

Project Public Health Ready Re-Recognition Criteria [Insert Applicant Name and State]



Version 4.1
*Updated
August 2018*

Introduction

The Project Public Health Ready (PPHR) Re-Recognition Criteria focuses on workforce capacity development, demonstration of readiness through exercise or real events, and [continuous quality improvement](#) in public health preparedness planning and response efforts. Applicants must have maintained and updated the all-hazards plan that they developed for their initial PPHR recognition, including roles, responsibilities, response actions, and all other requirements outlined in Goal 1.

- **[Executive Summary](#)**: Applicants must include an executive summary to provide background information on the agency, its jurisdiction, and its approach to public health preparedness.
- **[Section A: Document Checklist](#)**: Applicants must provide one hyperlink to each item in the document checklist. Every document must meet all the requirements in the first column of the table for the application to be accepted.
- **[Section B: Updated Criteria Elements](#)**: This criteria [crosswalk](#) contains key criteria elements from Goal 1 that have been added since the 2011 version of the PPHR Criteria, along with select criteria elements from Goals 2 and 3. Applicants must provide evidence to meet these criteria to demonstrate a level of preparedness equal to that of first-time applicants using the Version 8 criteria, and to demonstrate their engagement in a continuous quality improvement process since their previous PPHR recognition.
- **[Section C: Narrative Questions](#)**: These questions allow applicants to provide context for certain plan updates and changes described in the plan revisions matrix, providing additional insight into the applicant's continuous quality improvement process.
- **[Section D: Plan Revisions Matrix](#)**: Applicants must fill in this matrix with the required information for all ***major*** revisions to their all-hazards plan or emergency operations plan (EOP) and associated annexes, workforce development plan, and exercise plan. This section demonstrates that the applicant has been maintaining its public health preparedness planning efforts through a continuous quality improvement process ***since the previous recognition date***.

A [glossary](#) of key terms can also be found at the end of the document.

PPHR staff appreciates the time and effort you have put toward achieving PPHR national recognition.

If you have any questions, email pphr@naccho.org or ask for PPHR staff at 202-783-5550.

Executive Summary

An Executive Summary is required with every PPHR application. The Executive Summary describes the agency, its jurisdiction, and its approach to public health preparedness. The Executive Summary should describe how the agency addresses all three goals (all-hazards emergency preparedness and response planning, workforce capacity development, and quality improvement through exercises and real events) of the PPHR Criteria. You may find it helpful to craft your Executive Summary after completing your application and PPHR Crosswalk. The Executive Summary is critical in providing context and rationale for the review team evaluating your application. The Executive Summary must include all of the information outlined below, and NACCHO recommends agencies format their Executive Summary in this order.

1. Introduction

- The agency's approach to the PPHR re-recognition process.
- The agency's mission and vision for serving the public's health.

2. Jurisdictional Area Description

- Size of population served by the agency.
- Geography/topography information, including the location of the jurisdiction.
- Governance structure, such as cities and towns in a region, boards of health, and county commissioners.
- Unique characteristics to the jurisdiction that will help explain its approach to preparedness planning, including landmarks.
- Demographic information, such as population density and median income or poverty rate.

3. Organizational Structure of the Agency

- The agency's level of authority (e.g., state agency, home rule).
- Preparedness planning and how the efforts of the agency fit within the larger jurisdictional (e.g., county, city) response.
- The agency's responsibilities in a response.
- Information on divisions, services provided, number of offices, etc.

4. Employee Demographic Information

- Total number of full-time employees in the agency and within each health department in a regional application.
- Total number of preparedness staff at the agency, differentiating between full- and part-time staff.
- General professional categories at the agency and on the preparedness staff (e.g., nurses, administrators, environmental staff).

5. Connection/Coordination

- The agency's connection to and coordination with local, regional, and state partners for emergency preparedness planning and response.
- The linkages among all three goals of the project, including how the revisions of response plans, workforce development plans, and exercise plans are interrelated based on evaluations of trainings, exercises, and event responses. The document should show that a [continuous quality improvement process](#) is evident with the application.

Regional Applicants should reference [Regional Guidance for PPHR Applicants and Reviewers](#) for additional information and requirements, including guidance on composing their Executive Summaries.

Section A. Document Checklist

Required Document	Link(s)	Comments
1. <u>Executive Summary</u> . See the guidance at the end of the document for a list of details to include.		
2. <u>All-Hazards Public Health Emergency Response Plan</u> . The plan must bear a date demonstrating that the plan and its annexes have been reviewed or revised within one year of the PPHR application submission date. The plan must also comply with the definition of an emergency operations plan in the PPHR Glossary .		
3. <u>Training Needs Assessment</u> . The training needs assessment must have been completed no earlier than 36 months prior to the PPHR application submission date.		
4. <u>Workforce Development Plan</u> . The plan must bear a date demonstrating that it has been reviewed or revised within one year of the PPHR application submission date.		
5. <u>After-Action Report (AAR) and Improvement Plan (IP)</u> . The exercise or real incident response must have taken place within 24 months prior to this PPHR re-recognition application submission date. If submitting an exercise, it must be for a full-scale or functional exercise.		
6. <u>Comprehensive Exercise Plan or Multi-year Training and Exercise Plan (MYTEP)</u> . The plan must bear a date demonstrating that it has been reviewed or revised within one year of PPHR submission, and it must include a detailed description of at least one planned exercise to take place no later than 12 months after the PPHR application submission date.		

Section B. Updated Criteria Elements

The Criteria Crosswalk contains key criteria elements from Goal I that have been added since the 2013 version of the PPHR Criteria, along with select criteria elements from Goals II and III. The Criteria Crosswalk directs PPHR reviewers to the appropriate evidence documents in the application, which **must** meet the following requirements:

- **Hyperlink(s) Column:** Applicants must include the precise location within their plans or supporting documentation that supports each evidence element. If support for an evidence element appears in multiple locations, include multiple page number reference. Do not reference entire sections of documents or wide page ranges; cite the strongest evidence first.
- **Comments Column:** Applicants may include an explanation for evidence elements items that are not addressed in this application (this may still result in a score of “Not Met”) or any explanation that would assist a reviewer in understanding the plans and procedures for that jurisdiction. Comments should not include additional information that needs to be in the plan or application.
- **Evidence:** The application must include the supporting evidence and documentation for all evidence elements (e.g., all-hazards plans, public health annexes, emergency response plans).
- **Functional Hyperlinks:** The application **must** be hyperlinked. Contact [NACCHO](#) for PPHR hyperlink guidance or instructions. Ensure that all hyperlinks in the criteria checklist are functioning and lead to the correct evidence.

Application Guidelines

*Starred Criteria Elements

When a criteria element contains an asterisk, the applicant may submit evidence in the application instead of in the plan, as long as the plan references where to find that information.

Application Guideline #1:

If you are not the lead agency for a particular task (evidence elements or sub-measure), you must provide a description that includes the following:

- Identification of the lead agency;
- Description of the roles and responsibilities of the lead agency;
- Description of the support roles and responsibilities of the applicant;
- Description of how the applicant partners with the lead agency to plan for, and prepare to deliver the emergency service addressed in the evidence element;
- Description of the applicant's coordination and communication process for supporting the work of the lead agency;
- Description of how the applicant will work with the lead agency during or following an emergency response;
- An example of how this collaboration has worked in the past, how it was exercised, or how it is addressed in your workforce development plan; and
- If applicable, description of the authority or documentation formalizing the relationship with the lead agency (e.g., mutual aid agreements, contracts, regulatory obligations).

NOTE: *Application Guideline #1 must be used for each individual criteria element for which the applicant is not the lead.*

Application Guideline #2:

If there is an evidence element or sub-measure that your agency has not yet addressed or if documentation is not yet available, you must provide a description that includes the following:

- Explanation of why the specific item has not been addressed;
- Steps/milestones of a plan to address the item;
- Timeline for steps/milestones; and
- List of partners and description of their responsibilities to address the item.

NOTE: *Successfully meeting the requirements of Application Guideline #2 will result in a score of "Partially Met." Applicants cannot receive a score of "Met" using Application Guideline #2.*

Goal I: All-Hazards Preparedness Planning PPHR

PPHR Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan

The agency has documented its planned response to public health emergencies. To prove the agency has met this measure, the agency must submit *either* a written copy of its all-hazards public health emergency response plan *or* the public health annex to its jurisdiction’s emergency response plan. The plan should address the key elements of the sub-measures listed below.

A. Legal and Administrative Preparedness	Hyperlink(s)	Comments
a1. The plan describes the process of declaring a public health emergency.		
a2. The plan describes the expedited administrative processes used during a response to an event that differ from standard procedures for all of the following: <ul style="list-style-type: none">▪ Accepting/allocating federal/state funds;▪ Spending federal/state funds;▪ Managing workforce; and▪ Contracting/procuring or mutual aid. *		
a3. The plan describes the process for coordinating and communicating with legal counsel.		
B. Situations and Assumptions	Hyperlink(s)	Comments
b1. The plan 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.		
b2. 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.		
b3. The plan describes how the agency is preparing for the vulnerabilities described in the results of the hazard analysis .		
C. Activation Circumstances and Event Sequence Following Activation	Hyperlink(s)	Comments
c1. The plan contains a diagram (i.e., flow chart, decision tree, matrix) or a narrative that describes triggers for activation of the all-hazards EOP.		

D. Concept of Operations	Hyperlink(s)	Comments
d1. The plan contains evidence of a process for personnel and materiel management and tracking.		
d2. The plan describes the agency’s process for assimilating and integrating into the Operations Center (i.e., departmental operations or emergency operations center).*		
E. Community Preparedness	Hyperlink(s)	Comments
e1. The application contains evidence of collaboration with community stakeholders, including at-risk individuals, and engagement with the larger community regarding preparedness activities and processes.		
e2. The application contains a policy or process for continuous development and maintenance of community partnerships.		
e3. The plan describes the at-risk individuals within the jurisdiction, consistent with the definition of at-risk individuals found in the PPHR glossary.		
e4. The plan describes the processes for and agency role in providing services to the at-risk individuals identified in 1.E.e3, including children, in emergency situations.		
F. Emergency Public Information and Warning	Hyperlink(s)	Comments
f1. 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.		
f2. The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.		
G. Medical Countermeasure Dispensing	Hyperlink(s)	Comments
g1. The plan identifies who is legally authorized to dispense during declared disasters and when a disaster has not been declared.		

g2. The plan contains documentation of legal authority or memoranda of understanding with outside entities to suspend/alter normal operations to complete medical countermeasure dispensing.		
g3. The plan describes the system in place for managing and tracking personnel and materiel resources.		
g4. The plan describes the process for maintaining and tracking vaccination or prophylaxis status of public health responders and the general population, including any electronic systems used.		
g5. The plan describes the procedures in place to ensure the inclusion of those with access and functional needs in medical countermeasure dispensing.		
g6. The plan addresses the provision of prophylaxis to essential personnel, including the following information: <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. 		
g7. The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.		
H. Mass Care	Hyperlink(s)	Comments
h1. The plan addresses accommodations for sheltering at-risk individuals based on their access and functional needs .		
h2. The plan describes how environmental health and safety evaluations of congregate locations are conducted, including identification of barriers for individuals with access and functional needs.		

h3. The plan describes the process for conducting and reporting on human health surveillance at congregate locations.		
h4. The plan provides an overview of how residents will be repatriated from mass care locations (e.g., general shelters, medical needs shelters, and alternate care sites), including roles of the lead agency and any applicant support roles.		
I. Mass Fatality Management	Hyperlink(s)	Comments
i1. The plan describes applicant role(s) in managing mass fatalities in the local jurisdiction.		
i2. The plan describes any partner organizations the agency works with to manage mass fatalities in the local jurisdiction (i.e., state public health agency, other government support agencies, other response agencies outside of public health etc.)		
i3. The plan describes how the deceased are processed and stored during a mass fatality incident, including roles of the lead agency and any applicant support roles.		
J. Disaster Behavioral Health	Hyperlink(s)	Comments
j1. The application describes the partnerships the agency has established and the local resources the agency has cultivated to respond to population-wide mental health needs.		
j2. The plan describes how mental health/psychological first aid will be used to address immediate post-disaster behavioral health needs.		
K. Non-pharmaceutical Interventions	Hyperlink(s)	Comments
k1. The plan describes the legal process for implementing involuntary quarantine and isolation for an individual.*		
k2. The plan describes the legal process for implementing involuntary quarantine and isolation for a group.*		
L. Continuity of Operations Plan (COOP)	Hyperlink(s)	Comments

l1. The plan identifies the essential public health department functions that must be sustained during a continuity event .		
l2. The plan contains the staff roles in an organizational chart or list for when COOP is activated.		
l3. The plan describes the process for transitioning back to normal operations.		
M. Volunteer Management	Hyperlink(s)	Comments
m1. The plan describes how volunteers are tracked during an emergency.		
m2. The plan describes the agency’s involvement in the state’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		
m3. The plan describes how spontaneous volunteers including volunteers from out-of-state are managed and, if applicable, credentialed and incorporated into a response.		
m4. The plan describes the agency’s legal or liability protections for volunteers.*		
N. Mutual Aid and External Resources	Hyperlink(s)	Comments
n1. The plan lists existing MOUs/MAAs/resource sharing agreements and describes the process for activating them.		
n2. The plan describes how the agency will determine when to ask for support (based on size, nature, or scope of the incident) from outside the agency including local, regional, state and federal resources.		
O. Community Recovery	Hyperlink(s)	Comments
o1. The plan describes the process for transitioning from response to short- and long-term recovery .		
o2. The plan describes the agency’s role in recovery in the following areas:		
o2i. Identification and assessment of recovery needs.		

o2ii. Identification and assessment of recovery assets.		
o2iii. Provision/rebuilding of essential health, medical, and mental/behavioral health services.		
o2iv. Collaboration with partners, including community organizations, emergency management, and healthcare organizations.		
o2v. Communications to the general public.		
o3. The plan describes agency strategies for continuity of operations during the recovery period.		

Goal II: Workforce Capacity Development

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

To demonstrate evidence for this goal, an organizational process must be in place to assess, implement, and evaluate workforce competency consistent with the agency’s all-hazards response plan. These processes must be consistent with nationally recognized emergency preparedness competencies such as the “Bioterrorism and Emergency Readiness Competencies for All Public Health Workers”¹ from Columbia University, TRAIN,² or those recently released through the Public Health Preparedness & Response Core Competency Development Project.³ This process requires an agency-wide public health competency assessment and training to increase staff competency (i.e., skill, ability, and knowledge) and to rectify any other gaps identified by the assessment.

¹ These nine competencies are found in the Bioterrorism and Emergency Readiness Competencies developed by Columbia University. (<http://training.fema.gov/emiweb/downloads/bioterrorism%20and%20emergency%20readiness.pdf>)

² See <https://www.train.org/desktopshell.aspx> for more information.

³ See <http://www.aspph.org/educate/models/public-health-preparedness-response/> for more information

PPHR Measure #2: Conduct of Regular Training Needs Assessments

Agencies must conduct a training needs assessment of staff consistent with the agency’s all-hazards response plan and set of nationally recognized emergency preparedness competencies. In most agencies, the assessment may be conducted before starting the PPHR application process to allow enough time to implement workforce development activities. To demonstrate evidence for this measure, the following sub-measures (A–B) must be provided in a report.

A. Assessment Process Report	Hyperlink(s)	Comments
a1. The report describes the assessment methodology.		
a2. The report identifies how frequently reassessments will take place.		
a3. The report contains details of the assessment tool(s).		
a4. The report lists individuals involved in designing the assessment process.		
a5. The report identifies the total number and percentage of staff assessed and describes the audience and why they were selected.		
B. Results and Implications Report	Hyperlink(s)	Comments
b1. The report describes priority areas and how they were determined based on the assessment.		

PPHR Measure #3: Completion and Maintenance of a Workforce Development Plan and Staff Competencies

The agency establishes a list of priority staff (e.g., members of the public health preparedness division, all expected responders) who need training on priority training topics, based on the results of the training needs assessment and past corrective actions. When the agency has not had time to train all priority staff in the appropriate priority areas and obtain evidence that staff have demonstrated competence in these areas, the agency’s workforce development plan must describe the process (e.g., prioritization of competencies, description of how the competencies were chosen, party responsible for ensuring that training will take place) and timeline the agency will follow to train the remaining priority staff. Methods used to address this measure may include a wide range of educational techniques, such as participation in classroom trainings or direct observation by an evaluator during interactive exercises.

The agency must also demonstrate the organizational capability to maintain and enhance competence in the workforce. This section measures the organization’s ability to address workforce capacity on an ongoing basis.

The agency must submit a workforce development plan to provide evidence for the sub-measures described below. Additional documentation to support information requested in the sub-measures should also be submitted.

A. Training Topics	Hyperlink(s)	Comments
a1. The workforce development plan identifies agency priority training topics based on results from the training needs assessment.		
a2. <u>The workforce development plan contains evidence of the following training topics:</u>		
a2i. <u>Appropriate NIMS training for the public health workforce, based on jurisdictional capacity and federal requirements.</u>		
a2ii. <u>Based on jurisdictional capacity and federal requirements, appropriate ICS training for the public health workforce.</u>		
a2iii. <u>Training in the principles of risk communications for agency key spokespersons.</u>		
B. Training Selection and Objectives	Hyperlink(s)	Comments
b1. The workforce development plan describes the type of trainings to be provided.		
b2. The workforce development plan contains the overall objectives of the trainings <i>or</i> describes the competencies that the workforce development plan addresses.		
b3. <u>The application contains a justification for each chosen training activity.</u>		
b4. The workforce development plan describes the link between the conduct of training needs assessments, identified gaps, and the process for improving and sustaining levels of competence.		
C. Training Delivery	Hyperlink(s)	Comments
c1. <u>The workforce development plan describes the training participants.</u>		
c2. The workforce development plan identifies the agency(ies) or individual(s) that will administer training.		
D. Workforce Development Plan Maintenance and Tracking	Hyperlink(s)	Comments

d1. The workforce development plan describes how competency-based education in emergency preparedness will be maintained.		
d2. The workforce development plan describes how progress will be tracked for each identified training topic referred to in sub-measure A.		
d3. The application contains a report or table demonstrating the methods used to maintain agency workforce capability.		
d4. The application describes how the agency routinely evaluates workforce capability.		
d5. The application contains two examples of activities in which staff had the opportunity to demonstrate competencies noted in the workforce development plan.		
d6. The workforce development plan describes how it will be kept up-to date, providing at minimum the following: <ul style="list-style-type: none"> ▪ Who will update the workforce development plan; ▪ How the plan will be coordinated with any agency-wide workforce development plan; ▪ How updates will be conducted; ▪ When updates will take place; and ▪ How new employees will be trained, assessed, and incorporated into the workforce development plan. 		
E. Just-in-Time Training (JITT)	Hyperlink(s)	Comments
e1. Just-in-time training implementation		
e1i. The plan contains a narrative describing how just-in-time training is implemented.		
e1ii. The plan identifies who will provide the just-in-time training and the intended audience to receive it.		
e1iii. The plan describes how the just-in-time training is updated.		

e1iv. The plan describes where JITT resources are located and how they are accessed when needed.		
e2. The workforce development plan contains training curricula (presentations and other materials) for the following just-in-time training topics:		
e2i. Epidemiological investigation tasks reflecting the agency’s all-hazards plan.		
e2ii. Medical countermeasure dispensing reflecting the agency’s all-hazards plan.		
e2iii. Applicable NIMS components reflecting the agency’s all-hazards plan.		
e2iv. Communications processes reflecting the agency’s all-hazards plan.		
e2v. Isolation and quarantine reflecting the agency’s all-hazards plan.		

Goal III: Quality Improvement through Exercises and Responses and a Comprehensive Exercise Plan

To ensure an agency follows a [Continuous Quality Improvement \(CQI\) process](#), evidence must be provided to demonstrate how the agency links planning, training, and demonstration of readiness through exercise or responses. To meet Goal III, applicants must describe a process in place within the agency that documents exercises/responses in a clear and timely manner; write an improvement plan for revising the all-hazards response plan and workforce development plan based on the lessons learned and gaps identified during the exercise/response; and develop future exercises based on lessons learned that will test the corrections made while implementing the improvement plan. Goal III demonstrates the use of NIMS and Homeland Security Exercise and Evaluation Program (HSEEP) concepts and principles.

PPHR Measure #4: Learning and Improving through Exercises or Responses

The agency must provide documentation of its participation in at least *one* exercise or incident response within the **in the 24 months prior** to the PPHR application submission date. **Submit documentation of a response to one of the following items:**

- Sub-measure A: [Functional](#) or [full-scale exercise](#) (the agency must scale functional exercises, including number of staff involved in the exercise, to fit the size of the department), OR
- Sub-measure B: An emergency incident for which the agency has activated its response plan. Appropriate events for PPHR submission are comprehensive and have a definitive start and end date or time. Long-term events, such as pandemics, can be broken into meaningful sections that are time-bound, such as the first or second wave of a pandemic. All incidents used as documentation for PPHR must span more than one [operational period](#) and result in the development of an [incident action plan](#) (IAP).

Reminder: Based on the agency’s activities, include documentation for *either* an exercise *or* a response. Applicants do not need to submit both. Documentation (i.e., After-Action Report, Improvement Plan) must address the agency’s improvements and the agency’s plans.

Sub-Measure A. Multi-Agency After-Action Report/Improvement Plan (Exercise)

An exercise that will meet this measure must result in the production and approval of an after-action report/improvement plan (AAR/IP). AAR/IPs submitted to PPHR must include all elements in the following sub-measure (A1–A4).

Reminder: If the applicant includes documentation of an exercise below, it is **not** necessary to submit documentation for sub-measure B.

A1. Date of AAR/IP	Hyperlink(s)	Comments
<p>a1i. The final AAR/IP contains recommendations and corrective actions derived from discussions at the exercise evaluation conference that takes place no later than 60 days after completion of the exercise.</p>		
A2. Exercise Overview	Hyperlink(s)	Comments
<p>a2i. The AAR/IP contains an overview that provides details of the exercise, including the name, scope, threat or hazard, and scenario.</p>		
<p>a2ii. The AAR/IP overview identifies the mission areas, capabilities, and objectives for the exercise.</p>		
<p>a2iii. The application describes why the exercise was conducted (i.e., part of the previous exercise plan or the training needs assessment results) and which part or parts of the agency’s plan were exercised.</p>		
A3. Analysis of Capabilities	Hyperlink(s)	Comments
<p>a3i. The AAR/IP aligns each exercise objective with applicable capabilities and identifies whether each objective was:</p> <ul style="list-style-type: none"> ▪ Performed without challenges; ▪ Performed with some challenges; ▪ Performed with major challenges; or ▪ Unable to be performed. 		

<p>a3ii. The AAR/IP contains an analysis of the objectives and capabilities tested in the exercise. This analysis must identify strengths and areas for improvement for each capability as listed under the appropriate objectives, according to the following definitions:</p> <p>Strength: A strength is an observed action, behavior, procedure, or practice that is worthy of special notice and recognition.</p> <p>Area for Improvement: Areas for improvement include areas in which the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems. The documentation for each area for improvement must include, at minimum, the following:</p> <ul style="list-style-type: none"> ▪ Observation statement; ▪ Reference(s); and ▪ Analysis. 		
<p>A4. Improvement Plan</p>	<p>Hyperlink(s)</p>	<p>Comments</p>
<p>a4i. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness as a result of an exercise.</p>		
<p>Sub-Measure B. Incident Response Documentation (Real Incident) Documentation submitted to PPHR must include all elements in the following sub-measures B1–B2 (AAR and IP). Reminder: If the applicant includes documentation of a response below, it is <u>not</u> necessary to submit documentation for sub-measure A.</p>		
<p>B1. After Action Report (AAR)</p>	<p>Hyperlink(s)</p>	<p>Comments</p>
<p>b1i. The final AAR contains recommendations and corrective actions derived from discussions at an evaluation conference that took place no later than 120 days after completion of the response.</p>		
<p>b1ii. The AAR provides an overview of the incident.</p>		
<p>b1iii. The AAR identifies the response objectives and whether they were met during the incident.</p>		
<p>b1iv. The AAR identifies the following:</p>		

<ul style="list-style-type: none"> ▪ Notable strengths; ▪ Key areas for improvement; and ▪ If applicable, broad observations that cut across multiple capabilities. 		
B2. Improvement Plan	Hyperlink(s)	Comments
b2i. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness as a result of the real event.		

<p>PPHR Measure #5: Comprehensive Exercise Plan</p> <p>The agency must provide documentation of a comprehensive exercise plan, which must include a detailed description of <u>at least one</u> planned exercise to take place <u>no later than 12 months</u> after the PPHR application submission date.</p> <p>Consistent with the PPHR continuous quality improvement model, the exercise plan must be based on the results of the training needs assessment and the evaluations of previous exercises and responses, including the AAR/IP submitted for Measure 4.</p>		
A. Future Exercise Plan Description	Hyperlink(s)	Comments
a1. The exercise plan includes a description of the proposed location, month(s) and year(s) of future exercise(s).		
a2. The exercise plan includes a description of the type of future exercise(s) that will take place.		
a3. The exercise plan includes a description of the expected departmental participants and partner organizations.		
a4. The exercise plan includes a detailed description of at least one future planned exercise and includes: <ul style="list-style-type: none"> • the purpose and reasoning for the exercise(s) • the exercise(s) objectives • the steps to ensure the completion of the exercise(s) 		

<ul style="list-style-type: none"> an explanation of how the exercise(s) is consistent with the continuous quality improvement 		
<p>a5. The application describes how the exercise plan is informed by the results of the training needs assessment and the evaluation of previous exercises or incident responses.</p>		
<p>B. Description of Exercises</p>	<p>Hyperlink(s)</p>	<p>Comments</p>
<p>b1. The exercise plan shows anticipated participation in an exercise involving community-based organizations.</p>		
<p>b2. The exercise plan shows anticipated participation in an exercise involving the dispensing of medical countermeasures.</p>		

Section C. Narrative Questions

The PPHR application process aligns with the continuous quality improvement (CQI) model. This narrative section is the culmination of the last activity within the CQI loop: evaluation/plan and changes. The narrative section should effectively and succinctly describe those changes. In this section, applicants provide a narrative of examples that demonstrate changes in their planning regarding how it was identified, how change was implemented, how it has or will improve the response capability of the local health departments and how this process ties into the overarching quality improvement process. [Additional guidance including examples for this section can be found here.](#)

Only activities that would prompt significant changes should be cited for each narrative question. Significant changes include evaluations of event responses or full-scale or functional exercises; updated federal guidance; updated risk assessments; and major changes in agency structure, policy, programming, or staffing. They do not include editorial changes or updates that do not alter the nature of the agency’s planning and response activities.

The entire written answer, or a hyperlink to the entire written answer, should go in the associated “Narrative Response” field. Separate hyperlinks must also be provided for each example plan addition or revision described. The hyperlinks should be placed in the corresponding fields (i.e., the hyperlink in Example #1 should go in the field for “Hyperlinks(s) Example #1,” etc.).

All changes and revisions described in this section should be significant and should also be listed in the Section D matrix below.

1. Since your previous recognition date, describe **three (3)** significant additions or revisions made to your **all-hazards plan as a result of an exercise response evaluations**. For **EACH EXAMPLE**, be sure to address questions a, b, c, and d in your written response.
 - a. How your agency identified the need for the change;
 - b. How the change was implemented;
 - c. How the change improved your agency’s ability to respond; and
 - d. How the activities described fit into a [quality improvement](#) process for improving and sustaining levels of competence.

Narrative Response (Be specific and detailed in your descriptions)

Example # 1 (your example must address a, b, c, and d from above)

Hyperlink(s) Example #1

Example #2 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #2
Example # 3 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #3

<p>2. Comparing your current training needs assessment to your last training needs assessment (from your last PPHR application submission):</p> <p>a. Provide a description of where your priorities have changed and why? (e.g., change in workforce, attrition, training opportunities). Or if any of the priority areas have remained the same, provide an explanation as to why.</p> <p>b. Provide a description of how the results of your current training assessment are being used to inform the workforce development plan and the exercise plan.</p>	
<p>Narrative Response (response must address both a and b from above)</p>	<p>Hyperlink to Current Training Needs Assessment:</p>
	<p>Hyperlink to Previous Training Needs Assessment:</p>
<p>3. Since your previous recognition date, describe three (3) significant additions or revisions made to your <u>workforce development plan</u>. Include the following details for each example:</p> <p>a. How your agency identified the need for the change;</p> <p>b. How the change was implemented;</p> <p>c. Which skill sets and knowledge areas the change aimed to address; and</p> <p>d. How the change improved your agency’s ability to respond.</p>	
<p>Narrative Response (be specific and detailed in your descriptions)</p>	
<p>Example # 1 (your example must address a, b, c, and d from above)</p>	<p>Hyperlink(s) Example #1:</p>

Example # 2 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #2:
Example # 3 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #3:
<p>4. Since your previous recognition date, describe two (2) significant additions or revisions made to your <u>all-hazards plan, workforce development plan, or exercise plan</u> as a result of <u>other factors not covered in questions 1-3 above</u>. Some examples of factors motivating change are federal or state guidance (e.g. CDC’s Public Health Preparedness Capabilities, MCM-ORR tool, National Health Security Strategy), accreditation programs, updated risk assessments, changes to partners’ preparedness or response plans, etc. Include the following details for each example:</p>	

- a. How your agency identified the need for the change;
- b. How the change was implemented;
- c. How the change improved your agency’s ability to respond; and
- d. How the activities described fit into a [quality improvement](#) process for improving and sustaining levels of competence.

Be specific and detailed in your responses.

NOTE: Do not include examples already referenced in questions 1-3; examples should be unique.

Narrative Response (be specific and detailed in your descriptions)

Example # 1 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #1
Example # 2 (your example must address a, b, c, and d from above)	Hyperlink(s) Example #2

5. Since your previous recognition date, describe how your **processes for planning, executing, and evaluating exercises** have evolved or changed. Include the following details:
- Description of obstacles your agency encountered and how this changed your exercise processes;
 - How your agency has worked to engage partners in exercise planning and execution;
 - How your agency worked with partners to improve the processes for exercise evaluation developing improvement plans; and
 - A description of **two (2)** significant lessons learned from the exercise planning process.

Narrative Response (response must address a, b, c, and d from above)	Optional documentation-hyperlink(s) to supporting evidence (AARs, etc.):

6. Describe how your agency's **planning team and/or planning processes** have changed since your previous recognition date. Include details on why the changes were implemented and how the changes have impacted your agency's ability to plan for emergencies.

Narrative Response (be specific and detailed in your descriptions)	Optional Hyperlink(s)

7. Since your previous recognition date, describe how your **current exercise plan has been informed by** the exercises you have planned, conducted, and participated in. Include a **description of how you incorporated evaluations of previous exercises into this plan**, providing at least **two (2)** specific examples.

Narrative Response (be specific and detailed in your descriptions)

Example #1 (your example should address how past exercise experience informs current exercise plans, include details on how exercise evaluations have been incorporated)

Optional Hyperlink(s)

Example #2 (your example should address how past exercise experience informs current exercise plans, include details on how exercise evaluations have been incorporated)

Optional Hyperlink(s)

8. Since your previous recognition date, describe how your agency's use of a [continuous quality improvement](#) model and **experiences with PPHR** (i.e., application process or recognition status) have impacted your agency's readiness and response capabilities. Include at least **two** examples.

Narrative Response (be specific and detailed in your descriptions)	Optional Hyperlink(s)

Section D. Plan Revisions Matrix

This table should list all significant additions and revisions to the content or processes in the following documents since the date of PPHR recognition or most recent re-recognition:

- Agency all-hazards plan or EOP *and* associated annexes;
- Workforce development plan; and
- Exercise plan.

Examples of activities that would prompt significant changes include **evaluations of event responses or full-scale or functional exercises, updated federal guidance, updated risk assessments, and major changes in agency structure, policy, programming, or staffing**. They do not include editorial changes or updates that do not alter the nature of the agency’s planning and response activities.

For each example included below, list the name of the exercise, event, policy, or assessment, etc., as well as a short description of its corrective action(s) and recommendation(s). Each significant addition or revision should also include the corresponding CDC Public Health Preparedness Capabilities, the primary staff or office responsible for the change(s), the completion date and hyperlinks. Applicants should include two hyperlinks— one directing reviewers to the record of revisions page, and a second link to where the change was made in the plan.

Note:

- It is not necessary to reiterate changes based on the training needs assessment described in **Section B**, Goal II.
- All changes/revisions described in **Section C** above should be significant and therefore should also be listed in the matrix below.
- Please add as many lines as necessary to the matrix below to include all significant plan additions and revisions.
- NACCHO recommends including at least **one (1)** significant example from each of the **five (5)** years since the previous PPHR recognition.

#	Name of Exercise, Event, Policy, Assessment, etc.	Corrective Action Description	Recommendations	CDC Preparedness Capabilities	Primary Responsible Department/ Staff	Completion Date	Hyperlink to record of revisions	Hyperlink(s) to place where change was made
1	<i>2017 Tropical Storm (real world event)</i>	<i>Develop a new special medical needs shelter protocol for dealing with supply kits</i>	<i>Transfer responsibility of housing special medical needs shelter supply kits from OEM to County Health.</i>	<i>#2 Emergency Operations Coordination #7 Mass Care</i>	<i>Office of Public Health Preparedness</i>	<i>08/2017</i>	Record of Revision for SMNs Plan	Page 36 of SMNs Plan

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Guidance on Evidence Elements

[Measure 1.A.a1](#): Evidence for this element should include a process for notifying partners and key individuals (e.g., staff, legal counsel, and other individuals who may be able to assist in the decision-making process) whether any laws, policies, or procedures will be modified or waived and if any Mutual Aid Agreement and/or Memorandum of Understanding will be used.

[Measure 1.A.a2](#): 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, including the legal authority for such actions. 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, as well as hiring or reassigning staff or temporary personnel and contractors. Applicants may also discuss waivers for executing contracts in a timely manner or additional personnel who may approve purchase requests in the event the designated purchasing manager is unavailable. Applicants may also cite information on purchasing cards, contracts, sole sources waivers, three bids, legal reviews, approved signatories, etc. (including facility usages), and mutual aid agreements for contracting/procuring.

[Measure 1.C.c1](#): 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.D.d1](#): 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. D.d2](#): 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, and information collection, analysis, and dissemination.

[Measure 1.E.e1](#): 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. E.e2](#): 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.E.e4](#): 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.F.f1](#): Evidence for this element must include strategies for communicating with non-English speaking, hearing impaired, visually impaired, and limited language proficiency populations.

[Measure 1.F.f2](#): Evidence for this element may include topics such as the use of call centers and monitoring of media, including social media.

[Measure 1.G.g1](#): If individuals legally authorized to dispense during a declared disaster remain the same when a disaster has not been declared, this should be explicitly stated within the plan.

[Measure 1.G.g2](#): Outside entities may include partners such as schools serving as open Point of Dispensing (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.H.h2](#): Evidence for this element should include a process for conducting health and safety inspections—including 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.H.h2](#)/[Measure 1.H.h3](#): Congregate locations include general shelters, medical needs shelters, and alternate care sites.

[Measure 1.I.i1](#): Applicants should consider discussing the staffing and operations of family assistance centers.

[Measure 1.K.k1](#)/[Measure 1.K.k2](#): The process must include the legal agency, legal authority, necessary written forms (e.g., motion, petition, affidavit, order), and partners.

[Measure 1.N.n1](#): The process described in x2., including the resulting documents, agreements, written policies, statutes, and the resources which they cover, should be referenced as part of the evidence here.

[Measure 1.O.o2i](#): 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 2.A.a5:](#) 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.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 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 minimum, a training record for priority staff in ICS courses, [ICS 100b](#) and [ICS 200](#). As jurisdictional capacity permits, NACCHO recommends including a 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 minimum, a training record for the identified spokespersons and any priority staff in [ICS 702](#). As jurisdictional capacity permits, NACCHO recommends including a 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.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 are 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/or inclusion of curricula, etc.

[Measure 3.D.d4:](#) Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation can 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 sub-section created for each capability validated during the exercise. Each section must include a summary of strengths and areas for improvement. Adequate detail must be included to provide the reader with an understanding of 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 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 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](#)

Access and functional needs	Irrespective of specific diagnosis, status, or label, the terms “access and functional needs” are defined as follows: <ul style="list-style-type: none">• Access-based needs: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, etc.• 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.
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	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. ⁴
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. ⁴
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. 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.
CDC Preparedness Capability	CDC’s Public Health Preparedness Capabilities: National Standards for State and Local Planning provides a guide that state and local jurisdictions can use to better organize their work, plan their priorities, and decide which capabilities

⁴ <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>

⁵ http://www.fema.gov/pdf/emergency/nrf/National_Preparedness_Guidelines.pdf

	<p>they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.</p> <p>Consistent with the CDC’s Public Health Preparedness Capabilities: National Standards for State and Local Planning the fifteen capabilities include community preparedness, community recovery, emergency operations coordination, emergency public information and warning; fatality management; information sharing; mass care; medical countermeasure dispensing; medical materiel management and distribution; medical surge; non-pharmaceutical interventions; public health laboratory testing; public health surveillance and epidemiological investigation; responder safety and health; and volunteer management.</p>
Continuity event	“Continuity event:” An event that can disrupt the performance of essential functions, capabilities, and services at all levels.
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.
Credential	In the context of a public health emergency, “credentialing” volunteers involves ensuring that volunteers have the correct level of medical authorization 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

	<p>will act before, during, and immediately after an emergency. An EOP should be tailored to each community's own potential hazards and resource base.</p>
<p>Emergency Support Function</p>	<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> <ul style="list-style-type: none"> ESF #1: Transportation ESF #2: Communications ESF #3: Public Works and Engineering ESF #4: Firefighting ESF # 5: Emergency Management ESF #6: Mass Care, Emergency Assistance, Housing, and Human Services ESF #7: Logistics Management and Resource Support ESF #8: Public Health and Medical Services ESF #9: Search and Rescue ESF #10: Oil and Hazardous Materials Response ESF #11: Agriculture and Natural Resources ESF #12: Energy ESF #13: Public Safety and Security ESF #14: Long-Term Community Recovery ESF #15: External Affairs
<p>Environmental health response plan</p>	<p>An environmental health response plan ensures that 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>Homeland Security Exercise and Evaluation Program (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 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.</p>
<p>Functional exercise</p>	<p>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</p>

	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
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 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
Incident Command System	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.
Indicators	“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
Information sharing	The CDC’s “Public Health Preparedness Capabilities” defines “information sharing” as the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among

⁶ https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf

⁷ https://emilms.fema.gov/is554/lesson3/01_03_010print.htm

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

⁹ <http://www.nationalacademies.org/hmd/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx>

	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
Job action sheets	Job action sheets (JAS) are part of ICS and contain succinct descriptions of 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.
Just-in-time training	“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 last no 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.
Mass care	“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.
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

¹⁰ https://www.cdc.gov/phpr/readiness/00_docs/DSLRCapabilitiesJuly.pdf

¹¹ https://www.cdc.gov/phpr/readiness/00_docs/DSLRCapabilitiesJuly.pdf

	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 https://www.fema.gov/media-library/assets/documents/30295 .
Operational period	”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 communications 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 minimum, this system should maintain individual contact information and information on the services received. Services tracked by such a system include emergency sheltering, mass patient care, and pre- or post-exposure prophylaxis.
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.
<u>Community Recovery</u>	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 (i.e., 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.

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