



Project Public Health Ready - Additional Considerations

This document can be used alongside the PPHR Criteria to assist individuals at health departments think through the evidence elements presented in the PPHR Criteria. The goal of the document is to help health departments develop the best possible preparedness plans and programs. The document contains a list of tips to assist those who are providing the content for each evidence element of the Criteria. These tips serve only to augment the PPHR Criteria and do not require responses.

GOAL I—All-HAZARDS PREPAREDNESS PLANNING: Measure I

Goal I: All-Hazards Preparedness Planning PPHR

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

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

A. Table of Contents

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

Tip:

It is often useful to include a "find-fast" document, such as an index, listing key response activities and concepts, and providing a reference to the page(s) of the response plan (or other document) where they can be located. This type of document can be useful during an emergency.

C. Plan-Update Cycle

c2: Updating the plan on "a regular basis" means that specific trigger(s) for this process are defined, for example, as part of enacting an exercise corrective action plan, in response to new guidelines being posted, and/or a regular schedule such as annually.

Tip:

Some sites have included a log of the dates of the change to the plan with a short description, which has helped the reviewers understand the progression and development of the plan.



D. Authority and Acknowledgments

d1: Evidence for this element should include citations of applicable statutes or administrative rules governing the plan's creation and use. This item is dependent upon local and state legal practice.

d2: Evidence for this element should include at least one of the following:

Notes/Minutes: Meeting notes or minutes that include a motion/approval to accept the plan.

List/Acknowledgments: List of agency representatives participating in the plan's development and to whom the plan applies, and acknowledgments by the agencies participating in the planning process.

Tip:

It may be helpful to include copies or summaries of applicable laws, regulation, and technical materials that are likely to be useful during an event.

F. Activation Circumstances and Event Sequence Following Activation

Tip:

It may be helpful to include BOTH a flow diagram and narrative description that indicates when the LHD will consider deploying specific response activities.

G. Concept of Operations

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

Tip:

This section should make it easy for a volunteer or a representative from another jurisdiction offering assistance during an emergency to understand the agency's role during an emergency response (in relation to its local EMS, partners, etc.).

H. National Incident Management System

h2: Applicants may use the most current version of the NIMS Capability Assessment Support Tool (www.fema.gov/nimscast) or other approved assessment tool.

I. Functional Staff Roles

i1: Evidence for this element should include a description of whether employees and/or volunteers will fill staffing needs during a response, and describe how they will be incorporated into the response, (i.e., just-in-time trainings, where to report, services provided to staff/volunteers). Assimilation includes all steps necessary to incorporate staff/volunteers into a response, (i.e. credentialing, training, notifying, and assigning). The plan should also address the possibility of outside agencies requesting personnel resources.

J. Vulnerable Populations Access and Demographics

j2: Evidence for this element must address systems in place, such as establishing shelters, working with NGOs or other community partners, and using WIC data to inform planning. The plan must also identify whether the LHD has a lead or support role for each function.



NOTE: Sub-Measures K—X are crosscutting with the LHD's Concept of Operations.

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

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

K. Command and Control

Tip:

This section should discuss the process for declaring a public health emergency. If the local health department is part of a region, it is important for this process to be understood and agreed upon across the region.

L. Communication Plan

12. Risk Communication Plan

Tip:

Consider these questions:

- 1. How are messages designed?
- 2. How are communication channels determined?
- 3. How are communication strategies evaluated?
- 4. For regions, is there a common/regionalized communication policy? How does the region reach consensus on communication?

M. Epidemiology

m1i: 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 affect on the LHD, related partner agencies and the geographic area.

m2i: The occurrence of reportable disease conditions or unusual epidemiological situations is dependent on the knowledge of when an event is beyond or in excess of normal expectancy. Since the procedure for investigation of a suspected outbreak is the same, the agency must show documentation of disease occurrence of both yearly incidence and monthly occurrence of reportable conditions. This is compared to available information about the new cases with a predetermined definition of an outbreak. Consequently, each agency must also discuss what is used for case definitions and the process used to establish specific outbreak case definitions. The agency must reference how laboratory testing is used to confirm or reject suspected diagnoses and determine the type of agent associated with the illness, whether bacterial, viral, or other. The agency must describe how case definitions are determined and counted in a specific time, place, or group of persons.

m2ii: 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.

m2iii: Evidence for this element should include how the agency will develop a master contact list and a final (or perhaps successive on a complex outbreak) outbreak case definition and hypothesis. The hypothesis directs the investigation and is tested by the data gathered. Describe the mechanism for how the data will



be gathered, collected, and managed during the outbreak event and afterwards from the interviews, the sampling mechanisms, laboratory processes, and participating investigators. Describe who will prepare daily and final written reports. Describe who is responsible for control and prevention measures.

m2vi: Evidence for this element must detail 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.

Tips:

- 1. Consider using community partners such as dentists and pharmacists for surveillance.
- 2. Describe who is allowed to volunteer for epidemiological tasks in an emergency and how their credentials will be verified.
- 3. Notification protocols should include sharing information locally, regionally, and at the state level.

N. Laboratory Data and Sample Testing

n1. Access to Labs (e.g. local, regional, state)

Tip:

Consider possible security needs for transporting specimens to the lab.

O. Mass Prophylaxis and Immunization

- **o3:** Evidence for this element must include an all-hazards approach to post-event tracking. The application must demonstrate that the LHD has the capacity and structure in place to conduct effective post-event tracking.
- **o5:** Evidence for this element must include the number of volunteers needed to support full staffing for a worst-case scenario, i.e., 10 points of distribution, 30 staff each (4 health department employees, 26 volunteers), two 12-hour rotating shifts = 520 volunteers.
- o6: Evidence for this element must detail the current capacity of volunteers capable of responding to a public health emergency.
- **o7:** Evidence for this element must contain a definition of Essential Personnel who, in a public health emergency, will receive prophylaxis prior to the general population, i.e. emergency responders, SNS distribution team members, and medical and public health personnel who will treat the sick.

Tips:

- 1. Specify the locations of potential dispensing sites and considerations for determining which site will be used.
- 2. Determine who will initiate the set-up of the dispensing site.
- 3. Consider the full range of activities that need to be implemented and managed at a site including public education.
- 4. Determine how potential volunteers to work at the dispensing site will be contacted during an emergency.

R. Environmental Health Response

Tip:



Consider the process for re-entry certification.

S. Disaster Behavioral Health: Public Health Emergency Response Personnel

s1: A behavioral health plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

Tip:

Ensure the following services will be available:

- Debriefing
- Crises counseling
- Critical incident stress management
- Other mental health support systems

U. Quarantine, Isolation and Social Distancing Plan

Tips:

- 1. Consider who can release those in guarantine and isolation.
- 2. Consider both voluntary and involuntary quarantine and isolation.
- 3. Address the potential role of law enforcement and its authority.
- 4. Determine the potential penalties for non-compliance.
- 5. Address Contingency plans for a large scale application such as
 - a. Requirement/ability to waive specific requirements (e.g., due process, individual notification)
 - b. Use of notification of restrictions and release for groups rather than individuals
- 6. Define relevant terms to ensure common understanding (such as home isolation and quarantine, hospital isolation, active and passive surveillance, etc.).

W. Public Health Surge Capacity and Volunteer Management

Tip: Consider your health department's plan to handle the possible surge needs from neighboring jurisdictions.

X. Mutual Aid and Resource Management

x1: Evidence for this element will identify and demonstrate the ability and permission to access, as well as the ability to obtain and utilize, external resources necessary to respond to a public health emergency, either through formal or verbal mutual aid agreements or memorandums of understanding, policies, planning documents or other documentation of response partnering or assistance.







GOAL II—WORKFORCE CAPACITY DEVELOPMENT: Measures II, III, and I V

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" from Columbia University, MRC-TRAIN², or those under development through the Public Health Preparedness & Response Core Competency Development Project. This process requires an agency-wide public health competency assessment and training to increase staff competency (skill, ability, and knowledge) and to rectify any other gaps identified by the assessment.

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 a set of nationally recognized emergency preparedness competencies. In most agencies, the assessment may be conducted in advance of 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-C) must be provided in a report format.

B. Assessment Process Report

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

Tip: There is no specific number. However, health departments should be thinking of what percentage of their staff would allow for a viable training plan to be created. If a health department receives a very low response rate, the data will not lend itself well to the development of an informed training plan.

³ See http://www.asph.org/document.cfm?page=1081 for more information



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

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

That being said, I'd recommend that the CHDs in FL take the advice of the state and shoot for 70% or higher. This is a reasonable number that will allow for the development of a fully informed training plan.

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

The LHD establishes a list of priority staff who need training and priority training topics. When the LHD 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 LHD's training plan must describe the process (e.g., prioritization of competencies, description of how the competencies were chosen, party responsible for ensuring that training will occur) and timeline the LHD will follow to achieve progress toward full workforce competence. Methods used to address this measure may include a wide range of educational techniques, such as participation in classroom trainings or direct observation by an evaluator during hands-on exercises.

The LHD must submit a workforce development plan to provide the evidence for the sub-measures described below. Additional documentation may also be submitted.

E. Management of Training Plan

Tips:

- 1. It may be helpful to include a training modification log, if available.
- 2. If the training plan has been updated, give a reason for why the training plan was modified. (i.e. new assessment completed, results from an AAR demonstrate that staff need to be trained in additional areas, etc.).
- 3. An excel sheet is often useful for tracking trainings.

F. Rapid Training Curricula

Tip:

Ensure that the rapid training curricula are linked to the response plan in a way that they can be easily accessed by staff and volunteers.







GOAL III—QUALITY IMPROVEMENT THROUGH EXERCISES AND REAL EVENTS: Measures V and VI

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

To ensure an LHD follows a Continuous Quality Improvement (CQI) process, evidence must be provided of linkages between its planning, training, and demonstration of readiness through exercise or responses. In order to meet Goal III, LHDs must show a process in place within the agency that documents exercises/responses in a clear and timely manner; completes an improvement plan for revising the all-hazards response plan and workforce development plan based on the lessons learned and gaps identified during the exercise/response; and develops future exercises based on those 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: Organizational Capacity to Support and Maintain Staff Competence in Emergency Preparedness

The LHD must 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.

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

A. Management of Agency Workforce Capability



- a1: Examples of means to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, inclusion of curricula, etc.
- **a2:** 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 degree. Any description needs to detail the process, including how the evaluation is structured, who conducts the evaluation, and how often the evaluations will be performed.

PPHR Measure #5: Learning and Improving through Exercises or Responses

The LHD must provide documentation of its participation in at least one exercise or incident response within 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 LHD must scale functional exercises to fit the size of the department).
- Sub-measure B: An emergency incident that the agency has activated its response plan for. 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 IAP.

Reminder: Based on your LHD's activities, include documentation for EITHER an exercise OR a response. You do not need to submit both.

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

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

A2. Exercise Executive Summary

- **a1:** If there are individuals in specific job categories that are not required to complete the courses outlined in the most recent NIMS guidance, due to a local or state public health directive, provide a report that identifies these categories and provides evidence and justification of the directive (e.g., "The state health department has mandated that only positions funded through federal dollars are required to complete IS-100, but ALL public health staff must complete IS700.")
- a2ii: Exercise objectives should be SMART (specific, measurable, achievable, realistic, and task-oriented).
- **a4i:** The analysis of capabilities must include a sub-section created for each capability validated during the exercise. Each section must include a summary of the capability in question, including an overview of how that capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The length of this summary depends on the scope of the exercise. Adequate detail must be included to provide the reader with an understanding of how the capability was performed or addressed. Each capability summary is followed by a subheading for each of the capability's associated activities. Under each activity there should be observations that analyze how well the tasks within that activity were performed.

Tips:

- 1. Explain how feedback on the exercise was obtained
- 2. List the duties and responsibilities of the evaluators



3. Describe who evaluated the exercise.

B. INCIDENT RESPONSE DOCUMENTATION (REAL-EVENT)

A response to a real-event that will meet this measure must result in the production and approval of an Incident Action Plan (IAP). If more than one IAP is produced and approved, ALL IAPs for the event should be submitted.

IAPs submitted to PPHR must include ALL of the elements in the following sub-Measures (B1-B4).

Reminder: Based on your LHD's activities, if you include Documentation of a Real Event Response, you do NOT need to submit an After Action Report/Improvement Plan for an Exercise.

B1. All Incident Action Plan(s) (IAP) from Real Event

Tips:

- 1. Evaluate the operational period. Was the operational period a manageable segment of time to accomplish and/or work toward specific objective?
- 2. Evaluate the objectives. Were the objectives short-term, measurable, specific and cost-effective? Did the objectives have a time-frame?

PPHR Measure #6: Comprehensive Exercise Plan

Based on the AAR/IP or IAP, the LHD provides documentation of its comprehensive exercise plan or planning notes that are clear and include a detailed description of at least one planned exercise to take place no later than 12 months after the PPHR application submission date.

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

A. Future Exercise Plan Description

a4: HSEEP Policy and Guidance can be found at https://hseep.dhs.gov/pages/1001_hseep7.aspx.a2.

