

# CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement Performance Measures

## Quick Reference Fact Sheets Emergency Operations Coordination



CDC has contracted with John Snow, Inc., to develop and implement technical assistance and training materials for CDC's Public Health Emergency Preparedness (PHEP) Performance Measures under Reference #HCG-2008-53920

## Performance Measure Quick Reference

### Overview of Emergency Operations Coordination Measures

The Emergency Operations Coordination (EOC) **capability**:

The ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

This capability consists of the ability to perform the following **functions**:

1. Conduct preliminary assessment to determine need for public activation.
2. Activate public health emergency operations
3. Develop incident response strategy,
4. Manage and sustain public health response
5. Demobilize and evaluate public health emergency operations

There are four (4) performance measures associated with Emergency Operations Coordination capability. The chart below demonstrates the relationship between the performance measures and the EOC capability.

Capability	Function	Performance Measure(s)
<b>Emergency Operations Coordination</b>	1. Conduct preliminary assessment to determine need for public activation.	At present there are no CDC-defined performance measures for this function
	2. Activate public health emergency operations	Staff Assembly Priority Goal
	3. Develop incident response strategy,	Production of an approved Incident Action Plan before the start of the second operational period
	4. Manage and sustain public health response	At present there are no CDC-defined performance measures for this function
	5. Demobilize and evaluate public health emergency operations	Completion of an After Action Report and Improvement Plan

## Performance Measure Quick Reference

### Key Terms

**Incident management lead roles:** Refers to the Command Staff (Incident Commander, Public Information Officer, Safety Officer, Liaison Officer) required to support the command function in an incident and General Staff (Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance / Administration Section Chief) or their equivalent in an awardee health department. Not all lead roles may be activated for a given response, and it is possible that agencies will use different titles for equivalent roles.

- Incident Commander – has overall incident management responsibility including developing incident objectives on which subsequent incident action planning will be based, approve the Incident Action Plan, and all requests pertaining to ordering and releasing incident resources.
- Public Information Officer – responsible for communicating with the media, public and other agencies with incident-related information needs.
- Safety Officer – monitors operations and advises the Incident Commander on all matters relating to operational safety, including the health and safety of public health responders.
- Liaison Officer – designated point of contact for representatives of other governmental agencies, nongovernmental organizations and private organizations to provide input on their agency's policies, resource availability, and other incident-related topics.
- Additional Command Staff – Depending on the nature and location(s) of the incident or specific requirements established by Incident Commander, additional command staff positions may be necessary. For example, a medical advisor may be required to provide advice and recommendations to the Incident Commander about medical and mental health services, mass casualty, acute care, vector control, epidemiology, or mass prophylaxis considerations.
- Operations Section Chief – Responsibilities include the direct management of all tactical activities.
- Planning Section Chief – Responsible for the collection, evaluation and dissemination of incident situation information and intelligence to the incident management personnel.

- Logistics Section Chief – Responsible for all service support requirements needed to facilitate an effective and efficient response including, but not limited to, providing facilities, transportation, supplies, and equipment.
- Finance / Administration Section Chief – Established when the incident management activities require on-scene or incident-specific finance and other administrative support services. Some of the functions and responsibilities include recording personnel time, maintaining vendor contracts, administering compensation and claims, and conducting an overall cost analysis for the incident.

It is possible that an agency may use different titles for equivalent lead roles (e.g., Chief Science Officer). Detailed description about the responsibilities for each of these roles is available at [http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf) (NIMS, December 2008).

**Incident type:** Characterizes the complexity of an incident. If your agency uses a different scheme, please choose the type that is most similar to your exercise/incident for reporting:

Type 4 incidents are characterized as follows:

- Command staff and general staff lead functions are activated only if needed;
- Several resources (e.g., task force or strike team) are required to mitigate the incident;
- Usually limited to one operational period in the control phase;
- Agency administrator may have briefings, and ensure the complexity analysis and delegation of authority are updated; and
- The role of the agency administrator/official includes completing the operational plans, including objectives and priorities.

Type 3 incidents are characterized as follows:

- Some or all of the Command and General staff lead positions may be activated, as well as Division/Group Supervisor and/or Unit Leader level positions

*(continued on page 5)*

## Performance Measure Quick Reference

### Reporting Criteria and Selecting a “Best” Demonstration

#### Reporting Criteria

- Awardees are **required** to report **one** best demonstration for each of the following performance measures:
  - EOC—Staff Assembly
  - EOC—Incident Action Plan (IAP)
  - EOC—After Action Report and Improvement Plan (AAR/IP)
- Best demonstration is **NOT** necessarily the quickest time
- Best demonstrations can be generated from a drill, a functional exercise, a full-scale exercise, or a real incident
- All data reported must meet minimum reporting requirements as follows:
  - > Staff Assembly : unannounced and immediate
  - > Incident Action Plan: 2 or more operational periods, command and general staffs activated and ICS forms 202, 203, 204, 215a (or equivalent) completed
  - > After Action Report and Improvement Plan: submitted for clearance during reporting period (although incident can have occurred in prior reporting period)

#### Selecting a “Best” Demonstration

In choosing the best demonstration of your capabilities, select the best performance under complex and challenging circumstances. Please note: The complexity of an event or exercise is a function of several factors. Consider the following questions to inform selection of a best demonstration. The more "yes" answers to the questions below, the more complex and challenging the event or exercise.

- **Did the incident have the potential for a substantial public health impact that could result in considerable morbidity or mortality, if not effectively managed?**  
*Successfully responding to a serious threat (e.g., Incident Type) to the public's health and safety demonstrates your response capabilities.*
- **Was the best demonstration a real incident?**  
*All other factors being equal, responding to real incidents is the best test of capabilities.*
- **Was your agency the lead responder?**  
*Assuming the lead role in coordinating a timely and effective response demonstrates capability.*
- **Were the majority of the incident management lead roles (or equivalent lead roles) filled?**  
*Staffing all or most incident management roles places the greatest demand on staff resources.*
- **Did the incident involve multiple private, public, and voluntary partner agencies?**  
*The more partners involved, the more difficult it is to coordinate a timely and effective response.*
- **Did the event occur after normal business hours?**  
*Standing up a response after business hours is challenging because staff may not be easily tracked down or readily available. (Note: Required for Staff Notification)*
- **Did the incident last more than one operational period?**  
*The longer the incident lasts, the more difficult it is to maintain a response. (Note: Required for IAP)*
- **Did the event require mobilization of resources outside the affected areas?**  
*Coordinating with federal and regional partners to obtain resources adds complexity.*

## Performance Measure Quick Reference

### Key Terms

- An Incident Management Team (IMT) or incident command organization manages initial action incidents with a significant number of resources
- The incident may extend into multiple operational periods.

Type 2 incidents are characterized as follows:

- May require the response of resources out of area, including regional and/or national resources to effectively manage the operations and command and general staffing;
- Most or all of the Command and General Staff positions are filled;
- Many of the functional units are needed and staffed;
- The incident is expected to go into multiple operational periods; and
- The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority.

Type 1 incidents are the most complex and are characterized as follows:

- Requires national resources to safely and effectively manage and operate;
- All of the Command and General staff lead positions are activated;
- Branches need to be established;
- The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority;
- Use of resource advisors at the incident base is recommended; and
- There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.

For counting purposes, a Type 5 incident should not be included since it does not require a written IAP and usually has only one operational period. Additional information on incident types is available from the Federal Emergency Management Agency (FEMA) at <http://www.training.fema.gov/EMIWeb/IS/ICSResource/assets/IncidentTypes.pdf>

**Drill:** A coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills. Drills are considered operations-based exercises.

**Full-scale exercise (FSE):** A multi-agency, multi-jurisdictional activity involving actual deployment of resources in a coordinated response as if a real incident had occurred. An FSE tests many components of one or more capabilities within emergency response and recovery, and is typically used to assess plans, procedures, and coordinated response under crisis conditions. Characteristics of an FSE include mobilized units, personnel, and equipment; a stressful, realistic environment; and scripted exercise scenarios. FSEs are considered operations-based exercises.

**Functional exercise (FE):** A single or multi-agency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to: evaluate the management of Emergency Operations Centers, command posts, and headquarters; and assess the adequacy of response plans and resources. Characteristics of an FE include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment. FEs are considered operations-based exercises

**Tabletop Exercise (TTX):** TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem-solving rather than the rapid, spontaneous decision-making that occurs under actual or simulated emergency conditions.

## Performance Measure Quick Reference

### Staff Assembly

Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty

#### Reporting Criteria

- Reported by **all** awardees .
- Reported annually for reporting period.
- Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency
- Must submit one **best demonstration** for reporting period
- Staff assembly **MUST** be:
  - Unannounced **AND** immediate
  - Performed by awardee health department staff

#### Performance Target

- No target has been established
- Target will be developed based on analysis of the prior years data and implemented in future budget periods

#### Helpful Hints

- “Immediate” is without delay
- Only those positions that are deemed necessary to manage the incident must be activated

#### Measurement Specifications

**Start time:** Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles.

**Stop time:** Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty.

#### Key Terms

**Acting in a lead role:** When the public health agency assumes primary responsibility for managing the response and recovery to an incident, either simulated or real, including the coordination of resources in order to respond to an incident in an efficient manner, the public health agency is acting in a lead role.

**Designated official:** Any individual in the health department who has the authority to take the necessary action (e.g., decide to activate incident management roles).

**Department Operations Center (DOC):** An Emergency Operations Center specific to a single department or agency. The focus is on internal agency incident management and response. A DOC is often linked to and, in most cases, physically represented in a combined agency EOC by authorized agent(s) for the department or agency (NIMS, Aug 2007).

**Immediate:** Performed with no delay, with an expectation that upon receipt of notification the staff is to report for duty as soon as possible or within 60 minutes of the notification.

**Incident management lead roles:** Refers to the Command Staff (Incident Commander, Public Information Officer, Safety Officer, Liaison Officer) required to support the command function in an incident and General Staff (Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance / Administration Section Chief) or their equivalent in an awardee health department. Not all lead roles may be activated for a given response, and it is possible that agencies will use different titles for equivalent roles.

**Pre-identified staff:** These are staff selected in advance of an incident through to fill the incident management roles adequate to a given response. Contact information for public health staff members with incident management roles is maintained on an up-to-date list.

**Report for duty:** Can occur at a physical location (e.g., DOC), virtual location (e.g., web-based interface such as Web EOC, conference call), or combination of both.

**Unannounced:** Without advanced warning or notice.



## Staff Assembly

### Reported Data Elements

1. Total number of **operations-based exercises** (drill, functional, or full-scale only) testing staff assembly conducted during the reporting year
  - 1a. Number of **operations-based exercises** testing unannounced and immediate staff assembly;
2. Total number of real incidents involving staff assembly that occurred between during the reporting year
  - 2a. Number of real incidents involving unannounced and immediate staff assembly

For each unannounced and immediate staff assembly being reported:
3. Was the staff assembly part of a drill, functional exercise, full-scale exercise, or real incident? (select one)
4. If reporting data from a real incident: What was the incident type: (select one): Type 4, Type 3, Type 2, Type 1
5. Was the staff assembly unannounced? [Yes / No]
6. Did the staff assembly occur outside of normal business hours? [Yes/No]
7. Notification method(s) used: (select all that apply)
  - Cell phone
  - Email outside of rapid notification system
  - Rapid notification system (e.g. Health Alert Network)
  - Land-line telephone
  - Pager
  - Satellite communication system
  - Other-specify
8. Acknowledgement method(s) used by staff: (select all that apply) (see list in #7 above).
9. Was the staff assembly immediate? [Yes / No]
10. Type of real incident or event/incident upon which exercise scenario was based (check all that apply)
  - Biological outbreak / exposure – specify type (e.g., anthrax, pandemic influenza)
  - Chemical exposure – specify type
  - Infrastructure (e.g., power grid failure)
  - Mass Casualty scenario
  - Mutual Aid event
  - Natural Disaster – specify type (e.g., hurricane, tornado, ice storm)
  - Nuclear event
  - Planned event
  - Radiological event
  - Strategic National Stockpile exercise/response
  - Transportation disaster
  - Weapon of Mass Destruction (non-specific)
  - Other - specify
11. Was staff assembly virtual, physical, or a combination? (select one)
12. Was the Department Operations Center (DOC) activated? [Yes / No]
13. Incident management lead roles (or equivalent lead roles) activated at the time of initial notification: (select all that apply)
  - Incident Commander
  - Public Information Officer
  - Safety Officer
  - Liaison Officer
  - Operations Section Chief
  - Planning Section Chief
  - Logistics Section Chief
  - Finance / Administration Section Chief
  - Additional Lead Roles - Specify
14. Number of staff notified to cover activated incident management lead roles (must be greater than zero)
15. Start time (see measurement specifications above)
16. Date and time that the last staff person needed to cover an activated incident management lead role acknowledged notification.
17. Number of staff who reported for duty to cover activated incident management lead roles (must be greater than zero)
18. Stop time (see measurement specifications above)
19. Were all of the activated incident management lead roles (see response to question # 10) covered by those staff who reported for duty (see response to question #14)?
20. Does this exercise or incident represent the best demonstration of your agency's staff assembly capability? [Yes / No]
21. Please select the reason why this exercise or incident was chosen as the best demonstration of a staff assembly (select the primary / most significant reason)
  - Context of the Public Health Response – Potential for substantial public health impact
  - Real Incident
  - Agency was acting in a lead role or an assisting role
  - Complexity of the demonstration / response – Scale of the demonstration / response required staffing all or most of the incident management lead roles
  - Multiple partners in a coordinated demonstration / response
  - Duration of the demonstration / response
  - Required the mobilization of resources outside of the affected area
  - Quickest time
  - Only example / demonstration available
  - Other – specify
22. Was this your quickest time? [Yes / No]

## Performance Measure Quick Reference

### Priority Goal

**Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty.**

#### Reporting Criteria

- Reported by **50 state awardees**.
- Reported annually with **Mid-Year Progress Report**.
- Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency
- Staff assembly **MUST** be:
  - Unannounced **AND** immediate
  - Performed by awardee health department staff
- Must submit one **quickest** demonstration of the Priority Goal

#### Performance Target

- 60 minutes or less. If all demonstrations of this measure are greater than 60 minutes, report the quickest time

#### Helpful Hint

- The ability to assemble incident management lead roles quickly has been deemed a top priority for CDC and DHHS
- Awardees should exercise this capability until the target is met

#### Measurement Specifications

**Start time:** Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles.

**Stop time:** Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty.

#### Key Terms

**Acting in a lead role:** When the public health agency assumes primary responsibility for managing the response and recovery to an incident, either simulated or real, including the coordination of resources in order to respond to an incident in an efficient manner, the public health agency is acting in a lead role.

**Designated official:** Any individual in the health department who has the authority to take the necessary action (e.g., decide to activate incident management roles).

**Department Operations Center (DOC):** An Emergency Operations Center specific to a single department or agency. The focus is on internal agency incident management and response. A DOC is often linked to and, in most cases, physically represented in a combined agency EOC by authorized agent(s) for the department or agency (NIMS, Aug 2007).

**Immediate:** Performed with no delay, with an expectation that upon receipt of notification the staff is to report for duty as soon as possible or within 60 minutes of the notification.

**Incident management lead roles:** Refers to the Command Staff (Incident Commander, Public Information Officer, Safety Officer, Liaison Officer) required to support the command function in an incident and General Staff (Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance / Administration Section Chief) or their equivalent in an awardee health department. Not all lead roles may be activated for a given response, and it is possible that agencies will use different titles for equivalent roles.

**Pre-identified staff:** These are staff selected in advance of an incident through to fill the incident management roles adequate to a given response. Contact information for public health staff members with incident management roles is maintained on an up-to-date list.

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## Priority Goal

### Reported Data Elements

**Report for duty:** Can occur at a physical location (e.g., DOC), virtual location (e.g., web-based interface such as Web EOC, conference call), or combination of both.

**Unannounced:** Without advanced warning or notice.

**Maintenance of records:** Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified through site visits or other means.

**Methods to record response times:** Though a fully automated electronic system is an efficient means to notify staff and document time of notification and time of reporting for duty, it is not necessary to meet the requirements of this measure. Awardees may manually record staff response (assembly) times.

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The reported data elements for the Priority Goal are the same as for the Staff Assembly measure. See page 7 for a list of information that will be collected in support of this performance measure.

### Top Priority for CDC and Department of Health and Human Services (HHS)

The intent of this measure is to demonstrate awardees' ability to assemble the appropriate leadership staff to cover all of the activated incident management lead roles. Specifically, this measure captures an agencies' ability to assemble these key decision-makers that are responsible for leading and managing a response. This measure does not include an agency's ability to assemble all of their staff nor does this measure include the assembly of a deployment or strike team. In addition, this measure is not focused on the total number of staff that was assembled in comparison with the number of staff notified at 60 minutes.

This performance measure has two critical components for meeting the target:

- Assembly of all staff required to fill the activated incident management lead roles at the time of the initial notification
- Assembly of the required staff within 60 minutes.

To validate that the examples reported meet the requirements of this measure as well as to determine whether or not an awardee has met the target, CDC will analyze the data submitted to ensure:

- The number of staff who reported for duty to cover activated incident management lead roles is equal to or greater than the number of staff required to fill the activated incident management lead roles at the time of the initial notification (see questions 9 and 12; and
- Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent ) to report for duty is equal to or less than 60 minutes (see questions 8 and 12 above). Also please note, the measurement specifications indicate that the stop time is the time at which the last required staff person notified to cover an activated incident management lead role reported for immediate duty

## Performance Measure Quick Reference

### Incident Action Plan

Production of the approved Incident Action Plan (IAP) before the start of the second operational period

#### Reporting Criteria

- Reporting is optional for awardees.
- Report data from a drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency
  - Must submit one best demonstration from your health department for the reporting period
- The exercise or real incident **MUST** include the following:
  - Continue over two or more operational periods
  - Command and general staff (not necessarily all) are activated
  - IAP is comprised of:
    - > ICS Form 202 “Incident Objectives”
    - > ICS Form 203 “Organizational Assignment List”
    - > ICS Form 204 “Assignment List”
    - > ICS Form 215a “Hazard Risk Analysis”
    - > or equivalent documents

#### Performance Target

- No target has been established
- Target will be developed based on analysis of prior years data and implemented in future budget periods

#### Helpful Hint

- The Incident Command for each agency establishes the length of time for each operational period. Operational periods can be of various lengths.

#### Measurement Specifications

Was a written IAP approved before the start of the second operational period? (Yes / No)

#### Key Terms

**ICS Forms:** Further information and guidance on ICS Forms is available at [http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

- **ICS Form 202 (Incident Objectives):** Statements of guidance and direction necessary for the selection of appropriate strategy, and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives. Incident objectives are the first page of an IAP.
- **ICS Form 203 (Organizational Assignment List):** Provides a full accounting of incident management and supervisory staff during a given operational period and is a component of the IAP. This list is typically the second page of the IAP.
- **ICS Form 204 (Division / Group Assignment List):** Provides a description of the specific actions that assigned personnel will be taking in support of the overall incident objectives. This list is based on the organizational structure of the Operations Section for the operational period.
- **ICS Form 215a (Hazard risk analysis):** Communicates safety and health issues for emergency responders for a given incident / event by the Safety Officer and identifies mitigation measures to address those issues.

**Incident Action Plan (IAP):** A plan containing general objectives reflecting the overall response strategy for managing an incident. It may include identification of operational resources and assignments, as well as attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Action Plan Approved:** The Incident Commander has signed and dated (including the time) the IAP.

**Operational period:** The established time scheduled for executing a given set of operation actions, as specified in the IAP. Operational periods can be of various lengths, although usually they last 12-24 hours. The responsibility for establishing the length of time for each operational period rests with Incident Command for each agency.

**Production of IAP:** Documentation that the written IAP is completed and approved before the second operational period, including date and time of approval.

# Incident Action Plan

## Reported Data Elements

1. Total number of **operations-based exercises** (drill, functional exercise, or full-scale exercise only) conducted during the reporting year that extended two or more operational periods during which a written IAP was produced
  - 1a. Total number of operations-based exercises (drill, functional exercise, or full-scale exercise only) during which a written IAP was produced before the second operational period
2. Total number of real incidents extending two or more operational periods during which a written IAP was produced during the BP
  - 2a. Total number of real incidents during which a written IAP was completed before the second operational period

For each written IAP being reported:

3. Did you have any operations-based exercises or real incidents resulting in the production of a written IAP? [Yes / No]
4. Was a written IAP approved before the start of the second operational period? [Yes / No]
5. Was the IAP produced during a drill, functional exercise, full-scale exercise, or real incident? (select one)
6. What was the complexity of the simulated or real incident at the time that the IAP was written? (select one): Type 4, Type 3, Type 2, Type 1
7. Type of the real incident or event/incident upon which the exercise scenario was based (select all that apply)
  - Biological outbreak / exposure – specify type (e.g., measles, anthrax, etc.)
  - Chemical exposure – specify type
  - Infrastructure (e.g., power grid failure)
  - Mass casualty scenario
  - Mutual aid incident
  - Natural disaster – specify type (e.g., hurricane, tornado, ice storm)
  - Nuclear incident
  - Planned event
  - Radiological incident
  - Strategic National Stockpile exercise/response
  - Transportation disaster
  - Other – specify [text box]
8. Number of federal and state agencies involved in the exercise or real incident. (Include your health department if awardee is a state agency)
9. Number of local and tribal agencies involved in the exercise or real incident. (Include your health department if awardee is a directly-funded city)
10. Did your agency act in a lead or assisting role? (select one)

11. Did you partner with any other public, private or voluntary sector agencies during this exercise or real incident? [Yes – Private Sector / Yes – Public Sector / Yes – Voluntary Sector / No] (Can select No, or one or more Yes options);
  - 11a. If responded Yes – Private Sector: What was the total number of Private Sector partners?
  - 11b. If responded Yes – Public Sector: What was the total number of Public Sector partners?
  - 11c. If responded Yes – Voluntary Sector: What was the total number of Voluntary Sector partners?
12. Did the IAP include “Incident Objectives” documented on ICS Form 202 or equivalent documentation? [Yes / No]
13. Did the IAP include an “Organization Assignment List” on ICS Form 203 or equivalent documentation? [Yes / No]
14. Did the IAP include an “Assignment List” on ICS Form 204 or equivalent documentation? [Yes / No]
15. Did the IAP include a “Hazard Risk Analysis”? [Yes / No]
16. Incident management lead roles (or equivalent) activated during the first operational period: (select all that apply)
  - Incident Commander
  - Public Information Officer
  - Safety Officer
  - Liaison Officer
  - Operations Section Chief
  - Planning Section Chief
  - Logistics Section Chief
  - Finance / Administration Section Chief
  - Additional Lead Roles – Specify
17. Number of staff who covered activated incident management lead roles during the first operational period. (must be greater than zero)
18. Does this exercise or incident represent the best demonstration of your agency’s capability to complete a written IAP? [Yes / No]
19. Please select the reason why this exercise or incident was chosen as the best demonstration of a written IAP (select the primary / most significant reason)
  - Context of the Public Health Response – Potential for substantial public health impact
  - Real Incident
  - Agency was the lead responder
  - Complexity of the demonstration / response – Scale of the demonstration / response required staffing all or most of the incident management lead roles
  - Multiple partners in a coordinated demonstration / response
  - Duration of the demonstration / response
  - Required the mobilization of resources outside of the affected area
  - Quickest time
  - Only example / demonstration available
  - Other – specify

## Performance Measure Quick Reference

### After Action Report and Improvement Plan

Time to complete a draft After Action Report (AAR) and Improvement Plan (IP)

#### Reporting Criteria

- Reporting is required for all awardees.
- Report data from a table top, drill, functional exercise, full-scale exercise, or real incident during which the awardee served as the lead agency or actively participated as assisting agency
- Must submit one best demonstration from your health department for the reporting period
- The date of AAR/IP submitted for clearance **MUST** fall within the budget period .

#### Performance Target

- No target has been established
- Target will be developed based on analysis of prior years data and implemented in future budget periods

#### Helpful Hints

- The start-time date of the exercise or response may have occurred before or during the budget period for which data are being submitted
- This stop-time date must occur during the **budget period** for which data are being submitted

#### Measurement Specifications

**Start time:** Date exercise or public health emergency operations completed.

**Stop time:** Date the draft AAR and IP were submitted for clearance within the public health agency.

#### Key Terms

**Acting in a lead role:** When the public health agency assumes primary responsibility for managing the response and recovery to an incident, either simulated or real, including the coordination of resources in order to respond to an incident in an efficient manner, the public health agency is acting in a lead role.

**After Action Report (AAR) and Improvement Plan (IP):** The main product of the evaluation and improvement planning process, consisting of two components. The AAR captures observations of an exercise and makes recommendations for post-exercise improvements. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The report should include how response operations did and did not meet objectives, recommendations for correcting gaps or weaknesses, and a plan for improving response operations (NIMS, Aug 2007). The AAR / IP are the units that define a single exercise, regardless of how many political jurisdictions were involved in the exercise.

**Clearance:** The process (whether formal or informal) that the public health agency uses to approve and finalize AAR / IPs. "Clearance" depends on accepted practice in the public health agency. It does not have to be a formalized process involving upper level management. For example, submission for review of the AAR / IP to an exercise director or emergency preparedness director would count as clearance as long as there is a written AAR / IP and documentation of the date that person receives the AAR / IP. In this example, the stop time for this measure would be when the AAR / IP draft was submitted to the exercise director or preparedness director. If the person who clears the AAR / IP draft is the same person who drafts it, then the stop time is the time at which that person determines that the AAR / IP draft is complete.

**Federal agencies:** Includes all federal governmental agencies.

**Local agencies:** Includes all local governmental agencies (e.g., city/county).

**State agencies:** Includes all state governmental agencies.

**Tribal agencies:** Includes all tribal governmental agencies.

## After Action Report and Improvement Plan

### Reported Data Elements

1. Total number of **exercises** (tabletop, drill, functional, or full-scale exercise, only) that resulted in the completion of a draft AAR and IP during the reporting year
2. Total number of real incidents that resulted in the completion of a draft of an AAR and IP during the reporting year

For each example of the completion of a draft AAR and IP being reported:

3. Was the AAR and IP the result of a tabletop exercise, drill, functional exercise, full-scale exercise, or real incident? (select one)
4. If reporting data from a real incident: What was the incident type: (select one)
  - Type 4
  - Type 3
  - Type 2
  - Type 1
5. Type of real incident or event/incident upon which exercise scenario was based (select all that apply)
  - Biological outbreak / exposure – specify type (e.g., measles, anthrax, etc.)
  - Chemical exposure – specify type
  - Infrastructure (e.g., power grid failure)
  - Mass casualty scenario
  - Mutual aid incident
  - Natural disaster – specify type (e.g., hurricane, tornado, ice storm)
  - Nuclear incident
  - Planned event
  - Radiological incident
  - Strategic National Stockpile exercise/response
  - Transportation disaster
  - Other – specify [text box]
6. Number of federal and state agencies involved in the exercise or real incident. (Include your health department if awardee is a state agency)
7. Number of local and tribal agencies involved in the exercise or real incident. (Include your health department if awardee is a directly-funded city)
8. Did your agency act in a lead or an assisting role? (select one)
9. Did you partner with any other public, private, or voluntary sector agencies during this exercise or real incident? [Yes – Private Sector / Yes – Public Sector / Yes – Voluntary Sector / No] (Can select No, or one or more Yes options);

9a. If responded Yes – Private Sector:

What was the total number of Private Sector partners?

9b. If responded Yes – Public Sector:

What was the total number of Public Sector partners?

9c. If responded Yes – Voluntary Sector:

What was the total number of Voluntary Sector partners?

10. Start time (see measurement specifications above)
11. Stop time (see measurement specifications above)
12. Date AAR and IP were approved by the public health agency (MM/DD/YY)
13. Does this exercise or incident represent the best demonstration of your agency's capability to complete an AAR and IP? [Yes / No]
14. Please select the reason why this exercise or incident was chosen as the best demonstration of the completion of an AAR and IP (select the primary / most significant reason)
  - Context of the Public Health Response – Potential for substantial public health impact
  - Real Incident
  - Agency was the lead responder
  - Complexity of the demonstration / response – Scale of the demonstration / response required staffing all or most of the incident management lead roles
  - Multiple partners in a coordinated demonstration / response
  - Duration of the demonstration / response
  - Required the mobilization of resources outside of the affected area
  - Quickest time
  - Only example / demonstration available
  - Other – specify
15. Was this your quickest time? [Yes / No]