

# Attachment A

Montana Department of Public Health & Human Services

## Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024

### Introduction

This document is the supplemental material for the task order amended to your jurisdiction’s contract for services with the Montana Department of Public Health and Human Services (DPHHS). It is a continuance from the previous budget period and provides guidance information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2023-2024 budget period.

Please **carefully and completely read** the requirements and guidance in its entirety. Please contact the associated **subject matter expert** or the **PHEP Section Supervisor directly** if you have questions about a deliverable requirement.

Funding for completing the required PHEP activities comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement, which is managed by the Office of Readiness and Response (ORR). Montana DPHHS PHEP applies for the continuing funding each year. It then distributes the funding to county and tribal governments for their public health agencies in return for completing the requirements described herein.

PHEP funds specifically support emergency and disaster preparedness efforts with public health implications in the State. Agencies responsible for public health in participating geographical tribal and county governments, referred to as Local Health Jurisdictions (LHJ), fulfill the requirements of this cooperative agreement by meeting the deliverable requirements designed by DPHHS PHEP. These deliverables are reflective of some of the requirements from the CDC, and some to build public health preparedness capabilities and mitigate gaps.

This is the FIFTH budget period of the 2019–2024 PHEP Cooperative Agreement Funding cycle. It is the conclusion of the five-year agreement cycle. You will often see the fifth budget period referred to as 1901-05, BP 5, or BP 2023-2024.

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## Noted Items for 2023-2024

- Operational Readiness Review (ORR):** CDC deferred any local requirements for reporting any elements in the ORR. Only the State has participated in reporting activities and will continue for BP5. Although the ORR has expanded its measures of very narrow parts of the Public Health Emergency Preparedness and Response Capabilities, we are unsure of the CDC’s intentions for the next 5 year cycle.
- Health Alert Network:** PHEP explored and planned on using a new system for HAN messaging In January 2023. Repeated issues with certain flexibilities in the system slowed its release and implementation. Rather than release a system we were uncertain about and seemed to have a high learning curve, PHEP decided to put the project on hold until the issues could be resolved.  
  
The State switched vendors in May to handle mass notifications. The delivery of HAN messages should be seamless with the new system and won’t require the added steps we discussed when we presented the Juvare Cores platform.
- Budget Report:** PHEP has returned the budget report requirement to an annual deliverable, due in the fourth quarter. It is no longer a quarterly report.
- Environmental Health & Food Safety:** The food and water safety deliverables will reflect the section’s new name. However, for this budget period the deliverable category will still be designated with the letter F.

## Submitting Progress Reports

### Due Dates

Jurisdictions must complete all contract deliverable work **within the quarter it is due** as designated in the Task Order (Section 5: Consideration, Payments, and Progress Payments) for the PHEP Cooperative Agreement. The due date for submitting a quarterly progress report is 15 days after the end of the quarter (or the first following business day).

Please note that the 15 days between the end of a quarter and the report due date is for gathering information and completing the report only. **You MUST complete work for the quarter DURING THE ACTIVITY PERIOD.** The 15 day grace period is within the next quarter, so completing deliverable requirements during that time **does not qualify**. See Figure 1 for the Progress Report Due Schedule.

Quarter 1	July 1 – Sep. 30	Due Oct.15
Quarter 2	Oct. 1 – Dec. 31	Due Jan. 15
Quarter 3	Jan. 1 – Mar. 31	Due Apr. 15
Quarter 4	Apr. 1 – June 30	Due July 15

Table 1.

DPHHS PHEP may withhold payment or issue only a partial payment if deliverables are submitted incomplete or beyond the 15-day grace period. (Section 4: Compensation).

*PHEP encourages jurisdictions to complete and return the quarterly progress report early for review. Jurisdictions submitting early can receive payment sooner.*

### Extensions

Jurisdictions will not receive extensions beyond the 15-day grace period to complete the required progress report except under extreme extenuating circumstances. PHEP will grant extension based on an ongoing emergency response that significantly interferes with your ability to complete the progress report on time. Any other factor must be described in detail on the extension request form. If you believe you have a valid reason to delay submitting your progress report, you **must request the extension by the [WEB FORM](#) only BEFORE THE**

**END OF THE RESPECTIVE QUARTER** ([https://pheap.formstack.com/forms/pheap\\_extension](https://pheap.formstack.com/forms/pheap_extension)). The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

**NOTE:** Under the new task order for this budget period, any jurisdiction that submits an extension request two quarters in a row is subject to a deduction in its quarterly payment. This provision is explained in the task order and staff will discuss it during the Regional Workshops.

### **The PHEP Deliverables Resource (PDR) Website**

PHEP maintains the PDR website contains documents, weblinks, and other material for completion of the deliverable requirements. It also has links to the quarterly progress reports, DPHHS plans, exercise guidance, and other reference information.

**PDR** web address: <https://dphhs.mt.gov/publichealth/pheap/pheap-resources/index>.

You will see the PDR referenced frequently throughout this document.

In addition to the PDR, PHEP is collaborating with the Montana Public Health Institute <https://www.mtphi.org/> and sharing preparedness materials, tools, and information on their **Connected Community** website <https://ampho.connectedcommunity.org/home>. We encourage you to sign up for access.

### **Final Note**

Please read the requirements and guidance carefully. Knowing its contents and familiarity with the progress reports before deliverables are due will give you enough time to complete your work successfully. Subject matter experts at PHEP are readily available for each topic to answer any questions you may have.

# Requirements Due Any Quarter

Jurisdictions may complete these deliverable requirements **at any point during the budget period** and report their completion for the quarter in which they occurred. However, *you must complete all of these deliverables before the end of the 4<sup>th</sup> Quarter of BP 19-05!* PHEP encourages local and tribal jurisdictions to complete their deliverables as soon as possible, and these four lend themselves to completion within any quarter during the grant period. **Jurisdictions can report right away when a deliverable is complete instead of waiting until the 4th Quarter.**

## Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

### P1: Pandemic Influenza and Communicable Disease Response Plans Review

Review and update your jurisdiction's Pandemic Influenza Plan and Communicable Disease Response Protocol/Plan.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

Use the assessment tools provided in the deliverable resources folder in in the PDR webpage

<https://dphhs.mt.gov/publichealth/phep/phep-resources/index>

to review and update your pandemic influenza plan and communicable disease response plan. The tools (checklist) are in [Appendix B](#). Both provide guidance for what these plans should include for effective emergency disease and pandemic responses.

- P1** Pandemic Influenza & Communicable Disease Plan Review
- F1** Sanitarian Participation in LEPC
- IM2** Redundant Tactical Communications Test
- L1** Laboratory Transport Plan Checklist
- RC1** Training
- T1** ICS/IS Training

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Local planning for pandemic influenza and communicable disease is better served by reflecting what will actually happen in your jurisdiction if it occurs. Remember to include your response partners in the review and update process. Invite those who you list with roles and responsibilities, such as the local emergency manager, hospital preparedness coordinator, and any other stakeholders. Also include services and agencies that serve access and functional need populations. This will enable the community to be aware of the plan and engage in healthcare response in a positive manner.

Report your review and the results, *in writing*, to your Board of Health. The report should note any changes and include the signatures or initials of your partner reviewers. Your Board of Health only needs to review the plan if there are significant changes or if they ask to do so. *A new signed concurrence/promulgation page is not necessary unless the plan has significant changes or if they ask to do so.* Write the report on your office letter head or include your office logo if it is electronic. You do not need to have your written report signed by the BOH or health officer. Only date it for the day you present it to the BOH.

### AFN Requirement

Your Communicable Disease and Pandemic Influenza plans must have elements to ensure accommodations for people with access and functional need. PHEP highly recommends that jurisdictions include organizations that serve AFN populations, as well as people themselves, and ask them to participate in plan reviews.

### Significant Changes

A significant change in a plan would be adding or taking out partners in response roles, altering processes in the Concept of Operations, adding to, or taking out, processes or protocols, etc.

#### **To fulfill this deliverable:**

1. Review and update both the pandemic influenza plan and Communicable Disease response plan
  - a. Use the appropriate assessment tool/checklist for each plan, which is found on the [PDR](#) and in [Appendix B](#)
  - b. Include your response partners who have roles in the plans
  - c. Write a report for each summarizing any changes.
2. Present the plans and reports to the Board of Health
  - a. A new promulgation page is unnecessary unless significant changes were made
3. Upload copies of your reports to your Board of Health into the quarter's progress report.
  - a. NOTE: *Do not* upload the checklist or plan. Upload the reports ONLY.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### **F1: Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one LEPC or TERC meeting during the budget period.

**Domains:** *Community Resilience, Incident Management*

#### **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.

In jurisdictions with a contract sanitarian, a representative may attend in their place until the sanitarian's current contract ends. The representative may be a local DES agent, the local health officer, or another public health official who is able to communicate important information on behalf of the local sanitarian. **If a representative is going in place of a sanitarian, you will need to report when the sanitarian's contract will end. After that end date, representatives will no longer be approved.**

#### **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.

3. If a representative attends the meeting in place of the sanitarian all the following are required for approval:
  - a. Provide a summary of what information was communicated, who the representative was, and the date they attended the meeting
  - b. Provide a date for the end of the current contract with sanitarian. Work with your local board of health to get attendance to LEPC for sanitarians a requirement for the future.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM2: Technical Communications Test

Conduct a redundant communications test to maintain connectivity with DPHHS.

**Domains:** *Incident Management, Information Management*

#### Guidance:

Some emergencies involving disasters might consist of damage to standard communication systems, and a reliable and stable communications infrastructure is vital for an effective emergency response. Public health depends on this infrastructure for emergency communication and information sharing programs such as the Health Alert Network (HAN). The mechanisms used for these messages must be resilient. Mitigating any potential for losing standard communications capability is the basis for establishing redundant communication capabilities.

Good planning means documenting alternate means of communication into of your plans for exchanging emergency information. Sometimes that means the most stable communication device might be a fax machine.

This deliverable requires someone from your jurisdiction **to send a FAX message to DPHHS PHEP at 406-444-3044**. Include in the message **why** you are sending it (redundant communication test) and information such as **your name, your jurisdiction, and list of your other currently available redundant communication modes** (e.g. landline, mobile phone, text, etc.). Your **FAX** capabilities may be from a dedicated fax machine or fax software from your computer.

#### To fulfill this deliverable:

1. In any quarter during the budget period, send a FAX to DPHHS PHEP at **406-444-3044** and provide your **name, jurisdiction, and list of your available redundant communication modes**.
2. Record the date of the email and sender in the quarterly progress report.

## Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L1: Laboratory Transport Plan Checklist

Review and revise, if necessary, the jurisdiction's All-Hazard Laboratory Specimen Transport plan with first responders/HAZMAT to ensure all components are understood and agreed upon.

**Domains:** *Biosurveillance*

#### Guidance:

We previously asked you to complete a survey focused on reviewing the use of your jurisdiction's All Hazard Laboratory Specimen Transport Plan (LST) during the initial weeks of the COVID-19 pandemic. The intent of this survey was to encourage you to review your current plan and identify the gaps and areas for improvement. We

are now asking you to update your plan based on lessons learned from the COVID-19 pandemic response. Your plan should be aligned with the elements found in the **Laboratory Transport Plan Checklist**. Once drafted, provide your partners with a copy of the LST Plan for input. Once finalized, the Jurisdictional Health Officer and the Board of Health Chairperson and the LEPC/TERC will date and sign the checklist.

**To fulfill this deliverable:**

1. Download the **Laboratory Transport Plan Checklist** from the [PDR](https://dphhs.mt.gov/publichealth/phep/phep-resources/index) (<https://dphhs.mt.gov/publichealth/phep/phep-resources/index>) or email sent to you.
2. Make changes or revise protocols to your jurisdiction's Laboratory Specimen Transport Plan based on gaps identified.
3. Meet with local HAZMAT response partners, LEPC, or TERC to review the Laboratory Specimen Transport Plan to gather feedback.
4. Finalize the plan and have partners sign and date the **Laboratory Transport Plan Checklist** to affirm and acknowledge the Laboratory Specimen Transport Plan upon completing the review.
5. Upload a scanned copy of the signed **Laboratory Transport Plan Checklist** to the PHEP Progress Report in Formstack.

## Risk Communications

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### RC1: Training

Complete a communications-related training during the grant period.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Effective communication is vital to protect the community's health. The public wants to know what happened, who is responsible and what they can do to protect themselves. Public Information Officer and Emergency Risk Communications training provides tools to effectively communicate and deliver messages to the media and public during a health emergency.

Newer employees would benefit as would long term employees needing a refresher. ICS communication and public information courses offered by FEMA available on their website qualify. Risk communication courses online, seminars at conferences, or trainings from other jurisdictions also qualify as long as they are completed within the current budget period.

**To fulfill this deliverable:**

1. Select and attend a communications-related training during the grant period. Only one training is required during the grant period
2. Report the training on the progress report.
  - a. Provide the course name and date completed
  - b. Provide the names and titles of personnel from your jurisdiction to attend communications training.
  - c. Upload certificates of completion.



# Training

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## T1: IS/ICS Training

Ensure public health staff have passed FEMA incident command structure and access and functional needs in operations training courses.

**Domains:** *Community Resilience, Incident Management*

### **Guidance:**

All PHEP personnel and public health staff that assist in preparedness planning, exercising, or responding to an emergency or disaster should know how incidents are managed under the National Incident Management System (NIMS). This system is a framework standardizing emergency operation across all agencies, ensuring consistency in activities and communications.

At minimum, public staff should take and pass the basic courses of 100, 200, 700, and 800.

If staff is already trained to that level, those who might serve in an emergency operations center, or an incident command role, should take the ICS 300 and 400 courses if available.

In addition, at least one person must take **IS-368: Including People with Disabilities & Others With Access & Functional Needs in Disaster Operations**. A staff member who has completed this course can just submit their certificate. The course online is <https://training.fema.gov/is/courseoverview.aspx?code=is-368&lang=en>. Encourage your response and planning partners to attend this or other AFN related training as well.

The courses can be completed at any time during the budget period.

The introductory courses are available online via the FEMA Independent Study training website (<https://training.fema.gov/is/>). You may work with your emergency manager to explore training options for other courses through the Montana Disaster and Emergency Services.

### **To fulfill this deliverable:**

1. Select staff to take the appropriate courses.
  - a. IS/ICS 100, 200, 700, and 800 for new staff or those needing refresher.
  - b. ICS 300, 400 (if available) for staff already trained in basic courses.
  - c. At least one staff member completes IS-368.
2. Download official FEMA certificates upon completion of the courses.
3. Keep a record or spreadsheet of who has completed which courses for future reference.
  - a. Make a back-up file
  - b. Scan certificates for files
4. List the names, courses, and dates of completion on the progress report.



# Requirements Due Every Quarter

These requirements, in addition to those listed for each quarter, are due 15 days after the end of every quarter of the budget period. **You should track your budget requirements every quarter.**

## Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

### CR2: Participation in Regional Healthcare Coalitions

Participate in Regional Healthcare Coalition (RHCC) activities.

**Domains:** *Community Resilience, Information Management*

#### Guidance:

The RHCCs have developed into stronger organizations since their inceptions, but they will always depend on public health as one of the foundational pillars. This deliverable remains the same from previous years.

Each public health department must participate in activities of their respective RHCC **throughout** the year. You can view current activities on the coalitions' website at [www.mthcc.org](http://www.mthcc.org).

*Look at other deliverables to find opportunities to participate in, or contribute to, the RHCCs.*

This year each quarter has a regional food borne table-top exercise planned as a deliverable (F5). Participating in that exercise also satisfies the intent of this requirement. We encourage you to participate with the coalitions in other ways. The following are examples of participation

- Attend one of the two biannual meetings (or both)
- Help plan and participate in emergency preparedness drills and exercises with other coalition members
- Create or strengthen agreements such as Memorandums of Understanding with emergency response and healthcare coalition members
- Engage the coalition and its members in capability planning and assigning roles and responsibilities
- \*Engage AFN healthcare providers for planning efforts
- Participate on any of the RHCC subcommittees

The PHEP 2019-2024 Cooperative Agreement requires coordination of activities between PHEP fund recipients and RHCCs, including under *Domain 1: Strengthen Community Resilience* and *Domain 5: Strengthen Surge Management*. The agreement requires activities that include planning, training, and exercises, with emphasis on medical surge and emergency response with RHCCs, EMS, and other health care organizations.

#### \*Access & Functional Needs

Local and tribal public health agencies should partner with ESF8 related AFN service organizations to develop or strengthen network communications and collaboration. These AFN healthcare providers are ESF8 designated partners within the RHCCs. Public health jurisdictions should consider them as response partners and include them in preparedness planning and emergency operations.

- CR2** Contribute to Growth of Regional Healthcare Coalitions
- F3** Confirm Backup Sanitarian for Emergency Situations
- IZ1** Off-Site Influenza Clinics
- IZ2** Influenza Partners & Communication
- IM1** Maintain the Montana Public Health Directory
- IM5** HAN Distribution & Response
- RC2:** Outreach

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PHEP encourages meeting with AFN stakeholders to discuss emergency preparedness at least once this fiscal year. Encourage them to Conduct this meeting in the most convenient and effective way possible. Include local emergency management considerations for how to best incorporate AFN stakeholders. LEPC approach is optional, but not required.

Three points of conversation:

- 1) AFN population preparedness and resilience.
- 2) AFN stakeholder organization preparedness and continuity of operations.
- 3) AFN stakeholder organization integration with local emergency operations.

### Montana Regional Healthcare Coalitions

- ***Southern Regional HCC:*** Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.
- ***Eastern Regional HCC:*** Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.
- ***Central Regional HCC:*** Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.
- ***Western Regional HCC:*** Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.

### To fulfill this deliverable:

1. Engage in a process that ensures **one** public health representative within your RHCC sits on the executive committee. This does not mean one from each jurisdiction, just one from the *region* (see above). Determining how or who will represent public health on the committee is up to the LHJs of each region. DPHHS PHEP can provide technical support if requested. Executive committees will have to vote to accept new representatives.
2. Provide a narrative in the progress report outlining your jurisdiction's quarterly activities supporting your regional HCC.

## Environmental Health & Food Safety (formerly Food & Consumer Safety)

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### F3 Confirm Back-Up Sanitarian for Emergency Situations

Ensure a contracted secondary (backup) sanitarian for your jurisdiction is listed in the Montana Public Health Directory with updated after-hours contact information.

**Domains:** *Community Resilience, Information Management*

#### Guidance:

This is a collaborative deliverable with the IM1 deliverable for local health departments maintaining the Public Health Directory. The directory is an active resource for DPHHS and for other jurisdictions, including sanitarians. Ideally, each jurisdiction should have a secondary sanitarian contracted as a backup for emergency situations or covering surge events. These secondary, and any additional, sanitarians should have their name and contact information listed in the Public Health Directory.

Sanitarians can collaborate with the person responsible for updating the Montana Public Health Directory (MTPHD) each quarter in their jurisdictions. The directory is at <https://mphd.hhs.mt.gov>. Sanitarians under contract with each jurisdiction can contact the local PHEP coordinator to provide current primary and secondary

phone numbers, mobile phone numbers, email, and physical addresses. It is especially important for the sanitarian to ensure that contact information (including the back-up) is current and accurate. Be particularly vigilant when there is a change in the jurisdiction. If no numbers are listed in the directory, DPHHS will use the 24/7 number for the jurisdiction when attempting to reach the sanitarian.

**To fulfill this deliverable:**

1. Sanitarians and backup sanitarians, including those for contracted services in the jurisdiction, provide their names and current contact information to the local PHEP coordinator to enter into the Public Health Directory.

## Immunization

Michelle Funchess, 406-444-2969, [mfuncness@mt.gov](mailto:mfuncness@mt.gov)

### IZ1: Off-Site Vaccination Clinics

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

**Domains:** *Community Resilience, Countermeasures & Mitigation, Incident Management, Information Management*

**Guidance:**

Off-site vaccination 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 vaccination clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency. Off-site vaccination clinics may be for the administration of one or more vaccination groups (i.e., influenza and COVID-19, back-to-school vaccinations, etc.).

The *Immunization/PHEP* spreadsheet containing the IZ1 worksheet, provided by DPHHS, is available to track and report the total number of off-site vaccination clinics and doses administered each quarter. The spreadsheet is available by request.

**To fulfill this deliverable:**

1. Use the IZ1 worksheet to track off-site clinics and doses administered.
2. Total the number of off-site vaccination clinics conducted every quarter.
3. Total the number of vaccine doses administered every quarter.
4. Report the total number of off-site clinics and doses administered to complete the Progress Report every quarter.

### IZ2: Vaccination Partners & Communication

Report vaccination planning with your jurisdiction’s response partner agencies or groups and types of media outreach used to advertise vaccine-preventable disease prevention messaging and your vaccination clinics.

**Domains:** *Community Resilience, Countermeasures and Mitigation, Information Management*

**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 track vaccine partner meetings and prevention messaging and clinic advertising. The spreadsheet is available by request.

**To fulfill this deliverable:**

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

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM1: Maintain the Montana Public Health Directory

Maintain and update contact information for all staff listed in the public health directory.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The Directory is a web based tool and an active resource for DPHHS and for other jurisdictions. Jurisdictions should update information during the quarter *when changes occur*. Do not wait until the end of your review. The Directory information is used to send vital information, Health Alert Network messages, incident updates, to maintain situational awareness, and much more. Remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement. Don't wait for the replacement.

Review your jurisdiction's *entire* directory information at the end of the quarter.

Each jurisdiction must log into the system with a username and password provided by DPHHS. The directory is found at <https://health.hhs.mt.gov/phd>. Verify that the information in the directory is complete each quarter, 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.

**NOTE:** Programs requiring jurisdictions to keep information current in the directory will perform quarterly audits to ensure the categories relevant to them are up to date. You may be contacted by the individual program to resolve any issues in A1.

These programs are actively reviewing the [Public Health Directory](#).

- **Communicable Disease Epidemiology** – CDEpi performs outreach to local health departments to assist and advise jurisdictions with case reporting and items required by statute. Their staff maintains contact with many of the jurisdictions and uses the directory often.
- **Environmental Health & Food Safety** - Will audit a random selection of counties every quarter to ensure that the CDCB Environmental Health category information is accurate.
- **Public Health Laboratory** – Will review Category A Shippers, DWES, and CBAT kit locations every quarter. The ask each jurisdiction to enter contact information for their laboratory Key Surveillance Partners (KSP), excluding corporate labs (e.g., Quest, LabCorp, Mako, etc.). Verify all specimen collection kit locations.

- **Public Health Emergency Preparedness** – PHEP reviews information related to emergency preparedness and response contacts. PHEP is the primary custodian of the directory. It also ensures that important relevant information is up to date, such as the Board of Health Chair and Lead Local Official, for use by the Public Health & Safety Division and the Directors Office.
- **Medical Material Distribution/SNS Drop Site Locations** – Ensuring the Public Health Directory has accurate and current PHYSICAL addresses for receiving shipments saves time when emergency responses involve distribution of medical materiel. Drop point addresses must be physical addresses. Office mailing addresses should also be physical for shipping purposes. Drop points that are not your public health office should include the organization’s name.

**To fulfill this deliverable:**

1. Review and update all information for every contact in each category below.

- Board of Health Chair contact information
- Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
- Clinical lab contacts (most often used)
- Epidemiology Lead and secondary contacts
- HAN Primary, Secondary, and Tertiary contacts
- Health Department with after-hours numbers
- Lead Local Health Officials’ contact information
- MIDIS users
- Preparedness Lead and Secondary
- Preparedness Contract Liaison
- Public Information Officer
- Sanitarian Lead and Secondary contacts
- SNS Coordinator
- SNS drop point locations
- Volunteer registry manager and back-up

NOTE: These are the required categories for PHEP. Other programs might require different or additional categories.

2. **Select ‘Mark as Reviewed’ in the Directory.**

3. Indicate which Public Health Directory categories you updated in the quarterly progress report.

**IM5: HAN Distribution and Response**

Test your DPHHS HAN response once each quarter.

**Domains:** *Information Management*

**Guidance:**

This deliverable requirement has two parts. The first is reducing the HAN message response time from health jurisdiction. The second necessitates two HAN coordinators to respond to a DPHHS HAN message.

*DPHHS PHEP has adjusted its time parameters for responding to HAN notifications.* These target acknowledgement times for responses apply to both actual messages and exercise/drill messages.

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
- Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 18 hours.

- INFORMATION SERVICE HAN messages **DO NOT** require a response.
- Follow the response instructions included on the DPHHS HAN cover sheet.

PHEP will send HAN messages on business days only, **except during emergency response operations**. HEALTH ALERT messages may be sent at any time due to the severe emergency nature that level of message carries.

Shortening the time to respond to HAN messages brings Montana closer to the standards of its neighboring states. A rapid response rate will encourage distributing of healthcare related messages more efficiently as well as sharing situational awareness.

Also, at least two **local HAN coordinators** must respond to a DPHHS HAN HEALTH ALERT, HEALTH ADVISORY, or HEALTH UPDATE. The two responses may come from the **primary, secondary, or tertiary** local HAN coordinators. This redundancy covers any instance in which one of the local HAN coordinators is unable to respond and relay messages due to technology failure, incapacitation, or other situation.

PHEP encourages jurisdictions to develop and test their own local redundant distribution systems.

**To fulfill this deliverable:**

1. Update your jurisdiction’s HAN message response protocols to answer notifications from DPHHS to the updated parameters.
2. Ensure two local HAN coordinators respond to DPHHS HAN messages according to PHEP’s new parameters.
  - HEALTH ALERT notifications within 2 hours.
  - HEALTH ADVISORY, HEALTH ADVISORY, and HEALTH UPDATE messages *recommending distribution or limited distribution* within 18 hours.

## Risk Communications

Andrea Wingo, 406-444-0919, [andrea.wingo@mt.gov](mailto:andrea.wingo@mt.gov)

### RC2: Outreach

Distribute communication pieces to community partners and public each quarter.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Each year communities face challenges of exposure to infectious diseases. Timely messaging to communities and health partners can help raise awareness of vaccine concerns or if there is an early start. Concerns in specific communities or jurisdictions may differ from those surrounding them.

Topics of concern specific to your jurisdiction should be prepared, especially in partnership with hospitals, long term care facilities, schools, and other high population institutions in your jurisdictions. Such topics can include norovirus, RSV, flu, varicella, or any infectious disease that is of concern in your community. Mediums that could be used include brochures, flyers, social media, or your public health website.

Current messaging used by partners may be adopted if they agree to share. Consider personal preparedness messages utilizing tools and information from the CDC, FEMA, or any state agency or local partners. Samples of communication pieces and simple tools will be available to review and assist you.

**To fulfill this deliverable:**

1. List materials that were developed for the quarter
2. Identify the mediums used to distribute each

# Requirements Due First Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 1<sup>st</sup> quarter – October 15. **You should track your budget requirements every quarter.**

## Epidemiology

Danny Power, [danny.power@mt.gov](mailto:danny.power@mt.gov)

### E3: Attend Communicable Disease and Public Health Law Training

Participate in a DPHHS Communicable Disease Epidemiology training course for updated guidance on Montana public health law and how it relates to communicable disease event responses.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

#### Guidance:

Local health jurisdictions should understand basic public health law and structure in both daily operations and during emergency responses. This knowledge may also assist local health jurisdictions in the plan review process of their health department emergency operations plans.

The webinar will be offered during the DPHHS Summer Institute with a simultaneous virtual participation option. It will also be recorded. It will cover local and state powers and duties, local and state response's command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

- E3** Attend Communicable Disease & Public Health Law Training
- F2** Review Truck and Train Wreck Protocol
- F5** RHCC TTX for Foodborne Illness & Food-Related Injury
- IM3** 24/7 Communications System Information Plan
- L2** CBAT Kit Inspection & Inventory

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#### To fulfill this deliverable:

1. At least one individual from each jurisdiction must attend the Communicable Disease and Public Health Law course by one of the following methods:
  - a. Be present at the course presentation at the Summer Institute
  - b. Join the course virtually during the Summer Institute
  - c. View the recording of the webinar.

*NOTE: Formats of the virtual platform and recording will be determined at a date closer to the Summer Institute. In-person and virtual participation of Summer Institute activities have associated attendance fees.*

2. Take the post-test and submit your name and jurisdiction on the evaluation.
3. Indicate completion on the progress report.



# Environmental Health & Food Safety (formerly Food & Consumer Safety)

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

## F2: Review Truck and Train Wreck Protocol

The Registered Sanitarian (RS) works with your jurisdiction's local Board of Health to maintain an approved transportation accident response procedure.

**Domains:** *Community Resilience, Incident Management, Information Management, Biosurveillance*

### Guidance:

Ensure that information in your current protocol is up to date and meets applicable public health plans in accordance with Montana Code Annotated. DPHHS will provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Although commonly referred to as the "Truck Wreck Protocol", remember that this procedure should be used for **any** accident involving the transportation of food, including trains.

### To fulfill this deliverable:

1. Review the current truck and train wreck protocols regarding food transportation.
  - a. If the protocol has been modified or relevant staffing changes have occurred, summarize any changes that were made in the progress report.
  - b. If the protocol remains current, provide a written statement in the progress report that the previous year's protocol is still accurate.
2. Indicate on the quarter's progress report that current truck and train wreck protocol was presented to the local Board of Health and the date and time of the meeting.

## F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury

Host a TTX **Sep. 14, 2023**, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

### Guidance:

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

### Jurisdictions in the **Western RHCC** will host the 1st Quarter TTX: **Sep. 14, 2023**

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

### Jurisdictions in the **Southern RHCC** will host the 2nd Quarter TTX: **Dec. 7, 2023**

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

### Jurisdictions in the **Eastern RHCC** will host the 3<sup>rd</sup> Quarter TTX: **Feb. 29, 2024**

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

**Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX: **May 30, 2024****

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people
- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

For the Sanitarian: If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

**To fulfill this deliverable:**

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
3. Upload the AAR/IP to the progress report.

## **Information Management**

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### **IM3: 24/7 Communications System Plan**

Review, revise, or rewrite your public health emergency 24/7 communications system plan.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The communication system tests have been on hiatus during the pandemic response. DPHHS is returning to this exercise to ensure that it can reach local and tribal health partners after hours if there is an emergency needing a quick response. Because the last exercises were so long ago, your plans and procedures may have fallen into disuse, become outdated due to changes in personnel or technology, or need an overhaul because the notification processes have changed. You may also have no changes at all. Whatever the situation, the plans and procedures should be reviewed and updated **with the participation of your communication partners**. All parties should agree on the process, the people involved, and all the parameters under which the system will operate to contact public health after hours.

Your protocols should include:

- Roles and responsibilities
  - Who receives initial notifications after hours
  - Who in public health is notified to respond to the notification (should have at least a list of three or more)
- Response procedures or options
- Back up answering and response options
- Timeframe to pass messages or return calls (DPHHS requires that calls are returned within 20 minutes, per IM4)
- What happens to a missed call
- Current contact information
- Protocols for regular maintenance of the plan's contact information.

**To fulfill this deliverable:**

1. Review the latest version of your after-hours public health emergency 24/7 communications system plan or protocols.
  - a. Include all partners who have a role in the protocols
  - b. Revise or rewrite any protocols, or portions of protocols, that need an update, including contact information, process changes, parameters for implementation, etc.
2. Ensure all partners are in agreement with the new or updated plan or protocol.
  - a. Give all involved partners a copy of the new or updated plan or protocol.
  - b. Put the plan into service.
  - c. Conduct a drill of the protocols and make changes where needed.
3. Record the date you conducted your own protocol drill of the plan on the quarterly progress report.

## Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L2: CBAT Kit Inspection and Inventory

Inspect the CBAT kit and replace expired inventory.

**Domains:** *Biosurveillance*

**Guidance:**

Environmental Health staff, local PHEP Preparedness Coordinators, HAZMAT Team staff, or other identified responsible community partners will inspect and inventory the Chemical/Bacteriological Agent Transport (CBAT) kit contents supplied by the Montana Laboratory Services Bureau. They will use the provided CBAT Inventory List and replace the expired sampling supplies, dried pens, and outdated instructions.

These kits were assembled and distributed several years ago. Turnover of personnel over the years has contributed to some neglect or misplacement. Consequently, becoming familiar with the contents is practical.

The purpose of this inventory is to verify the location, contents, and condition of the CBAT Kits supplied by the Montana Laboratory Services Bureau (MTLSB). The information you provide will also determine if the Kits still contain the proper elements and are not damaged.

The sterile transfer pipets have passed their expiration date and the environmental swabs will expire on 10/31/2023. Some kits have dried out ink pens. These supplies need to be replaced. Prior to the beginning of the first quarter, MTLBSB will mail each public health/tribal health jurisdiction replacement CultureSwab™ environmental sampling swabs, sterile transfer pipets, pens, evidence tape, and updated large font field instructions. The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory.

**To fulfill this deliverable:**

1. Contact the appropriate partner in your jurisdiction responsible for the CBAT Kit.
2. Explain the situation and the deliverable. Remind them of the quarter deadline.
  - a. Give them the link for the CBAT Inventory List  
[https://PHEP.formstack.com/forms/cbat\\_kit\\_inventory](https://PHEP.formstack.com/forms/cbat_kit_inventory)
  - b. Have them replace the sampling swabs and transfer pipets in the CBAT kit Hot Zone bags with the new sterile CultureSwab™ environmental sampling swabs and sterile transfer pipets..
  - c. Replace the dried ballpoint ink pen and outdated instructions in the CBAT Cold Zone bag with the new pen and updated large font instructions.
  - d. Have them inspect the supplies in the CBAT Kit, checking for breaches, deterioration, or broken seals in any of the contents, and complete the CBAT Kit Inventory List, noting the expiration dates of the new CultureSwab™ environmental sampling swabs and transfer pipets.
  - e. Have them reseal the kit with the new evidence tape.
  - f. Have them send a **“Resealed CBAT Kit”** confirmation email to Kim Newman, [knewman@mt.gov](mailto:knewman@mt.gov), and cc’d to you.
  - g. Encourage them to call Kim Newman at the MTLBSB for assistance.
3. When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the “Resealed CBAT Kit” confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mode), then mark the L2 deliverable requirement in the progress report as complete.

# Requirements Due Second Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 2<sup>nd</sup> quarter – January 15. **You should track your budget requirements every quarter.**

## Countermeasures & Mitigation

### Emergency Medical Countermeasures

Taylor Curry, 406-444-6072, [taylor.curry@mt.gov](mailto:taylor.curry@mt.gov)

### Exercise

Gary Zimmerman, 406-444-3045, [gzimmerman@mt.gov](mailto:gzimmerman@mt.gov)

### Immunization

Michelle Funchess, 406-444-2969, [mfunchess@mt.gov](mailto:mfunchess@mt.gov)

## CM1: Off-Site Point-of-Dispensing (POD) Vaccination Clinic

Conduct an off-site vaccination clinic as a POD exercise following your emergency medical countermeasures plan.

**Domains:** *Community Resilience, Incident Management, Countermeasures & Mitigation*

### Guidance:

Guidance is divided in three sections, but each is integral to the other for the deliverable. Please read carefully to ensure you complete all the components of the deliverable.

### Emergency Medical Countermeasures

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. This includes having an auxiliary inventory to support operations, such as office supplies, signs, credentialing systems, crowd control equipment, and more.

PODS (Points of Dispensing) are set up to quickly get medicines and treatment advice to people in emergency situations, when there is an outbreak of a highly contagious disease, during some natural disasters, or in the event of a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

- Using your POD supplies (e.g., POD Box if it is part of your plans) set-up at least one (1) of your selected POD facilities. Be sure to inventory items and replace any that are worn or damaged. You can use your PHEP funds to support your POD exercise.
- Follow your written POD plan, including maps, messaging, and processing.
- You must include your partners and stake holders and involve **at least two** local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan.

### Vaccinations

Preparing an off-site vaccination 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 for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, exercising, and reviewing

#### CM1 Off-site POD Vaccination Clinic

**E1:** Collaborative Activities with Key Surveillance Partners (KSP)

**E2:** Information Sharing

**F4** Update Contact Information for All Licensed Establishments

**F5** RHCC TTX for Foodborne Illness & Food-Related Injury

**IM4** Communication System Implementation

**L3:** DWES Kit Inspection & Inventory

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your off-site POD clinic. Complete the sections as they correspond to the three stages of an off-site vaccination clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

Retrieve the checklist from the [PHEP Deliverable Resources \(PDR\)](#) webpage under **Immunization**. A copy is also in the PHEP requirements binder in [Appendix A](#). Complete the checklist to the best of your ability and submit.

While checklists keep you organized, patient tracking during the clinic ensures an accurate accounting for vaccine distribution. In the event of a pandemic outbreak, jurisdictions may be asked to provide information on the vaccination tier groups who received the allocated vaccine.

Submit aggregate totals for each vaccination age group identified (see below, under Vaccination Population Group Screening Question). This data should be collected during the patient intake process of one off-site vaccination clinic.

Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during one off-site vaccination clinic. The *Vaccination Population Group Screening Question* is located below and will be available on the [PDR](#) webpage under Immunization.

*Vaccination Population Group Screening Question:*

**Option 1:** Indicate if you fit into one or more of the groups below: (check all that apply)

- Pregnant woman
- Infant or toddler 6-35 months old
- Household contact of infant <6 months old
- Person aged 3-64 years old who is at higher risk for influenza-related complications (for the vaccine-preventable disease(s))
- Person aged 3-64 years old not at higher risk for influenza-related complications (for the vaccine-preventable disease(s))
- Adults 65+ years old

**Option 2:** Determine vaccination population group screening questions specific to an off-site vaccination clinic. Screening questions may be entirely unique or be a combination of unique screening questions and some of the groups found in Option 1. There must be a minimum of 3 screening group questions, and they may not all be age-defined. Upload a document that outlines the population screening group questions and the number of persons that fell into each group. Examples include but are not limited to:

- Person experiencing homelessness
- Person reporting history of injection drug use
- Person currently in a correctional or transitional setting
- Person is a refugee

When you audit your patient intake, total each of these categories for reporting purposes.

## **Exercise**

Conducting this vaccination POD clinic exercise according to your written plan provides you an opportunity to discover if there are areas to improve, anything you can do without, and anything you need to add. Gathering the information and preparing an After-Action Report (AAR) will help you organize all of the information you gather. Developing an Improvement Plan (IP) will lay out a path to make that information useful and help you prepare for the next clinic or pandemic response.

Following the POD clinic, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the [PDR](#) under Exercises.

**To fulfill this deliverable:**

1. Schedule and prepare for an off-site POD as a vaccination clinic according to your emergency medical countermeasures plan.
  - a. Inventory your POD supplies (POD Box)
  - b. Upload a copy of the inventory to the progress report.
2. Download and review the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.
  - a. Complete the sections during the appropriate stages.
  - b. Upload the completed checklist to the Progress Report.
3. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for the clinic.
  - a. Report aggregate totals for each vaccination group indicated. There will be a total of six groups to report.
  - b. Submit aggregate totals for each group to the Progress Report.
4. Complete and submit an AAR/IP to the progress report.

## Epidemiology

Danny Power, [danny.power@mt.gov](mailto:danny.power@mt.gov)

### E1: Collaborative Activities with Key Surveillance Partners (KSP)

Identify and engage your jurisdiction's Key Surveillance Partners.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

**Guidance:**

When you engage your KSPs, disseminate the list of reportable conditions and reporting instructions, *preferably in person or via presentations*. Record the date(s) of dissemination or indicate when your jurisdiction plans do so. During this distribution, please stress the importance of utilizing the after-hours or 24/7 contact information for your jurisdiction and when these numbers should be used.

The number and type of KSPs may vary for each local or tribal jurisdiction, as well as the urban or rural nature of its population. KSPs should always include laboratories and key providers who are likely to report diseases, such as community health centers, hospitals, clinics, etc. KSPs should also include schools and long-term care facilities, at least seasonally, because those can be affected during influenza season and are often sources of outbreaks like norovirus.

Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. 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.

We encourage you to employ effective communication strategies with these partners, including weekly calls, to increase the likelihood of reporting a communicable disease. However, weekly calls to each one may not be feasible for highly populated jurisdictions. It may be best to identify a key contact in an organization or facility and count that as one KSP. We do, however, recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists.

**To fulfill this deliverable:**

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. Record the number of KSPs by type on the progress report.
  - a. Providers (e.g., private and community clinics)



- b. Laboratories
  - c. Schools
  - d. Senior Care Facility (Nursing homes/assisted living facilities)
  - e. Other partners
  - f. Total number of KSPs
2. Engage your key surveillance partners through “active” weekly or biweekly surveillance calls.
    - a. Maintain log of active surveillance calls (a sample template is available in the resource directory).
    - b. Indicate on the quarterly progress report if this log was completed.
    - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.

## **E2: Information Sharing**

Routinely share information with KSPs and report on the materials your jurisdiction distributes each quarter.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

### **Guidance:**

KSPs are critical sources for ongoing case report and disease related information. Knowing the number and types of KSPs in your jurisdiction is critical to ensuring the data you collect is reliable and accurate. The objective of this deliverable is to ensure that 100% of your key surveillance partners have the most current information regarding communicable disease reporting.

Disseminating regular informational materials will also maintain communication channels. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

### **To fulfill this deliverable:**

1. Record the date(s) you disseminated the updated Reportable Conditions List and disease reporting instructions to KSPs.
2. Report on the materials your jurisdiction distributes to KSPs each quarter.
  - a. Provide a title and short description of the materials and frequency of distribution to your KSPs during BP5 on the progress report.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### **F4: Update Contact Information for All Licensed Establishments**

Fill in the contact information in the Licensed Establishment Database.

(NOTE: Only jurisdictions with less than 90% completion in any one category of the database will need to complete this deliverable.)

**Domains:** *Community Resilience, Information Management*

### **Guidance:**

The Registered Sanitarian for your jurisdiction should regularly maintain and update contact information for all licensed facilities Licensed Establishment Database. Contact FCS to request a spreadsheet of the licensed facility information that is present in the database if you need one.

Only counties with less than 90% completion in any one category of contact information for licensed facilities will need to complete this deliverable. **FCS will notify counties at the beginning of the quarter if they are included in this deliverable.**

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.

It is important to have up to date contact information for all establishments for emergency responses such as sewerage failures, power outages, flooding, and recall notification. It is also important to be able to easily notify establishments of changes to rules that affect them and remind them of license fee due dates.

The email addresses and phone numbers gathered for this deliverable should be added to all applicable Health Alert Network lists.

**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. Criteria for approval are:
  - a. Over 90% of phone numbers are present in database or are on spreadsheet.
  - b. Over 90% of physical addresses are valid and accurate in database or on spreadsheet.
    - i. Guidance on correct address formatting will be providing as an attachment. No addresses should be P.O. Boxes, intersections, streets without a number, etc.
  - c. Notable improvement is observed for email addresses.
  - d. Recognizing that 90% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case-by-case basis. The evaluation will be based on measurable improvements and efforts seen.
3. 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: Regional HCC TTX for Foodborne Illness & Food-Related Injury**

Host a TTX on **December 7, 2023**, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

**Jurisdictions in the *Western RHCC* will host the 1st Quarter TTX: **Sep. 14, 2023****

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

**Jurisdictions in the *Southern RHCC* will host the 2nd Quarter TTX: **Dec. 7, 2023****

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

**Jurisdictions in the *Eastern RHCC* will host the 3<sup>rd</sup> Quarter TTX: Feb. 29, 2024**

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

**Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX: May 30, 2024**

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people
- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

For the Sanitarian: If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

**To fulfill this deliverable:**

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
3. Upload the AAR/IP to the progress report.

# Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

## IM4: 24/7 Communication System Implementation

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

**Domains:** *Community Resilience, Information Management*

### Guidance:

DPHHS PHEP will test your 24/7 emergency communication system quarterly. PHEP's test call should initiate activation of your communications protocol. Your jurisdiction must respond within **20 minutes** of the notification. Review your jurisdiction's 24/7 protocols during the grant period and ensure numbers, personnel, information, and steps are correct. An unsuccessful test call includes

- An incorrect number in the Public Health Directory
- No answer or voice messaging system to take the call
- No return call within the **20 minute** test window

PHEP will contact jurisdictions that do not successfully pass the test call. Those jurisdictions must identify any issues that caused a failed test and take corrective actions. Adjust your 24/7 emergency communication system protocols if the issue lies within those procedures.

### To fulfill this deliverable:

1. Ensure your 24/7 emergency communication system is in place and expect a quarterly test call.
2. Review and revise, if necessary, your protocols for 24/7 notifications for public health in your jurisdiction. Indicate on the quarterly progress report if revisions were made for the quarter.
3. If your quarterly test was unsuccessful, describe the issue and any corrective actions taken.

# Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

## L3: DWES Kit Inspection and Inventory

Environmental Health staff, local PHEP Preparedness Coordinators, Waterworks operators, or HAZMAT Team staff will inventory the contents of the Drinking Water Emergency Sampling (DWES) Kit supplied by the Montana Laboratory Services Bureau.

**Domains:** *Biosurveillance*

### Guidance:

The purpose of this inventory is to verify the location, contents, and condition of the DWES Kits supplied by the Montana Laboratory Services Bureau (MTLSB). The information you provide will also determine if the Kits still contain the proper elements and are not damaged.

The point of contact for the DWES Kit should be a jurisdictional Sanitarian, Environmental Health personnel, Community Water Supply operator, PHEP Preparedness Coordinator, or HAZMAT Team personnel and is the appropriate person/agent to conduct the inventory. By the end of first quarter, MTLSB will mail each public health jurisdiction replacement outer press-on envelopes and evidence tape. The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Contact Kim Newman if you need assistance.

### To fulfill this deliverable:

1. Contact the appropriate partner in your jurisdiction responsible for the DWES Kit.

2. Explain the situation and the deliverable. Don't forget to remind them of the quarter deadline.
  - a. Give them the link for the DWES Inventory List  
[https://PHEP.formstack.com/forms/dwes\\_kit\\_inventory](https://PHEP.formstack.com/forms/dwes_kit_inventory)
  - b. Have them repackage the outer documents in a new press-on zip lock envelope and attach the envelope to the lid of the DWES Kit.
  - c. Have them repackage the inner documents in a new press-on zip lock envelope and attach the envelope to the inside surface of the lid.
  - d. Have them complete the Formstack Inventory survey.
  - e. Have them reseal the kit with the evidence tape provided.
  - f. Have them send a **"Resealed DWES Kit"** confirmation email to Kim Newman, [knewman@mt.gov](mailto:knewman@mt.gov), and cc'd to you.
  - g. Encourage them to call Kim Newman at the MTL SB for assistance.
3. When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the "Resealed DWES Kit" confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mode), then mark the L2 deliverable requirement in the progress report as complete.

# Requirements Due Third Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 3<sup>rd</sup> quarter – April 15. **You should track your budget requirements every quarter.**

## Environmental Health & Food Safety (formerly Food & Consumer Safety)

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury

Host a TTX on **February 29, 2024**, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

#### Guidance:

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact

multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

**F5** RHCC TTX for Foodborne Illness & Food-Related Injury

**IM4** Communication System Implementation

[Return to Table of Contents](#)

**Jurisdictions in the *Western RHCC* will host the 1st Quarter TTX: **Sep. 14, 2023****

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

**Jurisdictions in the *Southern RHCC* will host the 2nd Quarter TTX: **Dec. 7, 2023****

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

**Jurisdictions in the *Eastern RHCC* will host the 3<sup>rd</sup> Quarter TTX: **Feb. 29, 2024****

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

**Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX: **May 30, 2024****

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people
- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

For the Sanitarian: If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

**To fulfill this deliverable:**

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
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Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

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**To fulfill this deliverable:**

1. Ensure your 24/7 emergency communication system is in place and expect a quarterly test call.
2. Review and revise, if necessary, your protocols for 24/7 notifications for public health in your jurisdiction. Indicate on the quarterly progress report if revisions were made for the quarter.
3. If your quarterly test was unsuccessful, describe the issue and any corrective actions taken.

# Requirements Due Fourth Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 4<sup>th</sup> quarter – July 15. **You should track your budget requirements every quarter.**

## Budget

Dan Synness, 406-444-6927, [dsynness@mt.gov](mailto:dsynness@mt.gov)

### B1: Line Item Expenses

Provide the actual expenses in the listed line item categories.

**Domains:** *Community Resilience*

#### Guidance:

Your jurisdiction is required to account for your PHEP funding. All categories combined *must meet or exceed the sum* of your annual PHEP award. Your jurisdiction must also meet a 10% soft-match to the PHEP cooperative agreement. The sum can be more than your annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. A spreadsheet is available on the [PDR](#) to help track expenses during the budget period.

Please provide the expense amount for these categories on the online form at the end of the 4<sup>th</sup> Quarter.

1. Staff salary (list each employee's salary)
2. Staff Benefits (list each employee's benefits)
3. Office space rent
4. Utilities (Electric/Heat/Water)
5. Phone (Office/Cell/Satellite)
6. Internet service
7. Auto mileage
8. Airline travel
9. Lodging/business related meals
10. Employee tuition/training
11. Consultant fees
12. Contractual office services
13. Contractual PHEP services
14. Meeting expenses
15. Office equipment
16. PHEP equipment
17. Office supplies
18. Fax/Copier/Printing
19. Additional Overhead

You must also report any purchase, or contribute to a purchase, of a single item costing more than \$5,000. You must consult with PHEP **before** encumbering that large of an expense as well.

#### To fulfill this deliverable:

1. Complete and submit the online budget form. The 4<sup>th</sup> Quarter progress report will also contain the link to the form. [https://PHEP.formstack.com/forms/phep\\_quarterly\\_expense\\_report\\_fourth\\_quarter\\_bp5](https://PHEP.formstack.com/forms/phep_quarterly_expense_report_fourth_quarter_bp5)

- B1** Line Item Expenses
- CR1** Capability Workplan Progress
- CR3** End of Year Report
- F5** RHCC TTX for Foodborne Illness & Food-Related Injury
- IM4** Communication System Implementation

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# Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

## CR1: Capability Workplan Progress

Write a final capability gap workplan report.

**Domains:** *Community Resilience*

### Guidance:

We have spent the past three years attempting to close gaps in our preparedness and response capabilities while simultaneously working through a public health crisis. The response to the COVID-19 pandemic, unfortunately, revealed gaps and some areas for improvement that we thought were covered. You developed the original workplans to address the gaps found in your assessments but probably found that the newly discovered shortfalls took priority. Additional funding for the response likely helped you to address some of the gaps. The originals in the workplan still remained. The workplans were designed as living documents, intended to adjust to meet the reality of work, projects, and scheduling. That flexibility was necessary to respond to the pandemic.

The workplans to address capability gaps were intended to prepare us for the promised Operational Readiness Review (ORR) from the CDC. It never materialized at the local level for many reasons, including COVID-19. We are not sure what to expect in the next 5 year grant cycle, although some of our colleagues at CDC have mentioned edits to the capabilities, a new framework for implementation, and new guidance for jurisdictional risk assessments. The last 5 years has taught us nothing if to be patient and not speculate too much.

You have reported on these workplans for the last three budget periods. You will now give a final summary of your work. There is no quarterly reports for this year, only a final description of the work you have done and the results of the project. Try to format your summary by functions, objectives, and the activities performed. Describe your successes and what work you will carry forward.

### To fulfill this deliverable:

1. Provide a summary report in the 4<sup>th</sup> quarter progress report concluding your three-year workplan. Include the following items.
  - a. Did you close the gaps set forth in your original workplans? What gaps did you finish, which ones did you not? Explain why or why not.
  - b. Did your workplan significantly change over the three years? How did the COVID19 response impact your workplan strategies.
  - c. How much did your community partners assist you with closing the capability gaps you had?
  - d. Did having a workplan keep you on task to cover gaps? Why or why not?
2. Answer the further questions on the quarterly progress report.

## CR3: End of Year Report

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

**Domains:** *Community Resilience, Information Management*

### 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 performed outside of the deliverable requirements set forth in this cooperative agreement. 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 also qualify. Please also suggest areas of preparedness in which your jurisdiction could use more assistance. PHEP advises keeping a log or journal of activities throughout the budget period to help with this report.

**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.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### **F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury**

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## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

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**To fulfill this deliverable:**

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3. If your quarterly test was unsuccessful, describe the issue and any corrective actions taken.

# Appendices

**Appendix A** Immunization Off-Site Vaccination Clinic Checklist

**Appendix B** Checklists for Pandemic Influenza and Communicable Disease Response Plans

**Appendix C** Laboratory Sample Transport Plan Checklist



# Appendix A

## *Immunization Off-Site Vaccination Clinic Checklist*

# CHECKLIST of




# Best Practices FOR Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises.

**A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

This document also contains sections, marked in red, that outline best practices for vaccination during the COVID-19 pandemic. For continued up-to-date guidance, please visit [www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

## INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person will be responsible for completing the steps below and will be referred to as “you” in these instructions.
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: . If you check “NO” in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic. Follow your organization’s protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed you can move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, whether patients’ personal information was protected appropriately, or other responses that you have marked as “NO” in rows that do not have the .
5. This checklist should be used in conjunction with CDC’s *Vaccine Storage and Handling Toolkit* [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf). For information about specific vaccines, consult the vaccine manufacturer’s package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). *(If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.)*
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts) and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor: \_\_\_\_\_

Name of facility where clinic was held: \_\_\_\_\_

Address where clinic was held (street, city, state): \_\_\_\_\_

Time and date of vaccination clinic shift (the portion you oversaw):

Time (AM/PM)

Date (MM/DD/YYYY)

Time and date when form was completed:

Time (AM/PM)

Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor: \_\_\_\_\_



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

This document was created by the Influenza Work Group of the National Adult and Influenza Immunization Summit.  
Version 9 (Updated August 18, 2020)

**BEFORE THE CLINIC (Please complete each item before the clinic starts.)**

**VACCINE SHIPMENT**


YES NO N.A.

Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (*Direct shipment is preferred for cold chain integrity.*)


**VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)**

YES NO N.A.

 Vaccines were transported using a portable vaccine refrigerator or qualified container and packout designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and packouts: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf).

 The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and packout should include packing instructions. If not, contact the company for instructions on proper packing procedures.*)


The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).


 A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and used to monitor vaccine temperature during transport.

The amount of vaccine transported was limited to the amount needed for the workday.


**VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)**

YES NO N.A.


 If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.

 If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion (i.e., out-of-range temperature) during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). *Note: CCMs are for one-time use and should be thrown away after being checked.*

 Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf).*

 Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines).

Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.


 Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

**CLINIC PREPARATION AND SUPPLIES**

YES NO N.A.

A contingency plan is in place in case vaccines need to be replaced. The plan addresses scenarios for vaccine compromised before arrival at the clinic and for vaccine compromised during clinic hours.

 An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.

 All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in an emergency, and know the location of epinephrine and are trained in its indications and use.


There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).

Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. If administering injectable vaccines, adhesive bandages, individually packaged sterile alcohol wipes, and a sufficient number of sterile needles and syringes and a sharps container are provided.

Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.

If using a standing order protocol, the protocol is current and available at the clinic/facility site.

A process for screening for contraindications and precautions is in place.

 A sufficient number of vaccine information statements (VISs or Emergency Use Authorization [EUA]) forms, if required) for each vaccine being offered is available at the clinic/facility site.

**If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.**

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A qualified individual has been designated to oversee infection control at the clinic.

**PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of face coverings is available for visitors and patients who may not have one.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See EPA's <a href="#">Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</a> the virus that causes COVID-19.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.

**DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)**

**VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range ( <i>i.e.</i> , a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. Follow the monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures ( <i>i.e.</i> , between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close as possible to the vaccines, and temperatures are being read and recorded at least once an hour. The container is being kept closed as much as possible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

**VACCINE PREPARATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. (Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared at the time of administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are predrawn from a multidose vial, <b>only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Once drawn up, vaccines are being kept in the recommended temperature range. (Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.)

**VACCINE ADMINISTRATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).

If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.

- » Follow your organization's protocols and/or contact your state or local health department for guidance before proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

CHECKLIST  
of

Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. <a href="http://www.cdc.gov/handhygiene/providers/index.html">www.cdc.gov/handhygiene/providers/index.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before administering vaccine.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each staff member is administering only the vaccines they have prepared.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered using aseptic technique.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccine to the correct patient (e.g., if a parent/guardian and child or two siblings are at the vaccination station at the same time, patient's name and date of birth are verified prior to vaccination).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccines using the correct route per manufacturer instructions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering the correct dosage (volume) of vaccine.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval. <i>Follow the recommended guidelines in Table 3-1 of the General Best Practice Guidelines for Immunization: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01</a>.</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If vaccine administration errors are observed, corrective action is being taken immediately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events. <b>This is especially critical at drive-through or curbside clinics where drivers are being vaccinated.</b>
<b>ADMINISTRATION OF INJECTABLE VACCINES</b> (In this section, N.A. is ONLY an option if the clinic is EXCLUSIVELY using non-injectable vaccines, such as live, attenuated influenza vaccine.)			
YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered following safe injection practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For walk-through clinics, seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1–2 years; vastus lateralis muscle of anterolateral thigh for infants aged ≤12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multidose vials are being used only for the number of doses approved by the manufacturer.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are never being transferred from one syringe to another.

If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)

**VACCINE DOCUMENTATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of vaccine information statement (VISs or Emergency Use Authorization [EUA] form), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your state's immunization information system (IIS) was used to document vaccinations administered. ( <i>CDC recommends using your state's IIS to document vaccinations.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are receiving documentation for their personal records and to share with their medical providers.

**PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff and patients have their temperature checked before entering the clinic and are answering the COVID screening questions before <a href="#">entering the clinic</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff is wearing recommended personal protective equipment (PPE), including face masks, gloves (optional for subcutaneous and intramuscular injections, required for intranasal and oral vaccinations), and eye protection (based on level of community transmission). See <a href="http://www.cdc.gov/vaccines/pandemic-guidance/index.html">www.cdc.gov/vaccines/pandemic-guidance/index.html</a> for current guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social distancing guidance is being followed, including signs, banners, and floor markers to instruct staff and patients where to stand, shields as appropriate when the 6-foot minimum distance cannot be observed, and one-way traffic flow.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All areas are being wiped down and cleaned more frequently than normal cleaning that takes place during vaccine preparation and administration and between patients.

**AFTER THE CLINIC (Please complete each item after the clinic is over.)**

**POST-CLINIC ACTIONS**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines), follow your organization's protocols and/or contact your state or local health department for guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. <i>An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider, as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines or returned to the supplier for credit.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.</b> (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any vaccine administration errors were reported to all appropriate entities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All biohazardous material was disposed of properly.

**POST-CLINIC DOCUMENTATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) where available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not submitted to an IIS, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): <a href="http://vaers.hhs.gov/index">vaers.hhs.gov/index</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patient medical information was placed in a secured storage location for privacy protection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).

N.A. means Not Applicable.

This checklist was adapted from materials created by the California Department of Public Health, the Centers for Disease Control and Prevention, and the Immunization Action Coalition.

**If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.**

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.



**ADDITIONAL INFORMATION AND RESOURCES**

If you are concerned that CDC guidelines were not followed during your vaccination clinic held at a satellite, temporary, or off-site location, contact your organization and/or state or local health department for further guidance.

COVID-19 information can be found at:

- [www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html](http://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html)

- » CDC's guidelines and resources for vaccine storage, handling, administration, and safety:
  - Vaccine storage and handling: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)
  - Vaccine administration:
    - [www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html](http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html)
    - [www.cdc.gov/vaccines/hcp/admin/admin-protocols.html](http://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html)
    - [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html)
  - Injection safety: [www.cdc.gov/injectionsafety/providers.html](http://www.cdc.gov/injectionsafety/providers.html)
  - Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/](http://www.cdc.gov/vaccines/hcp/vis/)
  - Videos on preparing and administering vaccines. [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html) (includes videos on intramuscular injections and administration of live, attenuated influenza vaccine)
- » The Immunization Action Coalition has a skills checklist for staff administering vaccines: [www.immunize.org/catg.d/p7010.pdf](http://www.immunize.org/catg.d/p7010.pdf).
- » The Immunization Action Coalition and the Alliance for Immunization in Michigan have patient education materials available:
  - Screening tools: <http://www.immunize.org/handouts/screening-vaccines.asp>
  - Vaccination after-care:
    - Children: [www.immunize.org/catg.d/p4015.pdf](http://www.immunize.org/catg.d/p4015.pdf)
    - Adults: [www.aimtoolkit.org/docs/vax.pdf](http://www.aimtoolkit.org/docs/vax.pdf)
- » The Immunization Action Coalition has information on the medical management of vaccine reactions:
  - Children and adolescents: [www.immunize.org/catg.d/p3082a.pdf](http://www.immunize.org/catg.d/p3082a.pdf)
  - Adults: [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.pdf)
- » Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: [www.immunize.org/packageinserts/pi\\_influenza.asp](http://www.immunize.org/packageinserts/pi_influenza.asp)

This checklist is a valuable resource for use in temporary mass vaccination clinics and other vaccination exercises, such as those conducted at vaccine points of dispensing (PODs) or vaccination and dispensing clinics (VDCs) as part of public health emergency preparedness (PHEP) program activities.

Medical waste disposal is regulated by state environmental agencies. Contact your state immunization program or state environmental agency to ensure that your disposal procedures comply with state and federal regulations.

States have laws on documentation of vaccinations, use of immunization information systems (IISs), and types of health care providers who can administer vaccines.



# Appendix B



## *Checklists for Pandemic Influenza and Communicable Disease Response Plans*

# Pandemic Influenza Plan Review Checklist

Plan Version/Date Under Review:

Review Completion Date:

**Note:** These are some of the common elements found in basic plans plus elements specific to pandemic influenza. Some items listed here might not be appropriate for your plan, situation, or jurisdiction. Plans should fit the community in which they were developed.

Does Your Pandemic Influenza Plan Include This Element	Yes	Yes but needs work	No and is needed	Not Relevant	Remediation Target Date
<b>Table of Contents</b>					
<b>Purpose Statement</b>					
<b>Scope - Capability 3</b> (States the limits to which the plan can be implemented)					
<b>Situation - Capability 1</b> (Describes the impact widespread influenza would have on your jurisdiction)					
<b>Access and Functional Needs - Capabilities 1 &amp; 2</b> (Statement about planning with AFN populations or organizations to address unique pandemic influenza concerns.)					
<b>Planning Assumptions - Capability 3</b> (Lists what must be in place or exist in order for the plan to be used)					
<b>Concept of Operations - Capabilities 3 &amp; 13</b>					
<b>1.</b> The steps or processes to implement the plan for a Pan Flu response					
<b>2.</b> Includes strategies and processes for engaging the plan					
<b>3.</b> Includes a statement acknowledging the adoption of the National Incident Management System (NIMS) and the policies on training and operating under its principles.					
<b>4.</b> Defines strategies and actions that are specific to a pandemic that are not typical of a normal disease outbreak. (May refer to strategies or protocols in other planning documents)					
• Surveillance/contact tracing					
• Reference to non-pharmaceutical strategies					
• Pediatric issues					
• Long term care/assisted living					
• Hospitals					
• Reference to vaccinations/Medical Countermeasures					
<b>Risk Communications - Capability 4</b> (Public information procedures; May exist as another plan and only need referenced.)					
<b>Information Sharing - Capability 6</b> (How operations information can be sent and received during a pan flu event, e.g., procedures for platforms, software, data protocols, etc.; May exist as another plan and only need reference.)					

<b>Plan Maintenance - Capability 3</b> (State how and when the plan is reviewed. Usually includes a statement about exercise and training of the plan)					
<b>Roles &amp; Responsibilities - Capabilities 1, 2, &amp; 3</b> (Describes emergency responsibilities of the local Public Health Board, public health officials, lead PH officer, or local or tribal councils, Health Directors, Hospitals, Clinics, Long term Care Centers, Pharmacies, Schools, and other emergency response partners)					
<b>Mass Care elements specific to public health - Capability 7</b> (Shelter health, temporary clinic, provisions for mental health, etc.; May reference a separate plan or plans.)					
<b>Mass Fatality responsibilities - Capability 5</b> (State which agency, or agencies, is responsible for mass fatality management in your jurisdiction; May reference a separate plan)					
<b>Memos of Understanding (MOU) or Agreement (MOA)</b>					
<b>Resource providers</b> (Includes a procedure for requesting resources or request procedures; May reference a separate plan)					
<b>Record of Review</b>					
<b>Record of Distribution</b>					
<b>Record of Changes</b>					
<b>References (if pertinent)</b>					
<b>List of Authorities</b>					
<b>Concurrence Signature Page</b> (Jurisdictional authority approving the plan)					

# Checklist: Communicable Disease Reporting Protocol/Plan

This checklist helps ensure the routine and 24/7 communicable disease response and reporting processes remain in place during your periodic review. Elements included here are suggested for inclusion in your local protocol to remain aligned with the Public Health Emergency Preparedness & Response Capabilities National Standards as well as standard and academic best practices.

Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.		Included in protocol		Comments
Does your protocol:		Yes	No	
1. describe the way disease reports are received by your agency (e.g., confidential fax, phone reports, or mail)?				
a. describe how reports are reviewed? (e.g., reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, family planning, etc.)				
b. describe who is specifically responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?				
c. indicate who receives specified selected conditions (e.g., foodborne illness to sanitarians)? [If applicable]				
2. indicate if your agency utilizes a team approach on some events, as well as which staff and their roles?				
3. describe how quickly reports are reviewed (e.g., day of receipts, within 24 hours, 48 hours, etc.)?				
4. describe how information regarding local cases is managed (paper, electronic, etc.) and who has access to information?				
5. describe how reported cases/contacts from outside your jurisdiction are referred (e.g., called directly to jurisdiction, transferred to DPHHS)?				
6. assign responsibility for who completes report forms and who submits forms to DPHHS (i.e., MIDIS data entry, expanded case investigation forms, foodborne outbreak form)?				
7. outline a process for rapidly increasing active surveillance for use during outbreak/emergency events?				
8. specifically address rabies response issues, including: who is involved in response, issuing PEP recommendations, observation and testing of animals, and sharing information with relevant response partners?				
9. outline the process for case prioritization during investigations and contact tracing during a surge response? (i.e., considering time-based factors for the disease, household contacts, sensitive settings, and those most at risk for severe illness)				
10. identify partners within your jurisdiction that can assist with case follow-up during surge events?				
11. identify methods to quickly scale up (surge) staffing for your department during emergencies? ( You may be able to cross reference other portions of your emergency operations plan.)				

Routine Active Surveillance Elements with Key Surveillance Partners (KSPs)			
	Included in protocol?		
<b><u>Does your protocol:</u></b>	Yes	No	Comments
1. <i>detail</i> how your agency conducts active surveillance?			
2. <i>list</i> the key providers/laboratories routinely contacted and instruct how to maintain the list?			
3. <i>detail</i> the frequency of your active surveillance calls with each contact?			
4. <i>indicate</i> the staff member(s) assigned the responsibility of conducting & documenting active surveillance calls?			
↻ <i>ensure</i> a standing request for release of Department of Veteran’s Affairs medical record data is current for your health jurisdiction. CDEpi will contact you to update this standing request.	Date letter submitted:		
<b>Protocol detailing your agency’s 24/7 availability to receive and evaluate reports of concern.</b>			
<b><u>Does your protocol:</u></b>	Yes	No	Comments
1. <i>describe</i> a method to receive and immediately review emergency reported 24 hours a day 7 days a week?			
2. <i>have</i> provisions for providing an answering service or dispatcher a detailed written protocol and a list of contact numbers?			
2. <i>describe</i> how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?			
4. <i>outline</i> periodic local testing of a 24/7 system?			
5. <i>require</i> the documentation and evaluation of all tests and actual after-hours calls?			
<b>Protocol detailing your agency’s “Epi Team” approach to communicable disease events.</b>			
<b><u>Does your protocol:</u></b>	Yes	No	Comments
1. <i>outline and define</i> core and expanded team members?			
2. <i>require</i> the core team to have at least one public health nursing and one environmental health staff members?			
3. <i>define</i> what conditions or events will require notification of the core team (i.e., suspect foodborne illness, animal bite, etc.)?			
4. <i>define</i> what circumstances may require expanding the team to include other members associated with your agency?			
5. <i>outline</i> procedures for sharing information among team members with defined parameters and timeframes?			

# **Appendix C**

## **Laboratory Sample Transport Plan Checklist**





## LABORATORY SAMPLE TRANSPORT PLAN CHECKLIST

Jurisdiction: \_\_\_\_\_

	Check here that item is included
1) <b>NOTIFICATION TO PARTNERS:</b> Does your plan include contact information for local and state partners who should be notified in a public health emergency? Does your plan include processes to consult with DPHHS Staff (Communicable Disease/Epidemiology and MT Public Health Laboratory) prior to implementing the transport plan for human specimens during outbreaks or involving reportable communicable conditions?	
2) <b>PATIENT SPECIMEN COLLECTION:</b> Does your protocol outline steps for acquiring clinical ( <b>patient</b> ) specimens of immediate concern? Does your protocol outline steps for the proper transport of category B specimens?	
3) <b>ENVIRONMENTAL SAMPLE COLLECTION:</b> Does your protocol address the collection of environmental samples for chemical or biological testing using the Chemical/Biological Agent Transport (CBAT) kit and/or the Drinking Water Emergency Sampling (DWES) kit? This will involve communication with the local Waterworks Operator, Sanitarian, or the regional HAZMAT team. Are the types of kits, their locations, kit tracking numbers, and contact person's information verified and updated in the MT Public Health Directory?	
4) <b>SAMPLE SUBMISSION FORMS:</b> Does the protocol address forms needed for submission of samples to the MT Laboratory Services Bureau (MTLSB)? Examples are MT Public Health Laboratory <b>electronic</b> request forms for clinical specimens and paper Chain of Custody forms for legal samples. Chain of custody forms are inside all CBAT and DWES kits.	
5) <b>SAMPLE TRANSPORT:</b> Does your protocol provide specific details regarding the different methods used to transport samples to the MTLBSB (e.g., laboratory courier, local law enforcement, private party, air transport, etc.) including contact information for these local partners?	
6) <b>NOTIFICATION TO MT LSB:</b> Does your protocol address contacting MTLBSB to request emergency courier service or to ensure staff is available to receive samples during non-business hours?	
7) <b>KIT REPLACEMENT:</b> Does your protocol include details on obtaining replacement DWES kits or CBAT kits or their supplies from MTLBSB as needed? <b>Note:</b> to protect the integrity of DWES sampling bottles, do not open the coolers unless performing an annual inventory. DWES sampling is not for compliance testing and there are no expiration dates on the bottles. During the annual inventorying, inspect the CBAT kit contents to ensure seals are intact and swabs and transfer pipets have not expired. Do not open the sampling packages inside the CBAT kit.	
Local Use/Notes:	

**The below signed acknowledge that the above protocol/plan has been reviewed/revised and is satisfactory for FISCAL YEAR 2024**

<i>Chairperson – County Health Board</i>		<i>County Health Officer</i>	
<i>LEPC/TERC Chair</i>			
	<b>Date</b>		<b>Date</b>

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