any relevant plans, policies, procedures, regulations, or laws; and a root cause analysis or summary of why the full capability level was not achieved.

Measure 5.A.a4: HSEEP Policy and Guidance can be found at http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf.

Project Public Health Ready Glossary

The following key terms appear in the 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. The terminology used in the PPHR criteria and in the glossary below is consistent with the definitions and usage in the following resources:

- [National Incident Management System](#)
- [Federal Emergency Management Agency CPG 101](#)
- [National Response Framework](#)
- [CDC Public Health Preparedness Capabilities and Continuation Guidance](#)
- [Homeland Security Exercise and Evaluation Program](#)

acknowledgment	Notified staff confirms receipt of notification to designated official. Acknowledgment methods may be any of the following: e-mail, Health Alert Network, cell phone, etc., and may differ from the notification method used. ²
access and functional needs	<p>Irrespective of specific diagnosis, status, or label, the terms access and functional needs are defined as follows:</p> <p>access-based needs: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, and so on.</p> <p>function-based needs: Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.</p> <p>Note that at-risk individuals are also people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency.³</p>
at-risk individuals	The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these populations may include but are not limited to individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, and individuals who have pharmacological dependency. ³

² http://www.cdc.gov/phpr/documents/phep_bp1_pm_specifications_and_implementation_guidance_v1_1.pdf

³ <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>

administrative preparedness	Administrative preparedness is defined as the process of ensuring that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond to, and recover from public health emergencies can be accelerated, modified, streamlined, and accountably managed at all levels of government.
After-action report/ improvement plan	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 AAR that captures observations of an exercise and recommends post-exercise improvements and an IP that identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. Even though the AAR/IP are developed through different processes and perform distinct functions, the final AAR/IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
capability	Capability is the ability to accomplish one or more tasks under specific conditions and meet specific performance standards. As it applies to human capital, capability is the sum of expertise and capacity. ⁴
capability element	The Department of Homeland Security states that capability elements define the resources needed to perform the critical tasks to the specified levels of performance, with the recognition that there is rarely a single combination of capability elements that must be used to achieve a capability. Consistent with NIMS, the capability elements include personnel; planning; organization and leadership; equipment and systems; training; and exercises, evaluations, and corrective actions. ⁵
capacity	Capacity is the ability to achieve stated public health objectives and to improve performance at the national, regional, and global levels with respect to both ongoing and emerging health problems. Building capacity is linked to improving both performance and competence.
continuity of operations plan	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 (e.g., sustainment of operations).
continuous quality improvement	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.

⁴ http://www.fema.gov/pdf/emergency/nrf/National_Preparedness_Guidelines.pdf

⁵ <http://www.fema.gov/pdf/government/training/tcl.pdf>

credential	In the context of a public health emergency, credentialing volunteers requires ensuring that volunteers have the correct level of medical credentialing for the required activities (e.g., registered nurses or physicians). Credentialing is not the same as performing a background check or badging.
crosswalk	A crosswalk is a document that lists the hyperlink(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 and short- and long-term approaches to restoring and maintaining psychological and emotional health in the face of an emergency.
emergency operations plan	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, when, with what resources, and by whose authority individuals and groups will act before, during, and immediately after an emergency. An EOP should be tailored to each community's own potential hazards and resource base.
Emergency Support Function	<p>An Emergency Support Function (ESF) provides structure for coordinating interagency support for a response to an emergency incident. ESFs are mechanisms for grouping functions most frequently used to provide federal support to states and federal-to-federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. Drawn originally from the federal government's National Response Plan, 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 federal ESFs in the National Response Plan are as follows:</p> <p>ESF #1: Transportation</p> <p>ESF #2: Communications</p> <p>ESF #3: Public Works and Engineering</p> <p>ESF #4: Firefighting</p> <p>ESF # 5: Emergency Management</p> <p>ESF #6: Mass Care, Emergency Assistance, Housing, and Human Services</p> <p>ESF #7: Logistics Management and Resource Support</p> <p>ESF #8: Public Health and Medical Services</p> <p>ESF #9: Search and Rescue</p>

	<p>ESF #10: Oil and Hazardous Materials Response</p> <p>ESF #11: Agriculture and Natural Resources</p> <p>ESF #12: Energy</p> <p>ESF #13: Public Safety and Security</p> <p>ESF #14: Long-Term Community Recovery</p> <p>ESF #15: External Affairs</p>
<p>environmental health response plan</p>	<p>An environmental health response plan ensures that the public is protected from environmental hazards and from any public health effects of an environmental health emergency. Environmental health emergencies include natural disasters, industrial or transportation-related incidents, and deliberate acts of terrorism. Capabilities needed for an environmental health response include the following: risk assessment; epidemiological analysis; remediation oversight; sample collection; advice on protective action; preventive measures; treatment guidance support; incident reporting; management of early responders; and epidemiological follow-up.</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 repeat in the course of the investigation as new cases present themselves. Steps in an epidemiological investigation include the following:</p> <ul style="list-style-type: none"> ▪ Case confirmation; ▪ Case identification; ▪ Cause investigation; ▪ Initiation of control measures ; ▪ Conduct of analytic study (if necessary); ▪ Conclusions (epi/causal inference); ▪ Continued surveillance; and ▪ Communication of findings.
<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 known) that an incident was deliberately caused and, therefore, the incident is a legal and law enforcement issue and a health issue.</p>
<p>full-scale exercise</p>	<p>HSEEP defines a full-scale exercise as “the most complex and resource-intensive type of exercise” involving “multiple agencies, organizations, and jurisdictions” and often including many players using cooperative systems such as ICS or Unified Command. These are typically multi-discipline exercises involving functional (e.g., joint field office, emergency</p>

	operation centers) and “boots on the ground” response (e.g., firefighters decontaminating mock victims). In the context of PPHR, 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 more realistic.
functional exercise	HSEEP defines a functional exercise as one that is “designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions.” Functional exercises “are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions [. . .] projected through an exercise scenario with even updates that drive activity typically at the management level. A functional exercise is conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated.” ⁶ In the context of PPHR, a functional exercise is scenario-based and the focus of the exercise is cooperation and interactive decision-making within a functional area of the emergency operations plan. Interaction with other functions and outside personnel can be simulated, commonly through the play of exercise controllers.
hazard analysis	A hazard analysis evaluates potential hazards, vulnerabilities, and resources in a specific community to facilitate effective planning. The analysis can assist with identifying potential targets and with planning for their defense should an emergency arise and with prioritizing funding and programming. ⁷
Health Alert Network	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, and bioterrorism-related threats) at the state and local levels. The HAN Messaging System directly and indirectly transmits Health Alerts, Advisories, and Updates and Info Services to over one million recipients. Many states also possess state-oriented extensions of the national system, also called HAN. More information is available on the CDC website: http://emergency.cdc.gov/han/
incident	An incident is an unexpected occurrence that requires immediate response actions to protect life or property. Examples 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, and other occurrences requiring an emergency response.
incident action plan	An incident action plan (IAP) formally documents incident goals, operational period objectives, and the response strategy as determined by incident command. It contains general tactics for achieving goals and objectives and provides

⁶ https://www.llis.dhs.gov/sites/default/files/hseep_revision_apr13_final.pdf

⁷ http://www.fachc.org/pdf/HRA_Instrument_Wbk%28UCLA%29.pdf

	<p>information on the event and parameters of the response. IAPs are part of ICS and are written at the outset of emergency response coordination and 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 and transmit all information produced in the planning process, as it also serves to disseminate critical information about the response.⁸</p>
Incident Command System	<p>The Incident Command System (ICS) is a standardized, on-scene, all-hazards 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.</p>
indicators	<p>Indicators are measurements, events, or other data that are predictors of change in demand for services or availability of resources. These may warrant further monitoring, analysis, information sharing, or select implementation of emergency response system actions.⁹</p>
information sharing	<p>The CDC's <i>Public Health Preparedness Capabilities</i> defines information sharing as the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information and issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.¹⁰</p>
job action sheets	<p>Job action sheets (JAS) are part of ICS and succinctly describe the duties of each member of a unit, department, or response team. JAS should describe clearly the primary responsibilities of the position, the chain of command, and reporting authority. These tools can apply in both emergencies and daily job functions.</p>
just-in-time training	<p>Just-in-time training is provided to individuals or groups just before the skills or functions taught will be used in a practical situation. Just-in-time trainings span from approximately 15 minutes to one hour in length and ideally should not last longer than 30 minutes. Just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan.</p>
mass care	<p>Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.</p>

⁸ <http://www.phe.gov/preparedness/planning/mscc/handbook/pages/appendix.aspx>

⁹ <http://www.iom.edu/reports/2013/crisis-standards-of-care-a-toolkit-for-indicators-and-triggers.aspx>

¹⁰ http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

medical countermeasure dispensing	Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines or recommendations. ¹¹
memorandum of understanding/mutual aid agreement	Both memoranda of understanding (MOUs) and mutual aid agreements (MAAs) are written agreements established among agencies, organizations, and jurisdictions that outline how they will assist one another upon request by furnishing personnel, equipment, and expertise in a specified manner, according to specified parameters.
National Incident Management System	The National Incident Management System (NIMS) is an incident management structure used by federal, state, local, and tribal responders to an emergency situation. NIMS provides a consistent, nationwide approach and vocabulary for multiple agencies or jurisdictions to work together to build, sustain, and deliver the core capabilities needed to achieve a secure and resilient community. 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 NIMS. The NIMS Compliance Assistance Support Tool, or NIMSCAST, is an example of a tool that can assist in such an assessment and is available at www.fema.gov/nimscast/ .
operational period	The operational period is a manageable segment of time within which the agency plans to accomplish or work toward specific objectives. An appropriate period of time could be up to eight, 12, or 24 hours, depending on local operational period mandates, resource availability, involvement of additional jurisdictions or agencies, safety considerations, and environmental considerations (e.g., daylight remaining, weather). The operational period should also be consistent with partner organizations' operational periods.
partner	Partner refers to the broad categorization of response partners that require communication capability with your agency during potential or actual incidents of public health significance or any agency with which your agency might work or communicate during an emergency in an effort to meet the health needs of the population in a jurisdiction. Examples include hospitals, morgues, social service providers, emergency management, private pharmacies, mental health organizations, volunteer organizations, universities, the media, and neighboring health districts. Partners exist at the local, state, and federal levels. Any agency that acts as the lead agency for any evidence element that is not the primary responsibility of your agency is also a partner agency.
patient tracking and monitoring system	A patient tracking and monitoring system maintains information on individuals who have either received or are receiving healthcare services. At a minimum, this system should maintain individual contact information and information

¹¹ http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

	on the services received. Services tracked by such a system include emergency sheltering, mass patient care, and pre- or post-exposure prophylaxis.
recognition	In the context of PPHR, recognition is successfully meeting the requirements within the process designed by PPHR to assess the level of preparedness of an agency or a region. An agency's recognition status is valid for five years, at which point the agency must apply for re-recognition to maintain recognition status.
recovery	Consistent with CDC's public health preparedness capabilities, recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan, advocate for, and execute the rebuilding of public health, medical, and mental/ behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.
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	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.
surge capacity	Surge capacity is the ability of the public health <i>system</i> , including local health departments, clinics, hospitals, or public health laboratories, to respond rapidly beyond normal services to meet sharply increased demand during a public health emergency.
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.