

Project Public Health Ready Support Response Agency (SRA) Criteria [Insert Applicant Name and State]



Version 2
*Updated
August 2019*

Introduction

Thank you for completing your PPHR application. Please ensure that your application meets all of the requirements outlined below.

Application Requirements

- **Executive Summary:** Specific items that must be addressed in the Executive Summary are listed in the [Executive Summary](#) section on the next page.
- **Criteria Crosswalk:** The Criteria Crosswalk is composed of the columns with the headings “Hyperlink(s)” and “Comments.” The Criteria Crosswalk directs PPHR reviewers to the appropriate evidence documents in your application. The Criteria Crosswalk **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 references. Do not reference entire sections of documents or large ranges of pages. Cite the strongest evidence first.
 - **Comments Column:** Applicants may include an explanation for evidence elements that were not addressed (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).
- **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.

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

If you have any questions, please e-mail 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 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 process.
- The agency's mission and vision for serving the public's health.

2. Jurisdictional Area Description

- Size of population served by the agency.
 - Include number of local health departments agency supports
- Geography/topography information, including the location of the jurisdiction.
- 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).
- Description of how the applicant agency's authority functions with both state and local health department authority.
- Governance structure, such as cities and towns in a region, boards of health, and county commissioners.
 - Governance structure should clearly describe how the applicant agency is governed as well as how local health department authority fits within or complements this structure.
- Preparedness planning and how the efforts of the agency fit within the larger jurisdictional (e.g., state, 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 SRA 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.

Application Guidelines

*Starred Criteria Elements

When a criteria element contains an asterisk, the evidence submitted by the applicant does not have to be located in a plan, as long as the plan references where to find that information.

**Double Starred Criteria Elements

When a criteria element contains double asterisks, in addition to evidence in the applicant's plan, the evidence should also contain an applicable local example plan that further details the activities the SRA supports.

Application Guideline #1:

If you are not the lead agency for the activities described in a particular criteria element, 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, and/or description of the local response roles and responsibilities that the SRA supports.
- 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 met for each individual criteria element for which the applicant is not the lead.

Application Guideline #2:

If there is a criteria 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
- Listing 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.

PPHR Criteria Version 1 for All Applicants

Goal I: All-Hazards Preparedness Planning: Measure 1

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([Application Guideline #1](#)).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([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 it 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. Plan Organization | Hyperlink(s) | Comments |
|---|--------------|----------|
| a1. The table of contents correctly corresponds to the numbered pages of the plan. | | |
| a2. The organization of the plan is consistent with the local/state emergency management agency’s response plan and complies with the National Incident Management System (NIMS). | | |
| B. Introductory Material | Hyperlink(s) | Comments |
| b1. The plan provides an overview or introduction, including a description of the purpose of the plan. | | |

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| b2. The application describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition. | | |
| b3. The application provides evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., region-local collaboration, region-state collaboration, healthcare coalition). | | |
| b4. The plan identifies all neighboring jurisdictions and, if applicable, tribal and international borders and military installations within the agency's jurisdiction. | | |
| b5. The plan identifies all healthcare stakeholders (coalitions, hospitals, EMS, clinics, and community health centers) within the locality. | | |
| b6. The application identifies the locations where copies of the plan are kept. | | |
| b7. The application describes how all staff and stakeholders are informed of the location of the plans. | | |
| C. Plan Update Cycle | Hyperlink(s) | Comments |
| c1. The plan bears a date demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission. | | |
| c2. The application describes the procedure the agency will use to update and revise its plan on a regular basis. | | |
| D. Legal and Administrative Preparedness | Hyperlink(s) | Comments |
| d1. The plan describes the legal and administrative authority under which the agency would respond to an emergency requiring a public health response. | | |
| d2. The plan describes the process of declaring a public health emergency. | | |
| d3. The plan describes emergency legal authorities and 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 federal/state funds; ▪ Allocating federal/state funds (determining how funds are allotted) ▪ Spending federal/state funds (including contracting, procurement, and hiring).* | | |

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| d4. The plan describes the monitoring and reporting procedures for the expedited processes described in d3.* | | |
| E. Situations and Assumptions | Hyperlink(s) | Comments |
| e1. The application includes a hazard analysis of threats (e.g., chemical/nuclear facilities, floods, extreme weather events) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event. | | |
| e2. The plan includes conclusions drawn from the hazard analysis regarding threats faced by the jurisdiction and unique jurisdictional characteristics/vulnerabilities that may affect a public health response. | | |
| e3. The application describes how the agency is preparing for the vulnerabilities described in the results of the hazard analysis . | | |
| F. Activation Circumstances and Event Sequence Following Activation | Hyperlink(s) | Comments |
| f1. The plan contains a detailed process and diagram (i.e. flow chart, decision tree, matrix) describing the activation of the support response agency including specific triggers for when primary response agencies elevate response to the SRA level. | | |
| f2. The plan contains standard operating procedures that describe an all-hazards response. | | |
| G. Concept of Operations | Hyperlink(s) | Comments |
| g1. The plan describes the responsibilities of the emergency response agency or team(s) that will respond to a public health emergency. ** | | |
| g2. The plan contains a bulleted list, table, or matrix that clearly identifies both the primary and secondary support roles for the applicant, the local/regional/state health departments, and federal partner agencies, in areas including the following: <ul style="list-style-type: none"> ▪ Command and control; ▪ Community resilience; ▪ Incident management; ▪ Information management; | | |

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| <ul style="list-style-type: none"> ▪ Countermeasures and mitigation; ▪ Surge management; and ▪ Biosurveillance. | | |
| g3. For any bullet point above where the SRA is listed as 'primary' the plan should identify key staff roles and how they are filled. | | |
| g4. The plan contains a table or diagram that illustrates the agency's command and control structure (ICS/Unified Command Structure/Multi-agency Coordination System) for coordination of emergency response. | | |
| g5. The SRA plan describes the agency's process for activation and deployment of assigned personnel into the incident command structure of the response. | | |
| g6. The SRA plan contains a process for activation and deployment of requested personnel resources during an operational response. | | |
| g7. The command and control structure addresses the following five items: <ul style="list-style-type: none"> ▪ Staff roles, responsibilities, and concept of operations for SRA emergency operations center; ▪ Response actions that will occur; ▪ When the response actions will occur; ▪ Under whose authority the actions will occur; and ▪ How response actions will be documented. | | |
| H. Functional Staff Roles | Hyperlink(s) | Comments |
| h1. The plan contains a list, table, or other documentation identifying the necessary roles to be filled during a response operation to any hazard. | | |
| h2. The plan contains a roster of the primary, secondary, and tertiary staff or other regional resources to cover the command and general leadership roles during a response operation based on NIMS. | | |
| h3. The plan contains copies of Job Aids or Job Action Sheets detailing specific functions of each role indicated as necessary in measure 1.H.h1.* | | |
| h4. The plan describes how the agency, during an emergency operation, activates and notifies staff and volunteers and incorporates them into response activities. | | |

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| <p>h5. The plan describes the process for determining where activated staff must report and how they will be accounted for by the receiving agency.</p> | | |
| <p>h6. The plan includes evidence of procedures for protecting responders (pre-deployment, deployment, post-deployment) under the direction of the agency from probable safety and health risks, including the following:</p> <ul style="list-style-type: none"> ▪ Recommendations for personal protective equipment; ▪ Plan for mental/behavioral health services ▪ Documented process for medical readiness screening; and ▪ Monitoring of responder exposure, injury, and intervention/treatment. <p><u>*</u></p> | | |
| <p>I. Agency Communications</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>i1. The plan identifies the party or parties responsible for notification, alerts, and mobilization.</p> | | |
| <p>i2. The plan describes whom to notify during an incident and at what level (e.g., alert, standby, report).</p> | | |
| <p>i3. The plan describes the method by which notification will take place.</p> | | |
| <p>i4. The plan describes the process for maintaining contact information for staff who may participated in a response (e.g., Emergency Operations Center or multi-agency coordination center).*</p> | | |
| <p>i5. The plan describes how quickly activated staff will be notified of an incident.</p> | | |
| <p>i6. The plan describes what information is shared with activated staff and volunteers.</p> | | |
| <p>i7. The application contains a plan for redundant communication that demonstrates the ability to stand-up communications systems to link SRA and those they support within 12 hours (must be three-deep).</p> | | |
| <p>J. Resource Management</p> | | |
| <p>j1. The plan describes the agency’s roles and responsibilities related to resource management for ESF 8: Public Health and Medical Services.</p> | | |

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| j2. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| j3. The plan describes response actions that will occur. | | |
| j4. Description of any partner organizations agency works with to carryout the plan (i.e. other government support agencies, other PRA outside of public health, state public health agency etc.). | | |
| j5. The plan describes the resource request process for the following: <ul style="list-style-type: none"> • Personnel • Materiel • Equipment & technology | | |
| j6. Application contains evidence of a process for resource management and tracking including any electronic systems used. | | |
| j7. The plan describes the method for confirming resource requests are fulfilled (i.e. resources received by requesting agency). | | |
| j8. The plan includes evidence of a process for utilizing a resource typing system which is shared by the applicant and any partners providing or receiving resources. | | |
| K. Mutual Aid | | |
| k1. The plan describes the agency's roles and responsibilities related to mutual aid processes for ESF 8: Public Health and Medical Services. | | |
| k2. The plan describes response actions that will occur. | | |
| k3. The plan describes under whose authority mutual aid requests are made and fulfilled. | | |
| k4. The plan outlines how response actions will be documented. | | |
| k5. The application describes the process by which the agency develops intrastate and interagency mutual aid agreements with LHDs, neighboring jurisdictions, including military installations, private sector, and non-governmental organizations. | | |

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| k6. The plan lists existing MOUs/MAAs/resource sharing agreements and describes the process for activating them. | | |
| k7. The plan describes the process for regularly reviewing and updating MOUs. | | |
| L. Community Preparedness | Hyperlink(s) | Comments |
| l1. The application contains evidence of collaboration with LHDs, stakeholders, and other PRA's within the agency's jurisdiction. | | |
| l2. The application contains a policy or process for continuous development and maintenance of collaboration with LHDs, stakeholders, or other PRAs. | | |
| l3. The plan describes the at-risk populations within the jurisdiction, consistent with the definition of at-risk populations found in the PPHR glossary. | | |
| l4. The plan describes process and applicant role in providing resources and services to primary response agencies related to addressing at-risk populations. | | |
| <p><i>NOTE: Sub-measures M–Y are cross-cutting with the agency's concept of operations.</i></p> <p>Information provided for submeasures M-Y should be applicable to the criteria element and as specific as possible. Applicants and reviewers should click on any hyperlinked elements to read the associated guidance. Where relevant, applicants should include details from the LHD plan to clearly demonstrate their specific support role as it relates to the primary response agency. Remember: for any element with a ** the applicant is required to provide a local plan example to assist reviewers in understanding their specific roles and responsibilities.</p> | | |
| M. Emergency Public Information and Warning | Hyperlink(s) | Comments |
| m1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| m2. The plan describes the triggers for activation of the SRA plan. | | |
| m3. The plan contains a description of the ICS/MAC structure utilized by SRA to carryout the plan including identification of key staff roles and how they are filled. | | |
| m4. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| m5. The plan describes the response actions that will occur. | | |

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| m6. Description of any partner organizations agency works with to carryout the plan (i.e. other government support agencies, other PRA outside of public health, state public health agency etc.). | | |
| m7. The plan details the process for obtaining situational awareness reports from PRA and sharing this information with relevant stakeholders (i.e. state level support agency, partner organizations etc.) | | |
| m8. The plan outlines how response actions will be documented. | | |
| N. <u>Information Sharing & Situational Awareness</u> | Hyperlink(s) | Comments |
| n1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| n2. The plan describes the triggers for activation of the SRA plan. | | |
| n3. The plan contains a description of the ICS/MAC structure utilized by SRA to carryout the plan including identification of key staff roles and how they are filled. | | |
| n4. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| n5. The plan details the process for obtaining situational awareness reports from PRA and sharing this information with <u>partners</u> and relevant <u>stakeholders</u> (i.e. state level support agency, partner organizations etc.) for the following areas: <ul style="list-style-type: none"> • Epidemiology • Epidemiological investigation & reporting • Medical countermeasure dispensing • Mass care • Mass fatality management • Environmental health response • Disaster behavioral health • Non-pharmaceutical interventions • Surge management • Volunteer management • Community recovery | | |

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| <p>n6. The plan describes the process for partner notification, including at a minimum the following:</p> <ul style="list-style-type: none"> ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to ensure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills)? | | |
| <p>n7. The plan describes the resource request process including the process of: sending, receiving, and confirming receipt/acknowledging health alert messages to/from multiple users.</p> | | |
| <p>n8. The plan contains a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.*</p> | | |
| <p>n9. The plan contains a contact list for those agencies with whom the applicant is responsible for communicating that is accompanied by a procedure for keeping the list current and accurate.*</p> | | |
| <p>n10. The plan describes the process for monitoring, managing, and responding to inquiries from primary response agencies, partners, and stakeholders during an emergency.</p> | | |
| <p>n11. The plan outlines how response actions will be documented.</p> | | |
| <p>O. Epidemiology, Epidemiological Investigation and Reporting</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>o1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.</p> | | |
| <p>o2. The plan contains a flow diagram or narrative that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.</p> | | |
| <p>o3. The plan describes under whose authority the SRA plan is activated and response actions occur.</p> | | |
| <p>o4. The plan describes the response actions that will occur.</p> | | |

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| o6. The plan outlines how response actions will be documented. | | |
| o7. The plan describes how the agency provides for surge support in an epidemiological investigation including contact tracing, tracking and monitoring cases/exposed persons and short-and- long-term follow-up. | | |
| o8. The plan describes outbreak and exposure investigation tasks for assigned personnel who would be called upon in an agency emergency response. | | |
| o9. The plan contains a table of local and state laboratories, including a description of laboratory capacity, list of pathogens that can be identified at each level, and contact information for each laboratory.* | | |
| P. Medical Countermeasure Dispensing | Hyperlink(s) | Comments |
| p1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| p2. The plan describes the triggers for activation of the SRA plan. | | |
| p4. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| p5. The plan describes the response actions that will occur. | | |
| p7. The plan outlines how response actions will be documented. | | |
| p8. The plan describes any agency processes or responsibilities for requesting, receiving and distributing SNS assets, and how these processes integrate into the state and local SNS plan. | | |
| p9. The plan describes the agency role and associated procedures for implementing medical countermeasure dispensing in the jurisdiction, including using open and/or closed PODs and any other alternate dispensing modalities. | | |
| p10. The plan describes how the SRA agency will assist the local health department (PRA) in obtaining additional staff to support medical countermeasure dispensing operations. | | |
| p11. The plan describes standard operating procedures to locate, procure, and coordinate local and/or regional supplies of medical countermeasures. | | |

| Q. Mass Care | Hyperlink(s) | Comments |
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| q1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| q2. The plan describes the triggers for activation of the SRA plan. | | |
| q3. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| q4. The plan describes response actions that will occur. | | |
| q6. Describe the process of how the SRA supports the PRA in ensuring that environmental and safety health evaluations are conducted and monitored throughout the duration of mass care operations, including provisions for individuals with access and functional needs are in place. | | |
| q7. The plan outlines how response actions will be documented. | | |
| q8. The plan describes any support the SRA would provide for casualty transportation process for mass care from the congregate locations to the medical treatment center. | | |
| R. Mass Fatality Management | Hyperlink(s) | Comments |
| r1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| r2. The plan describes the triggers for activation of the SRA plan. | | |
| r3. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| r4. The plan describes response actions that will occur. | | |
| r6. The plan outlines how response actions will be documented. | | |
| S. Environmental Health Response | Hyperlink(s) | Comments |
| s1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |

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| s2. The plan describes the triggers for activation of the SRA plan. | | |
| s3. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| s4. The plan describes response actions that will occur. | | |
| s5. The plan outlines how response actions will be documented. | | |
| <p>s6. The plan describes the agency’s lead and support roles including those of partner agencies in the protection of the public from environmental hazards and the management of public health effects of an environmental health emergency. Include identification of the lead and support roles for the following areas of environmental health response:</p> <ul style="list-style-type: none"> ▪ Foodborne and waterborne outbreak surveillance, investigation, and control ▪ Vector surveillance for vector-borne disease control ▪ Food safety ▪ Drinking water supply and safety ▪ Sanitation ▪ Waste water ▪ solid waste management ▪ Hazardous waste management ▪ Air quality ▪ Radiation exposure response, including population monitoring ▪ Chemical or toxic release control and clean-up | | |
| s7. For any areas in s6. where applicant is identified as the lead agency please provide evidence of the process for for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions. | | |
| T. Disaster Behavioral Health | Hyperlink(s) | Comments |
| t1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| t2. The plan describes the triggers for activation of the SRA plan. | | |

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| t3. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| t4. The plan describes response actions that will occur. | | |
| t6. The plan outlines how response actions will be documented. | | |
| t7. The plan describes the process by which the applicant prepares personnel under the direction/authority of the agency, for the behavioral health implications of public health emergencies. | | |
| t8. The plan describes the process by which the applicant monitors the post-response mental and behavioral health status for responders deployed by the SRA, including triggers for referral to behavioral health specialist or employee assistance program. | | |
| t9. The plan describes who in the community is responsible for addressing and responding to the behavioral health issues of the community. | | |
| t10. The plan describes how mental health/psychological first aid will be used to address immediate post-disaster behavioral health needs. | | |
| U. Non-Pharmaceutical Interventions | Hyperlink(s) | Comments |
| u1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| u2. The plan describes the triggers for activation of the SRA plan. | | |
| u3. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| u4. The plan describes response actions that will occur. | | |
| u6. The plan outlines how response actions will be documented. | | |
| u7. The plan describes coordination of public health and medical services among those under isolation or quarantine. | | |
| u8. The plan describes coordination of general services, including food, water, and transportation, among those under isolation or quarantine. | | |

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| u9. The plan describes the communication process for directing and controlling public information releases about individuals under isolation or quarantine. | | |
| V. Continuity of Operations Plan (COOP) | Hyperlink(s) | Comments |
| v1. The plan contains COOP procedures for the SRA relating to the following command and control functions: | | |
| v1i. The plan describes triggers for activation of the SRA plan. | | |
| v1ii. The plan contains a description of the ICS/MAC structure utilized by SRA to carryout the plan including identification of key staff roles and how they are filled. | | |
| v1iii. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| v1iv. The plan identifies the staff member who will implement the SRA COOP (must be three-deep). | | |
| v1v. The plan identifies the support response agency functions that must be continued despite a natural disaster or deliberately caused emergency. | | |
| v1vii. The plan describes the process in which the PRA notifies the SRA of local COOP activation, including how and what resources are requested of the SRA to assist in local PRA response. | | |
| v1viii. The plan details the process for obtaining situational awareness reports from PRA and sharing this information with relevant stakeholders (i.e. state level support agency, partner organizations etc.) | | |
| v2. The plan contains COOP procedures for SRA to assist PRA in the following operational response areas: | | |
| v2i. The application includes a description of how the SRA fits into the LHD COOP plan and any regional or state COOP. ** | | |
| v2ii. The plan describes the method for confirming resource requests are fulfilled (i.e. resources received by requesting agency). | | |
| v2iv. The plan outlines how response actions will be documented. | | |
| v2v. The plan identifies an alternate location for assigned SRA personnel to report, if necessary. | | |

| W. Surge Capacity | Hyperlink(s) | Comments |
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| w1. The plan contains surge management procedures for the SRA relating to the following command and control functions: | | |
| w1i. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services. | | |
| w1ii. The plan describes triggers for activation of the SRA plan. | | |
| w1iv. The plan describes under whose authority the SRA plan is activated and response actions occur. | | |
| w1v. The plan describes response actions that will occur. | | |
| w1vii. The plan describes the resource request process. | | |
| w1viii. The plan includes a description of type of resources SRA provides to PRA, include examples and inventory if available. | | |
| w1ix. The plan describes the method for confirming resource requests are fulfilled (i.e. resources received by requesting agency). | | |
| w1x.. The plan contains a table or matrix that identifies the capacity, surge capacity, and sources for the following, in relation to the scope and duration for anticipated events: <ul style="list-style-type: none"> ▪ Personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; and ▪ Security. | | |
| w1xi. The plan describes how the applicant coordinates with jurisdictional healthcare coalitions/hospitals during a surge medical response. | | |
| w1xii. The plan outlines how response actions will be documented. | | |
| w2. The plan contains surge management procedures for SRA to assist PRA in the following operational response areas: | | |
| w2i. The plan describes expected capability and capacity of local, regional, state, federal, and private resources to respond to an emergency. | | |

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| <p>w2ii. The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of the primary response agency and, possibly, the surge capacity of the primary response agency.</p> | | |
| <p>X. Volunteer Management</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>x1. The plan describes triggers for activation of the SRA plan.</p> | | |
| <p>x2. The plan describes under whose authority the SRA plan is activated and response actions occur.</p> | | |
| <p>x3. The plan describes response actions that will occur.</p> | | |
| <p>x4. The plan describes the volunteer request process.</p> | | |
| <p>x6. The application describes the process for volunteer recruitment, engagement, and retention (e.g., community Medical Reserve Corps units).</p> | | |
| <p>x7. The plan describes the agency’s legal or liability protections for volunteers.*</p> | | |
| <p>x8. The plan describes how volunteers are credentialed in advance of an emergency response.</p> | | |
| <p>x9. The plan describes the roles of volunteers used in an emergency.</p> | | |
| <p>x10. The plan describes how volunteers are tracked during an emergency.</p> | | |
| <p>x11. The plan describes how spontaneous volunteers are managed and, if applicable, credentialed and incorporated into a response.</p> | | |
| <p>x12. The plan outlines how response actions will be documented.</p> | | |
| <p>Y. Recovery</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>y1. Staff roles and responsibilities as related to ESF 8: Public Health and Medical Services.</p> | | |
| <p>y2. The plan describes the process for transitioning from response to short- and long-term recovery.</p> | | |
| <p>y3. The plan describes response actions that will occur.</p> | | |
| <p>y4. The plan describes the support the agency provides in the following recovery areas:</p> | | |

| | | |
|---|--|--|
| y4i. Identification and assessment of recovery needs. | | |
| y4ii. Identification and assessment of recovery assets (e.g., sources of funding, sources of volunteers, other resources). | | |
| y4iii. Provision/rebuilding of essential health, medical, and mental/behavioral health services. | | |
| y4iv. Collaboration with partners, including community organizations, emergency management, and healthcare organizations. | | |
| y4v. Public communications. | | |
| y5. The plan describes the resource request process. | | |
| y6. The plan describes the method for confirming resource requests are fulfilled (i.e. resources received by requesting agency). | | |
| y8. The outlines how response actions will be documented. | | |

Goal II: Workforce Capacity Development: Measures 2–3

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([Application Guideline #1](#)).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([Application Guideline #2](#)).

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 a 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–C) must be provided in a report.

| A. Date of Training Needs Assessment | Hyperlink(s) | Comments |
|--|--------------|----------|
| a1. The PPHR application contains a training needs assessment that was completed no earlier than 36 months prior to the application submission date. | | |
| B. Assessment Process Report | Hyperlink(s) | Comments |
| b1. The report describes the assessment methodology. | | |
| b2. The report identifies how frequently reassessments will occur. | | |
| b3. The report contains details of the assessment tool(s), if applicable. | | |
| b4. The report lists individuals involved in designing the assessment process. | | |
| b5. The report identifies the total number and percentage of staff assessed and describes the audience and why they were selected. | | |
| C. Results and Implications Report | Hyperlink(s) | Comments |
| c1. The report describes priority areas and how they were determined based on the assessment. | | |
| c2. The report describes how results will be or are being used to inform the workforce development plan. | | |
| c3. The report describes how results will be or are being used to inform the exercise plan. | | |

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 occur) 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 the 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. The workforce development plan contains the following training topics: | | |
| a2i. Based on jurisdictional capacity and federal requirements, appropriate NIMS training for the public health workforce. | | |
| a2ii. Based on jurisdictional capacity and federal requirements, appropriate ICS training for the public health workforce. | | |
| a2iii. Training in the principles of risk communication for key spokespersons for the agency. | | |
| 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 or describes the competencies that the workforce development plan addresses. | | |

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| b3. The application contains a justification for each chosen training activity. | | |
| 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. The workforce development plan describes the training participants. | | |
| c2. The workforce development plan identifies the agency(ies) or individual(s) that will deliver the trainings. | | |
| D. Workforce Development 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 or exercises wherein 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 a 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 | 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. Communication 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 Real Events: Measures 4–5

Please follow these guidelines:

1. If the applicant is not the lead agency for a particular evidence element or sub-measure, the applicant must provide evidence that addresses how they work with the lead agency to ensure that the evidence element or sub-measure is adequately addressed. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([Application Guideline #1](#)).
2. If, at the time of the PPHR submission deadline, a particular evidence element or sub-measure is not met because plans in that area are not fully developed, the applicant must explain how they plan to address that element or sub-measure. Specific items that must be included in this description can be found in the Application Guidelines section at the end of this document ([Application Guideline #2](#)).

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 show 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 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).
- 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.

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–A6).

| A1. Date of AAR/IP | Hyperlink(s) | Comments |
|--|--------------|----------|
| <p>a1i. The final AAR/IP contains recommendations and corrective actions derived from discussion at the exercise evaluation conference that took 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 AAR/IP contains a list of organizations that participated in the exercise, including federal and state agencies and neighboring jurisdictions.</p> | | |
| <p>a2iv. The application describes why the exercise was conducted (e.g., 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 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 a minimum, the following:</p> <ul style="list-style-type: none"> ▪ Observation statement; ▪ Reference(s); and ▪ Analysis | | |
|---|--------------|----------|
| A4. Improvement Plan | Hyperlink(s) | Comments |
| <p>a4i. The application contains an improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> ▪ Capability; ▪ Issue/area for improvement; ▪ Corrective action; ▪ Capability element; ▪ Primary responsible organization; ▪ Organization point of contact; ▪ Start date; and ▪ Completion date. | | |
| <p>a4ii. The application contains a listing and timetable of any necessary revisions to the agency’s all-hazards response plan based on gaps identified during the exercise.</p> | | |
| <p>a4iii. The application contains a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the exercise.</p> | | |
| <p>a4iv. The application contains a listing and timetable of any necessary revisions to the exercise plan and schedule based on gaps identified during the exercise.</p> | | |

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| <p>a4v. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness.</p> | | |
| <p>B. Incident Response Documentation (Real Incident) A response to an incident that will meet this measure must result in the production and approval of an incident action plan (IAP) (i.e., the incident must last more than one operational period). If more than one IAP is produced and approved, all IAPs for the event must be submitted.</p> <p>Documentation submitted to PPHR must include all elements in the following sub-measures (B1–B3).</p> <p>Reminder: If the applicant includes documentation of a response, it is <i>not</i> necessary to submit an AAR/IP for an exercise.</p> | | |
| <p>B1. All IAPs from real incident lasting more than one operational period.</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>b1i. The IAP lists the following:</p> <ul style="list-style-type: none"> ▪ Date(s) of the incident; ▪ Name of the incident; ▪ Operational period; and ▪ Objectives for incident response. | | |
| <p>b1ii. The IAP contains a list of agency participants and partner organizations.</p> | | |
| <p>b1iii. The IAP contains safety messages delivered during the incident response.</p> | | |
| <p>b1iv. The IAP identifies who prepared the IAP.</p> | | |
| <p>B2. AAR</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>b2i. The final AAR contains recommendations and corrective actions derived from discussion at an evaluation conference that took place no later than 120 days after completion of the response.</p> | | |
| <p>b2ii. The AAR provides an overview of the incident.</p> | | |
| <p>b2iii. The AAR identifies the response objectives and whether they were met during the incident.</p> | | |

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| <p>b2iv. 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. | | |
| <p>b2v. The AAR identifies the agencies that participated in the incident response.</p> | | |
| <p>B3. Improvement Plan</p> | <p>Hyperlink(s)</p> | <p>Comments</p> |
| <p>b3i. The application contains an improvement plan that includes recommendations and tasks that explicitly describe, at a minimum, the following:</p> <ul style="list-style-type: none"> ▪ Capability; ▪ Issue/area for improvement; ▪ Corrective action; ▪ Capability element; ▪ Primary responsible organization; ▪ Organization point of contact; ▪ Start date; and ▪ Completion date. | | |
| <p>b3ii. The application contains a listing and timetable of any necessary revisions to the agency’s all-hazards response plan based on gaps identified during the incident response.</p> | | |
| <p>b3iii. The application contains a listing and timetable of any necessary revisions to the workforce development plan based on gaps identified during the incident response.</p> | | |
| <p>b3iv. The application contains a listing and timetable of any necessary revisions to the exercise plan and schedule based on gaps identified during the incident response.</p> | | |
| <p>b3v. The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness.</p> | | |

PPHR Measure #5: Comprehensive Exercise Plan

The agency must provide documentation of a comprehensive exercise plan, which 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.

Consistent with the PPHR [continuous quality improvement](#) model, the exercise plan must be based on the results of the training needs assessment and on evaluations of previous exercises and responses, including the AAR/IP or IAP submitted for Measure 4.

| A. Future Exercise Plan Description | Hyperlink(s) | Comments |
|---|--------------|----------|
| a1. The exercise plan contains the proposed months and years of future exercise(s). | | |
| a2. The exercise plan describes the types of exercises that are scheduled. | | |
| a3. The exercise plan describes the purpose(s) of the exercise(s). | | |
| a4. The exercise plan identifies draft exercise objectives. | | |
| a5. The exercise plan identifies expected departmental participants and partner organizations. | | |
| a6. 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. | | |
| B. Description of Exercises | Hyperlink(s) | Comments |
| b1. The exercise plan shows anticipated participation in a jurisdiction-wide exercise based on NIMS involving responders from multiple disciplines or jurisdictions and integrates the following: <ul style="list-style-type: none">▪ Incident command;▪ Multi-agency coordination systems (MACS); and▪ Public information. | | |
| b2. The exercise plan shows anticipated participation in an exercise involving the state health department. | | |
| b3. The exercise plan shows anticipated participation in an exercise involving active coordination of response and resources between state and local public health response partners. | | |

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| <p>b4. The exercise plan shows anticipated participation in an exercise wherein the agency coordinates or helps to coordinate an exercise involving other public health and medical partners (medical, mental health, and social systems of care).</p> | | |
| <p>b5. The exercise plan shows anticipated participation in an exercise testing the health alert messaging system using a high-priority message.</p> | | |
| <p>b6. The exercise plan shows anticipated participation in at least two drills of the notification system for primary, secondary, and tertiary staff to cover all incident management functional roles. At least one drill must be unannounced and occur outside of regular business hours.</p> | | |
| <p>b7. The exercise plan shows anticipated participation in an exercise involving community-based organizations.</p> | | |
| <p>b8. The exercise plan shows anticipated participation in an exercise involving the dispensing of medical countermeasures.</p> | | |

Guidance on Evidence Elements

Measure 1.A.a2: Evidence for this element should be provided demonstrating that SRA plan is consistent with organization and action indicated in local health department plans. Examples of acceptable evidence include a note from the county emergency manager or an affidavit from the Health Officer indicating the SRA plan is aligned with local operational plans.

Measure 1.B.b2: For agencies/applicants who operate in a multi agency coordination (MAC) structure evidence should describe the MAC and how the applicant operates within this structure

Measure 1.B.b3: Evidence for this element must include at least one of the following:

- **Notes/Minutes:** Meeting notes or minutes that include a motion/approval to accept the plan.
- **List/Acknowledgments:** List of agency representatives participating in the plan's development and to whom the plan applies, along with acknowledgments by the agencies participating in the planning process.

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

Measure 1.D.d1: Evidence for this element should include citations of applicable statutes or administrative rules governing the plan's creation and use. This item depends on local and state legal practice. This element should include a description of how the SRA's legal authority interacts with the LHDs which they support.

Measure 1.D.d2: Evidence for this element should include a description of how the SRA either supports or executes a declaration of a public health emergency. Additionally NACCHO recommends including a description of whether any laws, citation, policies, or procedures will be declared, modified, or waived and if any Mutual Aid Agreement (MAA) and/or Memorandum of Understanding (MOU) will be used.

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

If SRA plays no role in local or state administrative processes/procedures SRA should include their own internal admin prep plan i.e. if the SRA needed to deploy personnel, equipment etc. faster what processes and procedures do they have in place to do so?

Measure 1.F.f1: Consistent with CDC public health preparedness capability 3, the flow diagram or narrative should describe how the agency will act upon information that indicates there may be an incident with public health implications that requires an agency-level response. **For SRA agencies NACCHO recommends including details of how the PRA fits into this process.**

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

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

Measure 1.G.g4: The process should describe the agency's role in activating operations and include details on how the agency coordinates and integrates with both local and 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) and Multiagency coordination system (MACs) if applicable, as called for by [NIMS](#), to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.

Measure 1.G.g5: This process should describe how the agency activates and deploys personnel to LHDs or other agencies to support a public health emergency response. Measure G.g4. applies to those personnel who would represent the SRA in an incident command structure during a public health emergency response.

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

Measure H. Functional Staff Roles: For sub-measure H. applicant's should answer these criteria elements for those staff under the direction and control of the applying agency. For example if an LHD staff member reports to the MAC/EOC as the support response agency representative this individual's roles and responsibilities should be covered under functional staff roles. Likewise any individual the SRA (applying agency) is responsible for deploying to assist with specific response operations should also be covered under this sub measure.

Measure 1.H.h1: For support response agencies the necessary roles would likely consist of response coordination roles at the MAC/EOC, or may also include roles of personnel that are likely to be deployed to assist in specific response activities.

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

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

[Measure 1.I.i4:](#) The process should include the frequency of contact list updates, at a minimum yearly.

[Measure 1.J.j4:](#) Description of partners should cover all-hazards planning and response including but not limited to partners the agency works with for the following medical countermeasure dispensing; epidemiology and epidemiological investigation; mass care; mass fatality; environmental health; behavioral health; non-pharmaceutical interventions; surge management; volunteer management; and recovery.

[Measure 1.J.j5:](#) Evidence for this element should include details on the type of resources the SRA provides to PRA, include examples and inventory if available for each bulleted item.

[Measure 1.J.j6:](#) Process should include description of how the SRA utilizes the resource management system as well as how the PRA or LHD agencies either report to the system or request resources via the process. The intent of this criteria is for the SRA to provide evidence that they are able to establish a common operating picture with respect to jurisdictional resources regardless of whether this crosses local PRA boundaries. Note, if the system or process for resource tracking is different for personnel; materiel; or equipment and technology evidence should clearly delineate the systems/processes.

[Measure 1.K.k5:](#) Evidence for this element should describe the applicant's process for gaining access to external resources necessary to respond to a public health emergency. If the applicant is not responsible for entering into resource sharing agreements the plan should clearly describe the responsible party and the agency's ability and process for accessing these agreements through the responsible party.

[Measure 1.K.k6:](#) Whatever process was described in x12. the resulting documents, agreements, written policies, statutes etc. and the resources which they cover should be referenced as part of the evidence here.

[Measure 1.L.l1:](#) Engagement may take place through activities such as town hall meetings, strategy sessions, or assistance to community partners or LHDs within the jurisdiction to develop their own emergency operations plans/response operations. Evidence provided should include information on how SRA and/or partners are collaborating with at-risk populations in the jurisdiction.

[Measure 1.L.l2:](#) 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.L.13:](#) Evidence for this element should describe at-risk populations within applying agency's jurisdiction. It is acceptable to submit a compilation of local data here. The intent is to give an overview of the at-risk populations which exist within the applying agency's jurisdiction.

[Measure 1.L.14:](#) Examples of activities or services that the evidence could address are the applicants roles in supporting written plans for K–12 schools and childcare facilities or emergency planning provisions for community-dwelling older adults.

[Measure 1.L.18:](#) Samples from within the last two years are required.

[Measure 1.L.111:](#) Evidence for this element may include topics such as the use of call centers and monitoring of media.

[Measure 1.M.m3:](#) The flow diagram or narrative description should include details on the SRA roles and responsibilities in supporting the PRA to carryout these activities.

[Measure 1.M.m12:](#) Evidence for this element should include a description of triggers that will indicate the scope of the outbreak has exceeded normal PRA capacity.

[Measure 1.M.m14:](#) Regarding volunteers, NACCHO recommends that the applicant describe who is allowed to volunteer for epidemiological tasks in an emergency, how his or her credentials will be verified if the process differs from that of other volunteers, and any ways in which the volunteer's response roles or reporting duties would differ from those of staff.

[Measure 1.N.n12:](#) The description of receipt and distribution processes must include security.

[Measure 1.N.n13:](#) If the agency plays a lead role in dispensing operations the description should include a discussion of the decision criteria for using a medical vs. a non-medical model.

[Measure 1.N.n15:](#) If there are no local, regional, or state caches of MCM evidence should describe the agency's role in assessing any available and viable source of MCM. NACCHO recommends considering sources outside the control of public health i.e. local pharmacies, hospitals, long-term care facilities etc.

[Measure 1.O.o13:](#) Consistent with public health preparedness capability 7, resources and support provided may relate to the physical transfer of the patient and patient information transfer, including current condition and medical needs.

[Measure 1.Q.q11:](#) NACCHO recommends including a chart or table that describes the lead and support roles for each of the bulleted items in q.11.

[Measure 1.R.r12:](#) A behavioral health plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

[Measure 1.R.r15:](#) Evidence for this element should describe how applicant will address behavioral health needs of assigned personnel and, if applicable, volunteers.

[Measure 1.V.v11i:](#) The description and or chart should clearly delineate how the SRA executes their internal COOP and how the SRA supports the COOP for LHDs during a disaster.

[Measure 1.V.v1v:](#) Evidence should include a description of how these SRA functions assist in the support and execution of LHD (PRA) COOP functions.

[Measure 1.T.t2i:](#) Evidence should include information on the SRA COOP strategy during recovery and how this supports local recovery efforts.

[Measure 1.V.v9:](#) Description should include information on any partner agencies SRA works with to recruit volunteers. Consistent with CDC public health preparedness capability 15, suggested partners include the following groups: professional medical organizations (e.g., nursing and allied health); professional guilds (e.g., behavioral health); academic institutions; faith-based organizations; voluntary organizations active in disasters (VOADs); Medical Reserve Corps; and non-profit, private, and community-based volunteer groups.

[Measure 1.V.v14:](#) If the SRA does not manage or utilize spontaneous, unannounced volunteers (SUVs) this should be stated in the plan and there should be a process for where to refer these individuals.

[Measure 2.B.b5:](#) If not all staff were assessed, provide justification for the sampling size decision and a timeline for when the remaining staff members will be assessed.

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

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

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

Measure 3.D.d4: Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation may be done at the supervisor level, peer-to-peer, or 360 degrees. The description needs to detail the process, including how the evaluation is structured, who conducts the evaluation, and how often the evaluations will be performed.

Measure 3.E.e2: The just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan. The amount of training material provided must be able to be delivered in less than an hour. Evidence must include curricula (presentations or other materials being delivered). Submitting only job action sheets will not satisfy the requirements.

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

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

Project Public Health Ready Glossary

The following key terms appear in the PPHR criteria and are specific to the three project goals. The glossary is not intended to be a comprehensive list of all preparedness-related terms. The terminology used in the PPHR criteria and in the glossary below is consistent with the definitions and usage in the following resources:

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

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| acknowledgment | Notified staff confirms receipt of notification to designated official. Acknowledgment methods may be any of the following: e-mail, Health Alert Network, cell phone, etc., and may differ from the notification method used. ⁴ |
| access and functional needs | Irrespective of specific diagnosis, status, or label, the terms access and functional needs are defined as follows: access-based needs: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, and so on. 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. 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. ⁵ |
| 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. ⁵ |
| 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. |

⁴ http://www.cdc.gov/phpr/documents/phep_bp1_pm_specifications_and_implementation_guidance_v1_1.pdf

⁵ <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>

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| 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. ⁶ |
| capability element | The Department of Homeland Security states that capability elements define the resources needed to perform the critical tasks to the specified levels of performance, with the recognition that there is rarely a single combination of capability elements that must be used to achieve a capability. Consistent with NIMS, the capability elements include personnel; planning; organization and leadership; equipment and systems; training; and exercises, evaluations, and corrective actions. ⁷ |
| capacity | Capacity is the ability to achieve stated public health objectives and to improve performance at the national, regional, and global levels with respect to both ongoing and emerging health problems. Building capacity is linked to improving both performance and competence. |
| continuity of operations plan | A continuity of operations plan (COOP) contains the plans and strategies by which an agency or jurisdiction provides for ongoing functioning in light of a natural disaster or deliberately caused emergency (e.g., sustainment of operations). |
| continuous quality improvement | In the context of PPHR, continuous quality improvement (CQI) is a management process in which the agency reviews planning, training, and exercise phases of emergency preparedness and seeks to improve upon standards and procedures. This process both reveals needed improvements and highlights strengths. |
| credential | In the context of a public health emergency, credentialing volunteers requires ensuring that volunteers have the correct level of medical credentialing for the required activities (e.g., registered nurses or physicians). Credentialing is not the same as performing a background check or badging. |
| crosswalk | A crosswalk is a document that lists the hyperlink(s) where PPHR documentation evidence can be found in the application materials. |

⁶ http://www.fema.gov/pdf/emergency/nrf/National_Preparedness_Guidelines.pdf

⁷ <http://www.fema.gov/pdf/government/training/tcl.pdf>

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| disaster behavioral health | Disaster behavioral health comprises the mental health issues related to disasters and the means of addressing them, including proactive methods to build resiliency and short- and long-term approaches to restoring and maintaining psychological and emotional health in the face of an emergency. |
| emergency operations plan | An emergency operations plan (EOP) is an all-hazards plan developed to describe the system of operations that will be used in an emergency event. It defines who, when, with what resources, and by whose authority individuals and groups will act before, during, and immediately after an emergency. An EOP should be tailored to each community’s own potential hazards and resource base. |
| Emergency Support Function | <p>An Emergency Support Function (ESF) provides structure for coordinating interagency support for a response to an emergency incident. ESFs are mechanisms for grouping functions most frequently used to provide federal support to states and federal-to-federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. Drawn originally from the federal government’s National Response Plan, many state and local plans are also based upon an ESF structure. The roles and responsibilities of each ESF are designated by the scope of public services each provides. The current federal ESFs in the National Response Plan are as follows:</p> <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 |
| environmental health response plan | 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; |

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| | sample collection; advice on protective action; preventive measures; treatment guidance support; incident reporting; management of early responders; and epidemiological follow-up. |
| epidemiological investigation | <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. |
| evidence management | 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. |
| full-scale exercise | 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. |
| functional exercise | HSEEP defines a functional exercise as one that is “designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions.” Functional exercises “are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions [. . .] projected through an exercise scenario with even updates that drive activity typically at the management level. A functional exercise is conducted in a realistic, real-time environment; however, movement of personnel and equipment |

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| | is usually simulated.” ⁸ 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. ⁹ |
| Health Alert Network | The Health Alert Network (HAN) is a national communications infrastructure that supports the dissemination of vital health information (such as emerging infectious and chronic diseases, environmental hazards, and bioterrorism-related threats) at the state and local levels. The HAN Messaging System directly and indirectly transmits Health Alerts, Advisories, and Updates and Info Services to over one million recipients. Many states also possess state-oriented extensions of the national system, also called HAN. More information is available on the CDC website: http://emergency.cdc.gov/han/ |
| Incident | An incident is an unexpected occurrence that requires immediate response actions to protect life or property. Examples include major disasters, emergencies, terrorist attacks, terrorist threats, woodland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response. |
| Incident Action Plan | An incident action plan (IAP) formally documents incident goals, operational period objectives, and the response strategy as determined by incident command. It contains general tactics for achieving goals and objectives and provides 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. ¹⁰ |
| 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. |

⁸ https://www.ilis.dhs.gov/sites/default/files/hseep_revision_apr13_final.pdf

⁹ http://www.fachc.org/pdf/HRA_Instrument_Wbk%28UCLA%29.pdf

¹⁰ <http://www.phe.gov/preparedness/planning/mscc/handbook/pages/appendixc.aspx>

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| 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. ¹¹ |
| information sharing | The CDC's <i>Public Health Preparedness Capabilities</i> defines information sharing as the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information and issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. ¹² |
| job action sheets | Job action sheets (JAS) are part of ICS and succinctly describe the duties of each member of a unit, department, or response team. JAS should describe clearly the primary responsibilities of the position, the chain of command, and reporting authority. These tools can apply in both emergencies and daily job functions. |
| 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 not last longer than 30 minutes. Just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan. |
| 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. ¹³ |
| medical readiness screening | Medical readiness screening is an assessment of public health responders intended to detect symptoms that may affect their ability to perform roles and responsibilities. Consistent with CDC's <i>Public Health Preparedness Capabilities</i> the public health agency safety officer should coordinate this assessment process with partner agencies. ¹⁴ |

¹¹ <http://www.iom.edu/reports/2013/crisis-standards-of-care-a-toolkit-for-indicators-and-triggers.aspx>

¹² http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

¹³ http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

¹⁴ http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

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

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| recovery | Consistent with CDC’s public health preparedness capabilities, recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan, advocate for, and execute the rebuilding of public health, medical, and mental/ behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. |
| resource typing | The Federal Emergency Management Agency (FEMA) defines resource typing as “defining and categorizing, by capability, the resources requested, deployed and used in incidents. Resource typing definitions establish a common language and defines a resource’s (for equipment, teams, and units) minimum capabilities.” ¹⁵ The goal of resource typing is to facilitate a common operating picture and achieve effective and efficient emergency response. FEMA developed and utilize NIMS resource typing definitions, NIMS definitions and typing is not required for PPHR. Consistent with the intent of this definition a resource typing system should facilitate a common operating picture amongst response partners and be utilized at multiple levels of response categories. |
| stakeholders | For a support response agency (SRA) a stakeholder is an agency or entity with whom the agency communicates, collaborates and coordinates with regarding information sharing, resource sharing (material or personnel) or other support-related activities. |
| standard operating procedure | A standard operating procedure (SOP) is the established (e.g., regular, daily, routine) manner in which a specified type of work will be done. |
| Strategic National Stockpile | The Strategic National Stockpile (SNS) comprises a federal cache of medicines and other medical supplies to be used in the event of a public health emergency. In an event, these supplies will be delivered to requesting or affected states within 12 hours. Each state has a plan to receive and distribute resources provided from the SNS. |
| surge capacity | Surge capacity is the ability of the public health <i>system</i> , including local health departments, clinics, hospitals, or public health laboratories, to respond rapidly beyond normal services to meet sharply increased demand during a public health emergency. |
| training needs assessment | A training needs assessment identifies what educational courses or activities should be provided to employees to address gaps in knowledge and improve work productivity. |

Acknowledgments

¹⁵ <https://www.fema.gov/resource-management-mutual-aid>

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