Attachment A 2018 - 2019

Budget Period Grant Guidance

DPHHS Public Health Emergency Preparedness (PHEP) Activities

The information in this document provides detail and guidance for the PHEP grant requirements during the 2018-2019 budget period. Each subject area outlines specific requirements, provides additional direction, and includes contact information that will assist you.

The PHEP grant comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement. Montana DPHHS applies for the grant each year. It then distributes a large portion of these funds to county and tribal governments for their public health agencies in return for completing the requirements described herein. The purpose of the PHEP grant is to support preparedness and response efforts to emergencies and disasters with public health implications in the State.

Please be sure to ***fully and carefully*** read the deliverable requirements and guidance in their entirety. If you have questions, please contact the associated subject matter expert.

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Noted Items for the 2018-2019 Budget Period

1. Although the CDC issued a new five-year funding program cycle last year, they announced that that the PHEP program will introduce a revised grant in the 2019 budget period. DPHHS PHEP has very little information right now about the changes, what impact the revisions will have, or when to expect more information. PHEP will keep all jurisdictions up-to-date as the CDC releases more details.
2. Beginning this budget period, the 10% up front payment is now spread out over the four quarters. There is no reduction in funding for local health jurisdictions. This approach will result in the quarterly payments being larger than which you are accostumed. It will also help PHEP reduce some costs because the State's fiscal system charges the program for each cheque issued. Eliminating the 10% upfront payment in this method **will not** change the overall funding to local health jurisidictions.
3. PHEP and the Hospital Preparedness Program (HPP) continues supporting the development of the Health Care Coalitions (HCC). There are now four coalitions. HPP and PHEP have joint requirements for the federal PHEP grant, and some of the deliverables for LHJs reflect supporting activities that meet those initiatives. PHEP will explain more about HCC activities and expectations of LHJs during the annual regional PHEP workshops.
4. The number of deliverables this year is 46. Last year's budget period also had 46.

Criteria for Due Date Extensions

Jurisdictions must complete all contract deliverable work ***within the quarter it is due*** as designated in the task order (Section 4: Compensation). The 15 days between the end of a quarter and the report due date is reserved for gathering information and completing the report. ***Work completed between the quarter end and the report due date does not qualify.***

Grant Progress Report Due Schedule	
July 1 – September 30	
October 1 – December 31	Due January 15
January 1 – March 31	
April 1 – June 30	Due July 15

DPHHS can grant a due-date extension for a jurisdiction if it meets one or more of the following criterions.

- Insufficient personnel or other staffing issues prevent timely report completion
- Technical or software difficulties impede completion of the report
- Information needed is not yet available for the report
- Ongoing emergency response operations prevents completion

A jurisdiction must provide adequate justification for an extension request and must make an extension request to the DPHHS PHEP Section supervisor ***before the end of the quarter***. DPHHS may withhold payment or partial payment if deliverables are submitted incomplete or late (Section 4: Compensation).

A Note about Domains

Domains are the umbrella categories for the public health preparedness capabilities introduced in the 2011 *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. The CDC 2017-2022 PHEP Cooperative Agreement has made a specific emphasis on domains. PHEP uses the capabilities to focus our grant deliverable requirements and will now also be indicating the domains as well.

As you may remember from the 2016 gap analysis, the national capabilities are composed of specific functions. These functions factor into developing the deliverables, along with the CDC grant requirements. When you review the deliverables in this document, you will notice a graphic indicating the domain the requirement falls under. A deliverable can match one or more function or capability within those domains. If you are interested in what functions influenced the deliverable, we can give you that information.

To the right is the complete matrix of domains with the relevant capabilities.

Community Resilience
- C1: Community Preparedness
- C2: Community Recovery

Incident Management
- C3: Emergency Operations

Countermeasure & Mitigation
- C8: Medical Countermeasure
- C9: Medical Materiel Management & Distribution
- C11: Non-Pharmaceutical Interventions
- C14: Responder Safety & Health

Information Management
- C4: Emergency Public Information & Warning
- C6: Information Sharing

Biosurveillance
- C12: Public Health Laboratory
- C13: Public Health Surveillance & Epidemiological Investigation

Surge Management
- C5: Fatality Management
- C7: Mass Care
- C10: Medical Surge
- C15: Volunteer Management

Administration

Rita Karnopp, 444-0919,

Community Resilience

Incident Management

A1 Maintain the Montana Public Health Directory

Due: Every Quarter

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

Guidance:

Each jurisdiction must log into the system with a user name and password provided by DPHHS. The directory is found at https://mphd.hhs.mt.gov. Each quarter, verify that the information in the directory is complete by selecting the "mark as reviewed" button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

To fulfill this deliverable:

1. Update all information for every contact in each category and select 'mark as reviewed.'
2. Update the following categories:
    - Lead and secondary epidemiology contacts
    - MIDIS users
    - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
    - Lead and secondary sanitarian contacts
    - Board of Health Chair contact information
    - Health department after-hours numbers
    - Lead local health officials' contact information
    - Lead, secondary, and tertiary HAN contacts
    - Lead and secondary contact for preparedness
    - Public information officer
    - SNS Coordinator
    - SNS drop point locations
    - Volunteer registry manager
    - Base station and mobile satellite locations

A2 End of Year Report

Due: 4th Quarter **Kevin O'Loughlin, 444-1611,**

Write a brief description of your jurisdiction's public health preparedness activities.

Guidance:

Each public health jurisdiction must submit a brief narrative to describe its preparedness activities during the budget period. These descriptions must be for activities outside of the deliverable requirements set forth in this grant. The purpose of this requirement is to begin a record of accountability for the use of PHEP grant funding. The CDC PHEP program has been requesting more narrative-based examples of how the money is used at the local level. These examples are used to justify continuing funding from Congress.

The report must describe how PHEP funding has improved your preparedness during the last budget period. Activities that might be included are extra vaccination clinics during outbreaks, partial or full responses to actual emergencies such as wildfires or floods, or the number of activations for your Emergency Operations Center. Activation of any of your response plans and participation in exercises with other organizations might also be considered. Please also suggest areas of preparedness in which your jurisdiction could use more assistance.

PHEP advises keeping a log or journal of activities to help with this narrative.

To fulfill this deliverable:

1. Keep note of preparedness and response activities for your public health organization throughout the budget period
2. Write a brief report of those activities in the progress report.

Access & Functional Need Populations

Ian Thigpen, 444-0931,

Community Resilience

Incident Management

Surge Management

AFN1 Jurisdictional A&FN Partners Group Meeting

Due: 4th Quarter

Conduct or attend the jurisdictional A&FN group meeting established last budget period.

Guidance:

Think of the A&FN Partners Group as a pathway between your Local Emergency Planning Committee (LEPC) / Tribal Emergency Response Counsel (TERC), Healthcare Coalition, and A&FN Providers with the mission of improving whole community resiliency by increasing accessibility and preparedness, and communicating critical information between uncommon partners in a disaster. Your partners group should meet at a minimum of once a year, preferably in person. The intent of this partners group is to improve community resilience, incident management, information management, and public health and medical surge management. Key areas of focus include integrating partners into TERCs/LEPCs and HCCs, as well as and connecting those organizations to A&FN populations.

The group should be a platform for improving the preparedness of A&FN providers and populations. For A&FN providers, it can provide access to basic ICS and Continuity of Operations training, networking with emergency partners, and develop an understanding of disaster related roles, expectations, processes, and needs.

Regular meetings of the group, focused on the purposes above, can enable A&FN providers to access information and resources that will make their patrons more physically and psychologically resilient to disasters and emergencies.

To fulfill this deliverable:

1. Host or participate in an A&FN partners group meeting or conference call.

2. Describe the focus and outcomes of the meeting.
    a. Provide the date
    b. Provide a list of attendees (organizations)
    c. Provide the agenda

AFN2 Use Community Profiles to Review Emergency Preparedness Plans

Due: 4th Quarter

Use the Community Profiles to review and update your jurisdiction's public health emergency preparedness plans to ensure that A&FN elements are adequately addressed.

Guidance:

The Whole Community Profile and for your jurisdiction provides elemental information about people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their capability to maintain during an emergency. These populations include economic disadvantage, language and literacy, medical issues and disability, isolation (cultural, geographic, or social), older adults, infants and children 18 years or younger.

Properly including A&FN populations in plans is crucial in any response to an emergency or disaster. The exercises and training resulting from planning, and the identification of gaps from these activities, will help prevent loss of life.

The profiles will help guide your review of plans by ensuring you are addressing the proper needs in the jurisdiction. You only need to review the A&FN portions of your plans. If your plan does not have an A&FN element, please write one that fits your jurisdiction's community profile. Using the profiles for your planning will improve community resilience, incident management, and public health surge management.

You can retrieve the most recent whole community profiles at

*Note: Currently there are no separate profiles for the tribal reservations because data is collected by county. This means the tribal data is part of the county statistics. Tribal jurisdictions may either use a profile from a county that is primarily encompassed by reservation borders, or each of the county profiles within the reservation borders.

To fulfill this deliverable:

1. Review your jurisdiction's public health emergency preparedness plans for addressing the appropriate needs of your A&FN populations as identified by your Community Profile.
    a. If necessary, write a section into a plan addressing your jurisdiction's A&FN populations.
2. List the plans you reviewed on the progress report.

Budget & Miscellaneous

Dan Synness, 444-6927,

Community Resilience

Incident Management

B1 In-Kind and Direct Estimate

Due: 2nd Quarter

Provide an estimate of either in-kind (matching) or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

Guidance:

This information is used by PHEP to demonstrate the contributions to emergency preparedness at the local level. Examples could include salaries, contracts, building rentals, shared office expenses, utilities, phone, internet, or travel for PHEP related business paid from another account.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B2 Local Staffing Summary

Due: 3rd Quarter

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

Guidance:

Remember that staffing is the number of people it takes to fulfill FTE (Full Time Equivalent). For example, if two half-time people work on PHEP, then report 2 STAFF, which equals 1 FTE).

To fulfill this deliverable:

1. Provide the required information on the progress report.

B3 Actual Budget

Due: 4th Quarter

Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance:

All categories combined must sum to your total grant award.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B4 Single Item Purchase Report

Due: 4th Quarter

Report the purchase (or contribution to a purchase) of a single item costing more than $5,000.

Guidance:

If your program purchased a single item that cost more than $5000, or contributed to the purchase of an item costing more than $5,000, please provide the following information: 1) Item, 2) Serial number, 3) Acquisition date, 4) Cost, 5) Percentage of PHEP funds used, and 6) Percentage of PHEP supplemental funds used.

To fulfill this deliverable:

1. Provide the required information on the progress report.

Continuity of Operations (COOP)

Community Resilience

Dana Barnicoat, 444-1305,

C1 Transfer of Authority and Successor Responsibilities Guidelines

Due: 2nd Quarter (10/01)

Develop and update Transfer of Authority and Successor Responsibilities Guidelines.

Guidance:

This information will be used to assist the State of Montana shape COOP deliverables over the performance period. We will post a sample of the state plan and a template on the PDR.

To fulfill this deliverable:

1. Complete the guidelines and upload the document to the progress report.

C2 Continuity of Operations Training

Due: 3rd Quarter

Complete one of the provided Continuity of Operations trainings in person or online within the budget period and report in the third quarter.

Guidance:

Complete one of the following

- Continuously on the FEMA Independent Study (IS) website
    - Recommended FEMA IS courses:
        - IS 546.a (1 hr)
        - IS 547 (2 hr)
        - IS 520 (1hr)
        - IS 522 (8 hrs)

To fulfill this deliverable:

1. Complete at least one of the trainings offered.
2. On the quarterly report, record training date(s) and personnel attended.

Emergency Medical Countermeasures Matt Matich, 444-6072,

Community Resilience

Incident Management

Countermeasure & Mitigation

EMC1 Update and Share CHEMPACK Plan

Due: 1st Quarter

Review, update, and share your jurisdiction's CHEMPACK Plan.

Guidance:

The CHEMPACK Program is a CDC initiative that provides pre-positioned nerve agent antidotes to quickly and effectively use medical countermeasures in the event of an accidental or intentional release of a nerve agent. Public Health plays a vital role in the planning process for the CHEMPACK program. Public Health works with partner agencies to ensure there is a plan to quickly and efficiently request, transport and administer nerve agent antidotes to save lives.

On the progress report local health jurisdictions will upload a reviewed and updated CHEMPACK plan to the quarterly progress report. Ensure the CHEMPACK Facility 24-hour contact information is current. In addition, ensure all other contact information is current. CHEMPACK plans must be reviewed and updated on a regular basis. Using the contact sheet located on the PHEP Resources Page http://dphhs.mt. gov/publichealth/cdepi/cdcpbresources/phep-resources, ensure the CHEMPACK Facility 24-hour contact information is up-to-date. In addition, confirm all other contact information is current. Please avoid using person's names, instead use specific job titles and 24-hour contact information.

To fulfill this deliverable:

1. Review and update
2. Distribute plan with emergency preparedness partners
3. On the quarterly progress report, attach the reviewed and updated CHEMPACK Plan with the appropriate site contact information

EMC2 Emergency Medical Countermeasure (EMC) Plan

Due: 2nd Quarter

Review, update, and distribute your jurisdiction's Emergency Medical Countermeasure Dispensing Plan.

Guidance:

Emergency Medical Countermeasure plans detail how local health jurisdictions provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxins, etc.) to support the treatment or prophylaxis of identified populations.

The EMC Plan deliverable for the 2018-2019 grant year focuses only on creating or reviewing the distribution element of the plan. Your plan must have this element. You should confer with your ESF#8 partners and other emergency response associates to discuss how to distribute (transport) countermeasure materiel from the identified SNS Drop Point Location(s)to open and closed PODs.

Example distribution plans are available in the PHEP Resources Page for you to consider. You may also use any other examples you find. It is also possible that the plan you have is suitable for your jurisdiction as it is.

If you and your partners change the plan for distribution, you should consider exercising that change to ensure there are no gaps or problems.

Note: This does not need to be a separate plan. It may be incorporated into the existing EMC Plan

If you do make any changes, distribute this change to all your identified partners in your plan.

To fulfill this deliverable:

1. Create or review distribution plan, with ESF-8 partners, from primary drop location to the open and closed PODs.
2. On the quarterly report, upload distribution portion of the EMC plan.
    a. Indicate if the plan has changed or remained the same.
    b. List the partners you consulted while reviewing or rewriting the distribution plan.

EMC3 Emergency Medical Countermeasure (EMC) Inventory Management

Due: 2nd Quarter

Describe your inventory tracking process.

Guidance:

In preparation for the full-scale exercise in the Fall of 2019, PHEP is curious to know what type of inventory tracking process each jurisdiction uses. We would like to know if your jurisdiction uses an inventory management system, spread sheet, or other means to track items such as vaccines. We would also like to know if your EMC plans include a process for tracking and reporting inventory counts during an event.

As mentioned, this is in preparation for the full-scale exercise in the fall of 2019. PHEP is researching inventory options that could be used by all jurisdictions.

On the quarterly progress report the jurisdiction will answer a few questions regarding inventory tracking and management. Questions will be open ended and be a free text response. The questions we are asking will be similar to the following.

- How do you track inventory (i.e. vaccines and other medical materiel) currently?
- Do you currently include inventory management within your EMC plans?
- Do you feel the inventory system you use currently is a good system, why or why not?

To fulfill this deliverable:

1. Answer the questions provided in the progress report.
2. Please be as candid as possible. There are no right or wrong methods, we are only looking to improve systems and communications.

Epidemiology

Jen Fladager, 444-3165,

Community Resilience

Information Management

Countermeasure & Mitigation

Biosurveillance

E1 Identify Key Surveillance Partners (KSP)

Due: Every Quarter

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

Guidance:

KSPs should always include laboratories, as well as key providers likely to report diseases such as community health centers, hospitals, clinics, etc. The number of KSPs can vary for each local health jurisdiction based upon the urban or rural nature of its population. We recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists. KSPs should include schools and long-term care facilities, at least seasonally, as those can be affected during influenza season and are often sources of outbreaks like norovirus. An Excel spreadsheet to assist with tracking key reporting sources, primary and secondary contacts at each facility, and your calls (see E2) is available from the CDEpi section to assist you with documenting this activity. The spreadsheet can be found on the PDR page at, http://dphhs.mt.gov/publichealth/cdepi/CDCPBResourcesor by contacting the program. If you have problems retrieving the spreadsheet from PDR page, contact the subject matter expert.

To fulfill this deliverable:

1. Provide the total number of KEY SURVEILLANCE PARTNERS (KSP) that you have identified within your jurisdiction on the progress report.
2. From the total, indicate the number of KSP that are:
    a. Providers (e.g. private and community clinics)
    b. Laboratories
    c. Schools
    d. Senior Care Facility (Nursing homes/assisted living facilities)
    e. Other partners

E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)

Due: Every Quarter

Engage your key surveillance partners through “active” weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

Guidance:

KSPs may vary for each local or tribal jurisdiction. KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for the identification of cases and outbreaks in a timely manner. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider. As in the E1 deliverable, some jurisdictions may add schools during the school year or

long-term care facilities during influenza season. Others may conduct routine active surveillance with KSPs most likely to report a communicable disease event to them.

It is important to note if there are a large number of KSPs identified, weekly calls to each one may not be feasible. It may be best to identify a key contact in an organization or facility, and count them as one KSP.

To fulfill this deliverable:

1. Maintain log of active surveillance calls.
2. Indicate on the quarterly progress report if this log was completed.

E3 Routinely Disseminate Information

Due: Every Quarter

Report on the materials your jurisdiction distributes to KSPs each quarter.

Guidance:

While deliverables E1 and E2 identify KSPs, this deliverable assists with effective communication with these partners. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations. Provide a short narrative of your actions. For example: "Two HAN messages from the state and one local HAN were sent to KSPs. An edited local CDEpi weekly update was provided by email to all KSPs as were Norovirus recommendations and guidance to long term care facilities during the winter."

To fulfill this deliverable:

1. Provide the frequency and short description of materials distributed to KSP on the progress report.

E4 Disseminate Disease Reporting Instructions to KSPs

Due: 1st Quarter

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

Guidance:

The objective of this deliverable is to ensure that 100% of your *key surveillance partners* have the most current information regarding communicable disease reporting. For more guidance, contact CDEpi.

To fulfill this deliverable:

1. Record the date(s) that disease reporting instructions were provided to KSPs with a general description of what materials were provided.

E5 Reconcile Communicable Disease Cases with DPHHS Staff

Due: Every Quarter

Reconcile all communicable disease investigations performed in the past quarter in order to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

Guidance:

This deliverable helps ensure that reporting systems are functioning as intended, by resolving issues related to discrepancies between state and local numbers or by correct assignment of cases to jurisdictions. In addition, it helps us maintain accurate numbers for state generated reports and our submissions to CDC. Review the reconciliation line list provided by DPHHS via ePass in the first month of each quarter (January, April, July, and October).

Information provided to the staff should include:

- Any changes to current cases belonging to your LHJ
- Any cases not on the list that were not reported previously for this time period
- Any cases on the list that *do not* belong to your LHJ

LHJs should report diseases as timely and completely as possible. These metrics are calculated for all reportable diseases except HIV, animal rabies, and rabies post-exposure prophylaxis reports.

For timeliness, the reporting lag is defined as the average number of days between the date of initial report to a local jurisdiction and the date of report to the state (marked as "Ave Local to State Days" on the reconciliation report). Additionally, the average time for local health providers to report cases to the local health jurisdiction should average less than 24 hours (marked "Ave Diagnosis to Local Days" on the reconciliation report).

Remember, for most diseases the local to state target is less than seven days, but there are some that are immediately reportable, or reportable within one business day. Please review ARM 37.114.204 for reporting time frames.

Data completeness is defined as the percentage of cases reported to DPHHS using MIDIS that contain complete data elements. The data elements are defined both in the Administrative Rules of Montana (ARM 31.114.205) and by federal grant requirements. Reconciliation reports track the following fields for completeness:

A. Date of birth
B. Race
C. Ethnicity
D. Physical address
E. Zip code of residence
F. Onset date
G. Hospitalization (Y/N)
H. Diagnosis date
I. Date control measures were implemented
J. Date of interview (STD)
K. Date of treatment (STD)
L. Completeness of treatment (STD)
M. HIV test offered (Y/N) (STD)
N. Pregnancy status (female STD cases only)

The goal for completeness of each data element is 90%. Any cases that have missing elements should be updated in MIDIS during the reconciliation process.

When completeness goals are not met, local health jurisdictions will be asked to identify barriers to reporting in a complete and timely manner and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter and note the reporting lag between your jurisdiction and DPHHS staff. Correct typos or fill in missing information in MIDS. If reporting timeliness is below goal, please report what barriers you

encountered and describe tactics you have identified to overcome them in the quarterly progress report.

2. Review the most recent DPHHS reconciliation report distributed to you each quarter outlining your jurisdiction's reported cases. Complete any missing required data fields in MIDIS. If data completeness is below goal, please indicate what barriers you encountered and what tactics you have identified to overcome them.
3. Record the date that cases were reconciled with the DPHHS staff.
    a Indicate the reconciliation completion date in the quarterly progress report.
    b If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

E6 Maintain 24/7 Communication System

Due: Every Quarter

Participate in the regular testing of the 24/7 notification system initiated by the CDEpi section.

Guidance:

Your 24/7 notification system is tested monthly. Response is required within 15 minutes of the test call. Review your jurisdiction's 24/7 protocols during the grant period and report any failure of the 24/7 notification test system. Any corrective actions must be summarized in an improvement plan. An improvement plan should identify barriers to reporting in a complete and timely manner, and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call. If a failure has occurred, state what happened at the time and document the outcome of the retest.

E7 Exercise the Communicable Disease Response Plan

Due: 3rd Quarter

Conduct a table top exercise with your local communicable disease response partners utilizing one of three communicable disease scenarios developed by DPHHS or substituting a suitable exercise with prior approval.

Guidance:

In order to test existing communicable disease response plans, local health jurisdictions (LHJs) can choose one of three of the following scenarios developed for use as a table top exercise at the local level. This exercise will take an estimated 1-1.5 hours. DPHHS will provide the exercise outlines and presentation materials for LHJs to use during the table top. They are as follows:

1. **TUBERCULOSIS** - A provider at your local hospital contacts the local health department to report a suspect tuberculosis (TB) case in a hospitalized patient. The patient intends to leave the hospital against medical advice, and the provider wants to know if the patient should be held involuntarily until TB is either confirmed or ruled out. The patient works as a certified nurse's aide (CNA) in a local nursing home.
    a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*
2. **MEASLES** - A nurse working a local school notifies the local health department of an adolescent with a rash and fever who recently traveled to Indonesia with family members. The child has no history of any vaccination, and requires medical care for dehydration.

a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*

3. **SALMONELLA** - A provider at your local hospital contacts the local health department to report several individuals presenting to the ER with severe diarrhea, fever, and dehydration. A number of those individuals report eating at a local food establishment within the previous week.
    a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*
    b. *Many jurisdictions in Montana participate in the FDA's Voluntary National Retail Food Regulatory Program Standards. If your jurisdiction participates, this deliverable would meet part 7c of Standard 5. This standard requires that if your jurisdiction has not conducted an actual food related outbreak investigation in the last year, that you conduct a mock investigation to test your procedures.*

These scenarios are developed to test the local response capabilities for difficult communicable disease events that may arise. LHJs may substitute another exercise to fulfill this deliverable with ***prior approval*** of DPHHS (point of contact-Jen Fladager). However, in order to substitute another exercise, it must meet the following criteria:

1. The scenario must be specific to a communicable disease incident.
2. Involuntary quarantine, isolation, or exclusion portions of your plan must be exercised.
3. The scenario must exercise your Laboratory Sample Transport Plan.

To fulfill this deliverable:

1. Review your communicable disease plan using the Communicable Disease Response Plan checklist found on the PDR page, and have it signed by your Board of Health Chairperson and Health Officer.
2. Select a staff member within your LHJ to conduct the exercise.
3. Download the selected exercise materials from the PDR, or plan your communicable disease exercise after consultation with DPHHS.
4. Gather your local health response partners (suggested response partners are listed within the scenarios), and conduct the exercise.
5. Submit the provided after action report form to CDEpi and answer the follow up questions by the end of the 3rd quarter through your progress report.

E8 Pandemic Influenza Plan

Due: 4th Quarter

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan and your plan review worksheet to the progress report.

Guidance:

Utilize the assessment tool provided in the deliverable resources folder in CDCB Resource Page or in the PDR page at http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources for your review. If you have problems retrieving the assessment tool, contact the subject matter expert. Local planning for pandemic influenza is better served by reflecting what will actually happen. Those planning efforts should also reflect the resources and capabilities of your community then outline the processes for engaging other state and local partners.

Avoid copying and pasting information from the World Health Organization (WHO). That approach does not provide proper planning because their scope is on an international scale. Your plan must

reflect what *your* public health agency does during a pandemic in *your* community. Your preparedness partners should participate in the review and provide feedback for your plans.

To fulfill this deliverable:

1. Attach the completed assessment tool to the progress report (please clearly save it as 2019 Pan Flu Assessment).
2. Attach your reviewed and revised *Pandemic Influenza Plan* to the progress report.
3. CDEpi will review your Pandemic Influenza Plan and provide feedback to your jurisdiction.
4. Archive older versions of your pandemic flu plans.

Exercise

Gary Zimmerman, 444-3045,

Community Resilience

Incident Management

Countermeasure & Mitigation

EX1 Training & Exercise Planning

Due 1st Quarter

Conduct a Training & Exercise Planning Workshop (TEPW) and produce a Multi-Year Training & Exercise Plan (TEP).

Guidance:

The TEPW establishes the strategy, timeline, and structure for an exercise and training program that enhances public health preparedness. In addition, it sets the foundation for the planning, conduct, and evaluation of exercises with other community emergency and response partners.

The purpose of the TEPW is to use the guidance provided by elected and appointed officials to identify to set exercise program priorities and develop a multi-year schedule of exercise events and supporting training activities to meet those priorities. The workshop must include your community's preparedness and response partners. These partners could include sectors such Emergency Support Function #8 - Public Health and Medical Services (ESF#8) partners, who compose the regional healthcare coalition. By definition, all providers of healthcare services are part of the coalition, whether they actively participate or not.

- Local Emergency Responders (fire, EMS)
- Healthcare Providers (hospitals, clinics, pharmacists, etc.)
- Community Leadership
- Cultural and Faith-Based Groups
- Civic and Volunteer Organizations
- Social Services
- Mental/Behavioral Health Service Providers
- Local Area Office of Aging
- Education and Childcare

The resulting product of the workshop is the TEP.

The Multi-year TEP outlines an organization's overall priorities for training and exercise during a defined multi-year period. It also identifies the specific training and exercises that will help the organization build and sustain the core capabilities needed to address those priorities.

The TEP is the strategic approach to filling your jurisdiction's public health capability gaps and contributing to community resilience. Your jurisdiction self-identified your gaps in the 2016 Gap Analysis. PHEP can provide you a copy of your gap survey if you need it. Your jurisdiction can develop collaborative exercise and training priorities with your community partners and HCC. However, the TEP must include these PHEP priorities.

- *Priority 1:* Sustain current training and exercise activities.
- *Priority 2:* Work towards filling identified public health preparedness gaps.
- *Priority 3:* Collaborate with preparedness and response partners to build community resilience

The TEPW should also incorporate other informational tools to build the TEP. The following is a list of example documents to bring to the TEPW.

Threat and Hazard Identification and Risk Assessment (THIRA) for your jurisdiction

- After Action Reports
- Workforce needs surveys
- Quality improvement surveys
- Contracts
- Any federal or State standards and requirements (Medicare, social services, public health, etc.)
- Any other similar documents

Note: PHEP will distribute guidance and templates for this deliverable at the beginning of the quarter. It will also be available on SharePoint, 2018-2019 PHEP Deliverable Resources, Exercises, TEPW Guidance folder. It will also be available on the PDR page at http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources. If you have problems retrieving the template, contact the subject matter expert.

To fulfill this deliverable:

1. Conduct or participate in a TEPW with your jurisdiction's preparedness partners.
2. Upload a summary report of topics discussed at the TEPW to the progress report. Include the location, date, and list of participants.
3. Create your public health agency's Multi-Year TEP and upload a copy to the progress report.

EX2 Influenza Point-of-Dispensing (POD) Clinic

Due 2nd Quarter

Conduct an off-site Influenza POD Clinic involving *at least two local or state organizations* utilizing your jurisdiction's Emergency Medical Countermeasures Plan and complete the EX2 AAR/IP form.

Keys to success:

- Clinic MUST be off site. (Not in regular workplace)
- Involve 2 partner organizations. (Schools, Nursing Homes, EMS, LE, etc.)
- Use the EX2 AAR/IP form (located on PHEP PDR Page)

Guidance:

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazards events ranging from a terrorist attack, an influenza pandemic, or an emerging infectious disease. To better prepare for medical countermeasures, jurisdictions must ensure they can effectively execute their Emergency Medical Countermeasure Plans in response to a public health emergency.

An Influenza POD Clinic prepares local health jurisdictions for a large-scale mass vaccination in the event of an influenza pandemic or other event requiring a vaccination response. This flu clinic does not have any size requirements, but it does need to be conducted off-site.

Following the POD Clinic, complete the EX2 AAR/IP form available on SharePoint in the 2018-2019 PHEP Deliverable Resources Folder under Exercises, and on the PDR page at http://dphhs.mt.gov/publichealth/cdepi/cdcpbresources/phep-resources. If you have problems retrieving the form, contact the subject matter expert.

Contact the PHEP Exercise Coordinator or SNS Coordinator for assistance in planning and executing the Influenza POD Clinic.

To fulfill this deliverable:

1. Conduct an Off-Site Influenza Clinic.
2. Complete and upload the Influenza POD Clinic EX2 AAR/IP to the quarterly progress report.

Food & Water Safety

Alicia Love, 444-5303,

Surge Management

Biosurveillance

Countermeasure & Mitigation

F1 Sanitarian Participation in LEPC

Due: 4th Quarter

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

Guidance: Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

To fulfill this deliverable:

1. Collaborate with your jurisdiction's Sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.

F2 Review Truck and Train Wreck Protocol

Due: 1st Quarter

The RS for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118. This M.C.A. can be found at http://leg.mt.gov/bills/mca/50/2/50-2-118.htm

Guidance:

Ensure that the information in your current protocol is up to date and sufficient. DPHHS will provide sample accident protocols on the sanitarian resource page located at

http://dphhs.mt.gov/publichealth/FCSS/SanitarianResource.aspx. These may be used as guidance in cases where protocols need to be re-written.

To fulfill this deliverable:

1. If the protocol has been modified or relevant staffing changes have occurred, upload a copy of the locally approved truck wreck protocol to the progress report. In cases where no protocol or staff changes have occurred, provide a written statement that the previous year's protocol is still accurate.

F3 After-Hours Contact Information for Sanitarians Integrated into 24/7 System

Due: Every Quarter

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

Guidance:

This system will be tested quarterly. The system will be tested by calling the jurisdiction's After-Hours Number on the Public Health Directory. Our office will ask to speak to the On-Call Sanitarian. Response is required within 15 minutes of the test call by the On-Call Sanitarian. In the event of a test failure, FCS will notify you and work with you to provide an improvement plan for any failures.

To fulfill this deliverable:

1. Have the On-Call Sanitarian respond to the test call within 15 minutes.
2. On the quarterly progress report, indicate success or failure of your jurisdiction's response to the 24/7 test call. Provide an improvement plan for any failures.

F4 Update Contact Information for All Licensed Establishments

Due: 2nd Quarter

Fill in the contact information in the Licensed Establishment Database.

Guidance:

The Registered Sanitarian for your jurisdiction should be maintaining and updating contact information for all licensed facilities regularly. If needed, contact FCS to request a spreadsheet of the licensed facility information that is present in the database.

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

To fulfill this deliverable:

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

F5 Written Procedure for Investigating Foodborne Illness & Food-Related Injury

Due: 3rd Quarter

Provide a written process that outlines the procedure for investigating Foodborne Illnesses and Food-related Injuries.

Guidance:

If your jurisdiction is participating in the FDA's Voluntary Retail Food Program Standards and has completed Standard 5, that plan would meet this deliverable.

If not, this may already be part of your jurisdictions communicable disease response plan.

Sample written procedures will be provided on the Sanitarian Resource Page and provided to counties upon request.

The list of components needed for this written plan can be found at: https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards /UCM372504.pdf

Part	Deadline
Part 1: Investigative Procedure (should have been completed 2017-2018 year)	Submit document in Quarter 4, 2017-2018 year. Verify for accuracy every year after.
Part 2: Reporting Procedures Part 3: Laboratory Support Documentation Part 4: Trace-back Procedures	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Part 5: Recalls Part 6: Media Management	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.
Part 7: Data Review and Analysis	Submit document in Quarter 3, 2020-2021 year. Verify for accuracy every year after.
Documentation Numbers: 1, 2, and 9	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Documentation Numbers: 3, 4, 5, 6, 7, 8, and 10	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.

To fulfill this deliverable:

1. Upload a copy of the locally approved Written Investigative Procedure (parts 1-4 and Documents 1, 2, and 9) to the progress report. Use the Table in the Guidance section to determine what components are needed for each year.

Health Alert Network

Gerry Wheat, 444-6736,

Incident Management

Information Management

Surge Management

H1 HAN Distribution

Due: Every Quarter

Test your Local HAN System once each quarter.

Guidance:

Each quarter of this grant local health jurisdictions will conduct local testing with their respective health partners. Locals can use the methods that are available to them to conduct the tests. This may

include the use of E-mail, FAX or Phone. Conduct Local HAN testing once each quarter with your Local HAN contacts and collect responses.

To fulfill this deliverable:

1. Provide the total number on Local HAN Contacts that you sent the test message to and the total number of responses you received in 25 hours. Health jurisdictions with large lists should conduct HAN tests with a sampling of their list. Real health events will count as long as the responses are collected.

Number of Recipients _____

Number of Responses Received Within 25 hours _____

Response Rate _____

H2 HAN Plans & Protocols

Due: 2nd Quarter

Review and upload your jurisdiction's HAN plans/protocols to the progress report.

Guidance:

HAN Plans and Protocols must be updated periodically so the system remains effective. Last grant year 6 "Essential /Elements" were identified and required to be in the Plans/Protocols. This year 3 "Essential Elements" are to be added to the Plans/Protocols.

Last year's HAN Plans required these "Essential Elements"
DPHHS recommends that local HAN Plans/Protocols include:

- Procedures for receiving and responding to the HAN message.
- Procedures for forwarding the HAN message if necessary.
- List(s) of Local HAN contacts with contact information updated as needed.
- A list of communication equipment used in your local HAN system.
- "After-Hours" contact information for the Public Health Department or Tribal Health Agency included in the Plans/Protocols.
- A local cover sheet to forward HAN messages.

This year's HAN Plans require the **addition** of these "Essential Elements"

- The four categories of HAN messages.
- The four levels of distribution: Distribute, Limited Distribution, Distribute at Your Discretion, and Do Not Distribute.
- A Record of Change page to track updates in the document.

To fulfill this deliverable:

1. Add the new "Essential Elements" to your HAN Plan/Protocol.
2. Review and Update your HAN Plans/Protocols and Upload them to the progress report.
3. Answer the questions on the progress report.

H3 Local HAN Contacts

Due: Every Quarter

Provide the total number of HAN contacts by audience type.

Guidance:

Throughout the grant year this list may change. Sometimes it is driven by the events that happen. Updating this list will ensure that your contacts will receive your information in a timely manner. A list of audience types will be available on the quarterly progress report.

To fulfill this deliverable:

1. Count and report the number of contacts in your jurisdiction who are:
    - Healthcare providers
    - Food establishments
    - Sanitarians
    - School contacts
    - Hospital contacts
    - Laboratory contacts
    - Pharmacy contacts
    - Emergency management contacts
    - Volunteer organizations
    - Law enforcement contacts
    - and others

H4 Tactical Communications

Due: 3rd Quarter

Inventory modes of tactical communications for your jurisdiction.

Guidance:

Local and tribal health agencies must have redundant tactical communications to maintain connection within and across jurisdictional borders. Fortunately, there are many modes of communication available to turn to in the event of a disaster, or even the occasional technological mishap.

The intent of this deliverable is to take inventory of the resources available to you for tactical communications. Not all local health jurisdictions (LHJ) have the same capabilities, and PHEP would like to track what is available to each. For example, some health jurisdictions who requested satellite phones to use in an emergency no longer use them, and others still do. Also, some LHJs have high-frequency radios, and others do not.

As a reminder, PHEP funds can be used to help support satellite phone costs.

To fulfill this deliverable:

1. Indicate the modes of redundant tactical communication devices available to you in your LHJ on the progress report.
    - E-mail
    - Cell Phone
    - Satellite Phone
    - FAX machine
    - VoIP Phone
    - VHF Radio
    - HF Radio
    - Other
2. If a satellite phone is available to you in your LHJ, provide the phone number for each satellite phone your jurisdiction in the Montana Public Health Directory (see the A1 deliverable).

H5 Redundant Tactical Communications Test

Due 2nd and 4th Quarter

Contact the DPHHS Duty Officer and provide him or her with your name, jurisdiction, and the device you are using (i.e. Phone, Cell Phone, Satellite Phone, etc.)

Guidance:

Knowing who to call in an emergency is a question we all deal with. For this deliverable you will contact the DPHHS Department Operations Center (DOC) and speak with the on call DPHHS Duty Officer. When the DOC is "activated" in a real event or emergency, the phone number would be monitored by our DPHHS Liaison, but is available 24/7 with the Duty Officer.

Twice (2) during the grant year, LHJs must conduct a communications test to maintain this connectivity with PHEP and each LHJ by calling the DPHHS DOC at (406) 444-3075. Provide the Duty Officer on call with your name, jurisdiction and the with which device you are using (i.e. Phone, Cell Phone, Satellite Phone, etc.)

To fulfill this deliverable:

1. In the 2nd Quarter, call the DPHHS Duty Officer at (406) 444-3075 and provide him or her with your name and jurisdiction and the device you are using.
    a. Record the date of the call in the 2nd Quarter progress report.
2. In the 4th Quarter, call the DPHHS Duty Officer at (406) 444-3075 and provide him or her with your name and jurisdiction and the device you are using.
    a. Record the date of the call in the 4th Quarter progress report.

Immunization

Maddie Barber, 444-9539,

IZ1 Off-Site Influenza Clinics

Due: Every Quarter

Report the total number of off-site influenza immunization clinics and the total number of influenza vaccine doses administered at the off-site clinics.

Guidance:

Off-site influenza clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site influenza clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency.

The *Immunization-PHEP* spreadsheet containing the IZ1 worksheet (tab 1), provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is located on the PHEP Deliverable Resources (PDR) webpage under Immunization.

To fulfill this deliverable:

1. Use the IZ1 worksheet to track off-site clinics and doses of influenza administered.
2. Total the number of off-site influenza clinics conducted every quarter.
3. Total the number of influenza doses administered every quarter.

4. Report the total number of off-site clinics and influenza doses administered to complete the Progress Report every quarter.

IZ2 Influenza Partners & Communication

Due: Every Quarter

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

Guidance:

Advanced planning, including identifying communication strategies, are important components to emergency management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization-PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is located on the PHEP Deliverable Resources (PDR) webpage under Immunization.

To fulfill this deliverable:

1. Use the IZ2 worksheet to track vaccine partner meetings and influenza prevention messaging and clinic advertising every quarter.
2. Report the information to complete the Progress Report every quarter.

IZ3 Influenza POD Exercise Checklist

Due: 2nd Quarter

Complete the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.

Guidance:

Establishing readiness for an off-site influenza clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals.

The checklist will be located on the PHEP Deliverable Resources (PDR) webpage under Immunization and is currently in the deliverables binder. Directions to complete the checklist will be made available on the PDR. In addition, the program is working with the CDC to edit the checklist to fit the specific needs of Montana and make the checklist fillable.

To fulfill this deliverable:

1. Review the checklist during the pre-planning stage for the Influenza POD Exercise.
2. Complete the sections during the appropriate stages.
3. Upload the completed checklist to the Progress Report.

Public Health Laboratory

Lana Moyer, 444-0944,
Crystal Fortune, 444-0930,

Community Resilience

Countermeasure & Mitigation

Biosurveillance

L1 Exercise the Laboratory Sample Transport Plan

Due: 3rd Quarter

Utilizing one of the three disease scenarios developed by DPHHS, as part of the tabletop exercise, discuss how you would get samples to the Public Health Laboratory in the event that the Montana Public Health Laboratory (MTPHL) courier service is not available.

Guidance:

This exercise will determine the effectiveness of the Laboratory Transport Plan, identifying any potential gaps. During the E7 table top discussion, local health jurisdictions (LHJs) will discuss how the laboratory sample collected from one of the three individuals described in the E7 scenarios will be packaged and transported to MTPHL for testing. The MTPHL courier service is not available so alternate means of transportation will have to be arranged. LHJ's will need to rely on their laboratory sample transport plans. The 2016-2017 laboratory deliverable revolved around updating portions of the Laboratory Sample Transport Plans, specifically how to transport infectious substances, unknown substances (AKA white powders), and water samples for biological and chemical testing (CBAT, Category A, DWES). The same transport procedures can be used to transport clinical samples, especially in the event of a potential public health crisis requiring expedited laboratory testing.

Questions to answer during table top exercise:

1. Does the LHJ know how to reach MTPHL, including after hours?
2. Does the LHJ know how to order MTPHL laboratory testing, and do they have requisition forms?
3. Does the LHJ know how to find MTPHL laboratory sample requirements (serum, urine, stool, sputum) and transport requirements (room temperature, frozen, refrigerated)?
4. Does the LHJ know how to package the sample according to the method used for transportation?
5. Has the LHJ provided correct contact information in order that MTPHL staff can easily reach them with questions and/ or test results?
6. Has the LHJ communicated with MTPHL regarding the approximate arrival time of the sample and what the mode of shipment is? (FedEx, UPS, county employee, etc.)

To fulfill this deliverable:

1. Select a staff member within your LHJ to conduct the exercise, and have that individual review the materials.
2. Download the selected exercise materials from the CDEpi Resource Page.
3. Gather your local health response partners (suggested response partners are listed with in the scenarios), and conduct the exercise.

4. Submit the provided after action report form to CDEpi by the end of the 3rd quarter. In this report, include any gaps that were identified during the exercise and the improvement plans developed to address those gaps.

Planning

Luke Fortune, 444-1281,

Community Resilience

Incident Management

Information Management

Countermeasure & Mitigation

P1 Participation in Regional Healthcare Coalitions

Due: 1st Quarter

Participate in an organized regional working group meeting of public health jurisdictions within a Healthcare Coalition area to select the necessary executive committee public health representatives.

Guidance:

The new Healthcare Coalitions (HCC) need the support and participation from all healthcare organizations within their regions, one of which is public health. By definition, all providers of healthcare services are part of the regional healthcare coalition, whether they actively participate or not, and could be considered as potential ESF#8 partners.

The executive committees for these coalitions are responsible for organizing healthcare preparedness, planning, training, and response to emergencies and disasters. They are also responsible for distributing Hospital Preparedness Program (HPP) grant funding to healthcare applicants. HPP is a sister program to PHEP.

These HCCs face many challenges as fledgling organizations and all public health agencies are expected to participate in the coalition's activities. In fact, the **HPP/PHEP 2017-2022 Cooperative Agreement** that provides the funding from the Assistant Secretary for Preparedness and Response (ASPR) and the CDC states, *"HPP and PHEP awardees **must** ensure that local health departments participate in HCCs in their jurisdictions,"* (p.23).

This deliverable requirement is for each LHJ to assist in organizing regional public health support and participation in its respective HCC. The PHEP jurisdictions are coalition members of HCC in their defined geographical area (see descriptions below). *LHJ public health agencies will organize and meet by HCC region.*

The purpose of the regional gathering is to select **two** representatives for each respective HCC **executive committee**. At least one representative of your public health department must attend the meeting. DPHHS PHEP will assist each region to set up the meeting and provide guidance. A DPHHS representative will be available as advisor for each regional meeting.

The regional working groups must meet before the end of the 1st quarter. *This meeting may be physical or virtual (via phone, WebEx, etc.) or a combination.* PHEP can provide a phone meeting bridge for each region if reserved.

The original coalitions were defined by the EMS trauma regions. The eastern region, however, is too large and diverse for one group. Therefore, the eastern HCC region has been split into two. The east central half will meet as a group to select one representative for the core membership of the eastern HCC executive committee, and the eastern half will do the same.

Southern HCC PHEP *South* jurisdictions are Bighorn, Carbon, CMHD, Crow, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.

Eastern HCC PHEP *East* jurisdictions are Carter, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, Treasure, and Wibaux.

Central HCC PHEP jurisdictions are Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Meagher, Liberty, Pondera, Rocky Boy, Lewis & Clark, Teton, and Toole.

Western HCC PHEP jurisdictions are Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.

There is no need to create any formal documents, such as bylaws or formal articles of organization. A simple working group to select representatives to the regional HCC executive committee is the only requirement. Additional subjects could include sharing information or discussing overall involvement with the HCCs. Remember to invite a member of PHEP or HPP to your meeting.

These regional groups may also serve other purposes if there is interest among the jurisdictions. For now, the requirement is for the regional group to meet at least once per year with the purpose of selecting HCC public health core representatives. Those people selected to the HCC executive committees will be subject to the bylaws of their respective organizations.

To fulfill this deliverable:

1. Help *organize and attend* a regional PHEP working group meeting to select representatives for that region's HCC executive committee. Remember to invite a PHEP or HPP staff member to your meeting.
2. Mark P1 complete on the progress report if you attended the meeting to select two public health representatives for the regional HCC executive committee public.
3. Report date of meeting and names of the public health regional executive committee representatives selected.

P2 Medical Surge Planning Preparedness

Due: 2nd Quarter

Assist development of HCC response plans, predominantly focusing on surge operations.

Guidance:

This deliverable is focused on preparing information for regional HCC planning development that might include medical surge scenarios. The federal Hospital Preparedness grant requires the HCCs to develop region-specific response plans this fiscal year. We are gathering information at the local level to have a better picture about medical surge planning across Montana.

Medical Surge is Capability 10 of the Public Health Preparedness Capabilities: National Standards for State and Local Planning. Medical surge planning ensures that a maximum number of people receive safe and appropriate care. This can involve, but is not limited to, facilitating the triage and distribution of people requiring care to appropriate facilities and providing support to those facilities.

Written plans should include processes to engage in healthcare coalitions and define the roles and responsibilities of each coalition partner. This includes situational awareness, integration of services during emergency disaster response with surge needs, and coordination of activities to m minimize duplication of efforts. These plans should also include processes (e.g., MOUs or other written agreements) with emergency management, healthcare organizations, coalitions, and other partners.

To fulfill this deliverable:

1. Answer the questions on the progress report regarding medical surge plans and MOUs.
    a. Does any health care facility in your jurisdiction have a medical surge plan?
    b. Does your public health department have a role in a medical surge plan in your jurisdiction?
    c. Does your jurisdiction have up-to-date (within the last two or three years) memorandums of understanding (MOU) among healthcare facilities for medical surge?

P3 Public Health Responder Safety & Health

Due: 4th Quarter

Identify public health emergency responders' safety and health risks and personal protective needs.

Guidance:

The Public Health Preparedness Standards Capability 14 Responder Safety and Health describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested. Jurisdictions reported low abilities in this category in the 2016 Montana PHEP Gap Analysis, and this deliverable is intended to begin strengthening those abilities.

This is *not* a deliverable about implementing Emergency Responder Health Monitoring and Surveillance (ERHMS), although it can be related. ERHMS is a framework developed by the National Institute for Occupational Safety and Health (NIOSH). ERHMS is a tool for ALL emergency responders. Their materials and information are useful, and PHEP encourages their use as a resource.

This deliverable requirement addresses the functional ability for your LHJ to identify safety and health risks for public health workers during public health emergencies, as well as the personal protective needs to keep them safe. Activities to keep your responders safe are four-fold.

Risk Assessment – Your LHJ should identify risks to public health responders based on pre-identified public health incident risks, which are developed in consultation with partner agencies (e.g., LEPC, TERC, healthcare organizations).

Planning – Your plans should address how and when to identify the needs of responders before and during public health emergencies to protect them from the identified risks. Written plans should include documentation of the safety and health risks your public health agency faces when responding to an emergency or disaster. The plans should also include procedures for acquiring the appropriate personal protective equipment. Planning documents should also include specific safety guides.

Training – Your public health staff must remain knowledgeable about the proper use of the PPE and other safety equipment to remain safe. Public health staff who will participate in emergency response (e.g. planners, environmental health staff, preparedness staff, and epidemiologists) should have, at minimum, awareness-level training on population monitoring to identify risks and recommendations for personal protective equipment.

Public health staff participating in responses where Level A equipment is to be used should have Level A awareness and technical response training. If participating in a clinical scenario, public health staff should have or have access to Level D basic safety equipment, including gloves, gowns, coveralls, masks, goggles, hard hat, and face shields.

Exercises – Your exercises should test your plans and training for identifying risks, acquiring PPE, and properly using that PPE.

Please refer to Capability 14 Responder Safety & Health in the Public Health Preparedness Capabilities: National Standards for State and Local Planning, available on the PDR

Resources: (These links will also appear on the PDR Planning tab)
Response Worker Health and Safety: https://www.cdc.gov/disasters/workers.html

National Institute for Occupational Safety and Health (NIOSH): https://www.cdc.gov/niosh/erhms/default.html

Occupational Safety and Health Administration, general description and discussion of the levels of protection and protective gear: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9767

PHEP will provide a checklist for you to assess your current capabilities for public health responder health and safety. You will also write a short action plan on the checklist to address any issues you find in your capabilities.

To fulfill this deliverable:

1. Complete provided checklist to assess specific gaps in your public health department's responder health and safety capabilities.
2. Write a brief action plan to improve your responder health and safety capabilities on the checklist
3. Upload the checklist/action plan to the progress report.

Risk Communications

Ian Thigpen, 444-0931,

Community Resilience

Incident Management

Information Management

RC1 Crisis and Emergency Risk Communication Plan Review

Due: 2nd Quarter

Self-evaluate your jurisdiction's risk communications plan by completing the online survey.

Guidance:

Your jurisdiction's public information plan may be specific to your health department, a general document for your county or tribal jurisdiction, or part of its Emergency Operations Plan, or part of your public information section in your SNS plan. No matter it's form or location, adopting the best practices outlined in the Crisis and Emergency Risk Communication (CERC) program will ensure a solid plan. A well written public information plan should, at a minimum, emphasize the six CERC Principles.

1. **Be First:** Crises are time-sensitive. Communicating information quickly is almost always important. For members of the public, the first source of information often becomes the preferred source.
2. **Be Right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
3. **Be Credible:** Honesty and truthfulness should not be compromised during crises.
4. **Express Empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
5. **Promote Action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes a restored sense of control.
6. **Show Respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Writing or reviewing a risk communications plan should include emergency preparedness and response partners. This can help consistent messaging efforts. It will also help bridge any gaps between agency communication or information systems in your jurisdiction.

Look at your jurisdiction's efforts inform Access and Functional Needs (A&FN) populations in the event of an emergency (see AFN2).

The Risk Communications coordinator might choose to give some jurisdictions feedback on the self-assessment.

Your CERC program or plan should include Standard Operating Procedures (SOP) or guides, templates, resources, and other 'tools' which your jurisdiction will use to develop, approve, refine, and disseminate a risk communications message. It's important that the tools are appropriate for developing a message for an audience experiencing significant stress from a disaster or emergency. You can download many of the most helpful tools from the CDC's CERC website: https:// emergency.cdc.gov/cerc/index.asp

Traditional risk communication typically conveys facts to an audience dispassionately. Public health risk communication also does not typically include an audience assessment, message pre-testing, or monitoring and evaluating how an audience emotionally reacts to a message. However, in a crisis or emergency, the cognitive disposition of audiences is typically shifted from calm and collected to stressed and emotionally charged. In this state, communicating facts dispassionately will not promote action as effectively.

Messages can be more effective when we incorporate CERC principles, steps, and tools into the traditional risk communication process for an audience that is in a cognitive state of duress. CERC steps and tools include audience analysis, specific message development tools, message pre-testing, and monitoring and evaluating the emotional response of the audience when receiving the message.

These tools should be fully integrated to your communication plans. Incorporating emergency management situational awareness and common operating picture tools enables the collection and dissemination of CERC related information.

To fulfill this deliverable:

1. Complete the online survey. PHEP will provide the link to the survey by email, post it on PDR, and include it in the progress report template.

RC2 Public Information Communication Exercise

Due: 3rd Quarter

Exercise a public information component in conjunction with the E7 Communicable Disease Response Plan Exercise.

Guidance:

The exercise for the Epidemiology deliverable E7 must include a component of CERC. You must construct a message related to the scenario you chose for the exercise, using the procedures outlined in your communications plan. Identify the intended audience, your messaging partners, and the modes in which you will release the message. Also identify the timing of the message (at what point you would send it out). The message should be pertinent to the parameters of the exercise and warn the public of any risks involved.

To fulfill this deliverable:

1. During the E7 exercise, write a media release related to the chosen scenario, using your communications plan.
2. Assess the public information component in the exercise's After-Action Report.
3. Upload the media release to the progress report.
4. On the progress report, indicate the intended audience of the message, who the messaging partners were, and what modes of communication you identified

Training

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Community Resilience

Incident Management

Countermeasure & Mitigation

T1 Update Trainings

Due: 4th Quarter

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700.

Guidance:

ICS stands for Incident Command System. IS means Independent Study. Training for 100, 200, and 700 courses, and others, is available on-line at Other advanced or position specific training is available on this website http://www.training.fema.gov/is/nims.aspx. In-person field courses are offered through the state Disaster and Emergency Services. Speak to your local emergency manager to get information about this kind of training or check email for the training bulletins.

At least one person in public health must be trained in ICS 300. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or FEMA independent study course. These courses may include Public Information Officer trainings, Exercise Evaluation and Improvement Planning, An Introduction to Exercises, or any of the Emergency Management Institute Courses. Courses that would fulfill this requirement can be taken at the Summer Institute, online, or onsite at

one of the FEMA Emergency Management Institute sites. Other courses you feel would enrich your capacity to respond to a disaster will need to have prior approval.

Documentation in the form of a certificate or course sign in sheets should be kept for the duration of an employee's employment with your agency. These may be electronic or paper copies.

To fulfill this deliverable:

1. Create or update your current spreadsheet listing each employee's name and the dates and names of the ICS courses taken.
2. Keep copies of the FEMA certificates in a file, either electronically or paper copies.
3. Upload the spreadsheet to the progress report.

T2 Training to an Identified Gap (Part 1)

Due: 1st Quarter

Choose one gap that was identified in an earlier AAR/IP and identify how this gap will be addressed.

Guidance:

After Action Reviews and Improvement Plans (AAR/IP) are created after exercises to identify gaps. For example, in the 4th Quarter of Budget Period 1 (last quarter) you identified a gap from an AAR/IP as part of your training deliverables.

For this quarter, choose a gap from any recent exercise AAR/IP (it may even be the one you identified in BP1) that might require new learning or training. It must be a gap you can address by the end of the third quarter.

Examples of gaps may include changing a process, rewriting a portion of a plan, building stronger partnerships, or any gap that would make the next exercise, or real event, seamless. The process for acquiring new knowledge or skills is dependent on the gap you choose to fill. A round table discussion to discuss new roles might suffice for a new written plan. A webinar or online video could help clarify a process that didn't go well. Maybe you need a full training to cover a major flaw. Make sure that the learning method is proportional to the need.

To fulfill this deliverable:

1. Identify the gap in the comment box of the Progress Report and explain the process in which you prioritized this as an important gap.

T3 Training to an Identified Gap (Part 2)

Due: 3rd Quarter

Demonstrate that you have addressed the gap identified in T2 (Part 1).

Guidance:

Write a brief narrative of how the gap was filled by training. What exactly did you do to fill this gap? Examples might include: What relationships did you build and with whom; how did you provide the common operating picture: what will their role be, are their skills adequate, do you need to provide training? Were there new MOUs? If so, will you exercise that at some point? Did you change your plan? If so, which one? Will you conduct a training or learning session about the changes, then conduct a tabletop exercise to see if it is workable?

To fulfill this deliverable:

1. Write a brief narrative of how the gap was filled or if not, explain why? Use the comment box in your Progress Report to give a brief explanation of what you did and how it turned out.

T4 Attend One ESF#8 Meeting

Due: 4th Quarter

Attend one ESF#8 meeting in your jurisdiction during the budget period to learn of any training needs related to emergency operations.

Guidance:

Emergency Support Function #8 Public Health & Medical Services, known as ESF#8, is part of Montana's Emergency Response Framework (MERF). ESF#8 responses include addressing medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of individuals classified as having access, functional, or special needs. The purpose is to (1) identify health and medical needs of the county before, during, and after a disaster; (2) coordinate the health and medical resources needed in responding to public health and medical care needs following a significant natural disaster.

There might be training needed among emergency managers or public health personnel regarding ESF#8 functions and capabilities during responses to disasters. To help determine any needs, attend an LEPC/TERC meeting and inquire about any ESF#8 specific training needs in your county. Your LEPC/TERC may have a sub-committee for ESF#8. If there is not, discuss the possibility of forming one for your jurisdiction. You can use the information above to form your proposal. By definition, all providers of healthcare services are part of the regional healthcare coalition, whether they actively participate or not, and could be considered as potential ESF#8 partners.

To fulfill this deliverable:

1. Attend an ESF#8 committee meeting in your jurisdiction and record the meeting date of the in the Progress Report.
2. If such a group does not exist in your LHJ, propose to your LEPC/TERC to form an ESF#8 subcommittee.
3. Describe any ESF#8 training that you believe would benefit emergency management in your jurisdiction.