

New Administrator & Emergency Preparedness Coordinator Manual

Version 1.0



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What to do right now...

1. Read this manual.
2. Contact the Preparedness Program at KDHE to provide your contact information. This can be sent to preparedness@kdheks.gov. That way you can be added to the distribution list for the bi-weekly Preparedness Program email updates and KDHE can update other contact listings.
3. Contact kshanadmin@kdheks.gov to sign up for Kansas Health Alert Network (KS-HAN) notifications.
4. Set up a Countermeasure Response Administration (CRA) account (http://www.kdheks.gov/it_systems/ks-cra.htm).
5. Set up a KS-TRAIN account (<https://ks.train.org/DesktopShell.aspx>). This is the system that will be utilized to complete Incident Command System (ICS) trainings, register for live trainings and grand rounds sessions, and to keep a training record and transcripts.
6. If you will be the person or one of the person(s) responsible for applying for and reporting on grants from KDHE, ensure you are set up with a log in for Catalyst. *(See Section I)*
7. Meet with your county's emergency manager (<http://www.kansastag.gov/KDEM.asp?PageID=200>) and introduce yourself. Ask if they regularly conduct a Local Emergency Planning Committee (LEPC) meeting, when those meetings are held, and if you can get on the invite list.
8. Get acquainted with your local hospital(s) Emergency Preparedness contact and also the Healthcare Coalition Coordinator. *(See Appendix II)*
9. Take online Incident Command System (ICS) trainings to become familiarized with basic incident command principles. *(See Section II)*

Section I: Public Health Emergency Preparedness (PHEP) Grant

Program Purpose

The Preparedness Program at KDHE provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to, and recover from disasters, infectious disease, terrorism, and mass casualty emergencies. The purpose of the Public Health Emergency Preparedness (PHEP) grant is to provide funding to the state health department as well as the local health departments to increase program impact and advance preparedness throughout the state. The KDHE Preparedness Program is the receiving entity (awardee) of the Hospital Preparedness Program and Public Health Emergency Preparedness Program (HPP-PHEP) Cooperative Agreement funds.

State & Local Funding Allocations

Funding allocations for each state are published in the annual Funding Opportunity Announcement (FOA) the state receives. Once KDHE receives this guidance (usually late February/March), it is shared with the Kansas Hospital Education and Research Foundation (KHERF), the Kansas Association of Local Health Departments (KALHD), the public health Regional Coordinators, and the hospital Regional Coordinators. It is also shared with all local health departments and community hospitals through bi-weekly Preparedness Program email updates *(See Programmatic Information below)*. Two activities begin from there: budget negotiations internally and externally and capability plan and grant application development.

For public health, funding allocations are discussed through the KALHD-KDHE Preparedness Team *(See Section III)*. This team is made up of a representative from a small, medium, and large health department, a public health Regional

Coordinator, the KALHD Executive Director and Assistant Director, a president-elect which is a health department Administrator, and several KDHE Preparedness Program staff. It serves as an advisory committee for PHEP activities and issues. Historically, this group has determined the best way to allocate funds is to do a 50/50 split; KDHE keeps 50% and local health departments and public health regions receive 50%. Each local health department then gets a portion of that 50% via a funding formula which is a standard amount (\$6,266) plus additional funds based on county population. Health departments will use this funding to complete required work plan deliverables that are intended to further preparedness initiatives in the local community. This amount can change from year to year depending on the funding the state receives from the Department of Health and Human Services (HHS).

Once all local funding allocations have been figured, they are shared with KALHD and posted to their website. These figures are also sent out to the health departments. Health departments will receive a 25% payment upon execution of their universal contract to use for preparedness activities. This 25% payment and how it is spent must be reported through an affidavit of expenditure. The remainder of the funding will be reimbursed throughout the year for allowable incurred costs; also through an affidavit of expenditure.

KDHE uses its 50% share of the funding for contracting needs, personnel and fringe, travel costs, supplies and equipment, and other operating expenses. These expenses are not only for the Preparedness Program but also KDHE's public health laboratory, epidemiology, Office of Communications, local public health program, and IT.

Allowable vs. Unallowable Expenses

Unallowable expenses as stated in the HPP-PHEP Cooperative Agreement guidance:

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year.
- Recipients cannot use funds for fund raising activities or lobbying.
- Recipients cannot use funds for research.
- Recipients cannot use funds for construction or major renovations.
- Recipients cannot use funds for clinical care.
- Recipients cannot use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.
- PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

Allowable Expenses as state in the HPP-PHEP Cooperative Agreement guidance:

- PHEP awardees can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
- PHEP awardees can use funds to purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.

- PHEP awardees can (with prior approval) use funds to purchase industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- PHEP awardees can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

A general rule to follow is to consider whether the items in the budget are reasonable and consistent with public health and healthcare preparedness capabilities (see *Capabilities* below), and consistent with stated objectives and planned program activities. Always try to include a description of how budgeted items will be used in the program. Health department budgets and affidavits of expenditure should be as descriptive as possible. There is a broad range of allowable costs, but here are some examples of a few and some general guidelines when submitting the budget and/or affidavits:

- Salaries and fringe benefits (please include name of staff member, percentage of time budgeted for this program and be prepared to provide a justification/description of scope of work if requested)
- Equipment – please provide justification for all requested equipment, including a description of how it will be used in the program
- Supplies – please be as descriptive as possible (computer work station, computers, general office supplies, educational pamphlets, educational videos, word processing software, etc.)
- Travel – indicate where the travel will be undertaken, who will be taking the trips and the approximate dates
- Funding local health departments to participate in NACCHO’s Project Public Health Ready certification is an allowable program cost
- Items for PODs, clinics, etc.
- Supplies for training, exercises
- Communications equipment (radios, phones, internet)
- Outreach to educate the public on vaccination clinics
- Telephone
- Internet provider service
- Emergency pager/phone
- Postage
- Printing
- Personal protective equipment
- Training/conference registrations – be specific on which trainings/conferences and who will be in attendance

These lists are not all inclusive. Please be creative and ask if you think something is questionable.

Guidance for the Purchase of Meals at Exercises, Trainings, Meetings, and Conferences

Exercises and Trainings

The costs of trainings where the primary purpose is the dissemination of technical information are allowable. This includes costs of meals, transportation, rental of facilities, speakers’ fees, and other items incidental to such meetings or conferences.

Training events must comply with the Training Act’s definition of “training” in 5 U.S.C. § 4101(4).i. An agency may pay for the cost of meals and refreshments when they are included as an incidental and non-separable portion of a training

registration or attendance fee (which basically means that meals must be a necessary part of a working meeting or training, integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training). The government can provide meals or refreshments under this authority if the agency determines that providing meals or refreshments is necessary to achieve the objectives of the training program. The government may also furnish meals to non-government speakers as an expense of conducting the training.

Some hallmarks or ways to identify formal **training** include:

- Documented need and objectives
- Training aids and materials
- Clear teacher/student relationships
- Means to evaluate effectiveness of training
- Documentation of training (CEUs, CPEs, etc.)

Exercises are allowable events for meals.

Meetings and Conferences

The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:

- Meals must be a necessary part of a meeting or conference; integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
- Meal costs cannot be duplicated in participants' per diem or subsistence allowances.
- Meeting participants (majority) are traveling outside of their county.
- Guest meals (i.e., meals for non-essential attendees) are not allowable.
- Meals for guest speakers **are** allowable.

To submit a request to purchase meals for an event, send the following information to preparedness@kdheks.gov:

- Include the meal request and the identification of meeting/training/conference/exercise in your **line item budget** (revised if necessary).
- Submit a description (or draft copy) of the formal **meeting agenda** and expected deliverable such as a summary report.
- Submit a **list of invited participants** and the agency/jurisdiction they represent.

Redirection

Redirecting a portion of a health department's PHEP funds to its region is acceptable. Each year, redirection forms are made available to local health departments that wish to redirect no more than 50% of their funding to the fiscal agent health department of their region. The additional regional monies may help to fund the Regional Coordinator, conduct regional activities, and/or provide funding to go towards regional assets/projects. Redirection is due in May and will be communicated through the bi-weekly Preparedness email update.

Local Grant Application

The PHEP grant is rolled into KDHE's Aid to Local (ATL) process where all of KDHE's grant streams are contained in one universal contract. KDHE utilizes Catalyst (www.catalystserver.com) as its web-based grant reporting system. This

system is where local health departments will complete grant applications, progress reporting, and budgetary submissions throughout the year.

An application must be done annually for grant funds. The application period begins in January and ends in March. The Preparedness application is a “yes or no” question if the local health department plans to participate in the program the following grant year. Budgets may also be entered at the same time as the application, though any health department doing redirection may have to edit their budget at a later date.

To be set up with a log in for Catalyst, please contact Nichole Fairley, Local Public Health Program, nfairley@kdheks.gov or (785) 296-0425. Nichole is also the contact person for technical questions, un-submitting applications, and general system guidance. For further trainings that may assist with your use of Catalyst, please reference the online modules below offered through KS-TRAIN.

[Catalyst Training 1: Catalyst Navigation \(1054439\)](#)

[Catalyst Training 2: Application Process Overview in Catalyst \(1054483\)](#)

[Catalyst Training 3: Application Management in Catalyst \(1054567\)](#)

[Catalyst Training 4: Applying for Funding Announcement\(s\) in Catalyst \(1054672\)](#)

Programmatic Information

Programmatic information is shared from KDHE in several ways:

1. Bi-weekly Preparedness email update;
2. Monthly statewide population health conference calls;
3. Preparedness website; and
4. In-person during regional meetings.

As noted above, the Preparedness Program compiles grant information, trainings, conferences, resources, and other pertinent information into an email that goes out to all locals and partners every two weeks. This would be a main resource to keep your eye out for. The preparedness email account is also available for locals to send in questions, comments, provide documents, etc. to the Preparedness Program. This email address is preparedness@kdheks.gov.

A second offering of preparedness information sharing is through the monthly statewide population health calls. These are operator assisted calls which will have a different conference ID to enter each month. There is a question and answer session provided at the end of the call and a transcript is also provided after each call and loaded onto KDHE’s website at http://www.kdheks.gov/olrh/public_health_calls.htm.

Several programs from KDHE will gather to provide updates and current happenings during this call. Information is sent out via email from the Local Public Health Program as well as the Preparedness email account. They are held every 4th Tuesday of the month at 10:00am.

The Preparedness Program website contains many resources and grant documents for public health. The Local Health Department Resources page can be found at http://www.kdheks.gov/cphp/lhd_resources.htm. This page provides grant documents for the current grant year, any necessary resources or helpful tools, ESF 8 planning standards, medical countermeasure information, and helpful links. There are other pages on our website that are also helpful that would be of reference such as the SOG webpage (*See Section V below*).

Preparedness Program staff who attend regional Healthcare Coalition meetings and public health meetings will provide KDHE updates. These updates will also be current happenings and need to know information when applicable. Staff are available to take questions during meetings.

Capabilities

The Preparedness Program follows the capabilities-based planning approach. This change in approach began in 2011 at the start of a new five-year project period. There are 15 public health planning capabilities and 8 healthcare preparedness planning capabilities which are meant to align with one another.

Healthcare Preparedness Capabilities
1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
5. Fatality Management
6. Information Sharing
10. Medical Surge
14. Responder Safety & Health
15. Volunteer Management

Public Health Preparedness Capabilities
1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information & Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management & Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance & Epidemiological Investigation
14. Responder Safety & Health
15. Volunteer Management

At the beginning of the new project period, it was a requirement to address and further build upon all 15 public health capabilities and all 8 healthcare preparedness capabilities. The program developed a five-year strategy (shown below) to fully integrate the public health and healthcare preparedness capabilities into local, regional, and state-level planning efforts. These efforts are focused on building three of the 15 capabilities per year across the health and medical sector which includes, but is not limited to, local health departments, healthcare organizations, and healthcare coalitions. Working together to address the same capabilities helps to promote coordination to the fullest extent possible. Another goal to this strategy was to provide the state-level with a year to develop any needed resources and tools for the focus capabilities so they were completed and ready to go for locals to use during their planning year for that particular set of capabilities. As shown in the chart, the state and local levels have a year to plan and develop their capacity within each capability. Then in the next year, they have the opportunity to exercise any plans, processes, tools, strategies, etc. that were put in place the prior year.

Preparedness 5 Year Capabilities Strategy							
Grant Year	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
State Level Capabilities Work	1, 2, 3, 8, 9, 13	4, 10, 15	6, 11, 12	5, 7, 14	1, 2, 3	8, 9, 10, 13	4, 10, 15
Local and Regional Level Capabilities Work	8, 9, 13	1, 2, 3	4, 10, 15	6, 11, 12	5, 7, 14	1, 2, 3	8, 9, 10, 13
Exercises	8, 9, 13	Any capability	1, 2, 3	4, 10, 15, 8, 9, 13 (Vigilant Guard 2014)	6, 11, 12	5, 7, 14	1, 2, 3

For more information on both the Public Health Preparedness capabilities and the Healthcare Preparedness Capabilities that guide hospitals, please refer to the following documents:

- *Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011.* This document may be found online at http://www.kdheks.gov/cphp/lhd_resources.htm.
- *Hospital Preparedness Capabilities: National Guidance for Healthcare System Preparedness, January 2012.* This document may be found online at http://www.kdheks.gov/cphp/hospital_resources.htm.

Work Plans

Annually, Preparedness Program staff, public health representatives, and hospital representatives come together to brainstorm state and local level projects for the next grant year. These work sessions are completed in roughly two weeks' time and cover each of the 15 public health capabilities and the 8 healthcare preparedness capabilities. These projects become the state and local work plans; trying to align the hospital and public health sides as much as possible. Once these work sessions are completed, draft work plans for public health and hospitals are developed. The draft work plans are taken to a larger HPP-PHEP Planning Group meeting (*See Section III below*) where they are discussed and finalized. The HPP-PHEP Planning Group includes all members of the KALHD-KDHE Preparedness Team as noted above, two representatives from KHERF, and the seven regional hospital coordinators. The work plans serve as the guiding list of activities which health departments and hospitals agree to complete if they accept preparedness funding. These work plan items are then entered into Catalyst as progress reporting fields for local health departments and public health regions.

Progress Reporting

Progress reporting is completed on a quarterly basis. Local health departments should log into Catalyst prior to the due date and update progress reporting fields accordingly. An affidavit of expenditure must also be submitted through Catalyst to provide KDHE with information on expenses incurred and amount to be reimbursed. Quarterly due dates remain the same year to year.

Quarter 1 (July 1 – September 30) – due October 15th

Quarter 2 (October 1 – December 31) – due January 15th

Quarter 3 (January 1 – March 31) – due April 15th

Quarter 4 (April 1 – June 30) – due July 15th

Guidance Document

A guidance document is created at the beginning of each new grant year and is added to the Local Health Department Resources webpage (. This document outlines the capabilities being developed on at the state and local level for the year and an explanation of each work plan requirement and how to complete it. Information is provided for local health departments and public health regions.

Risk Assessment

According to guidance from the Hospital Preparedness Program and Public Health Preparedness Program, awardees (states) are to take further steps to ensure sub-awardees (local health departments, hospitals, regions, etc.) are spending federal grant funds appropriately and contracted work plan deliverables are being completed fully, documented, and submitted in a timely manner. At the conclusion of each grant year, a risk assessment is completed for each local health department. The risk assessment “grades” reporting performance for the prior grant year using several scored questions. The questions cover the following sections: General Assessment, Technical Assistance, Financial, and Work Plan Deliverables.

- Low scoring health departments (based on total number of points possible) will enter into Phase 1 to be monitored and may receive technical assistance visits from KDHE staff to ensure they remain compliant with contract deliverables and reporting deadlines.
- If the health department continues to score low in the next grant year, they will be placed in Phase 2 in which they will incur a 50% reduction in Preparedness funds.
- If in the third year the health department remains low scoring, their Preparedness contract will be cancelled.
- When a health department enters any of the three phases, they will receive a letter of notification from KDHE noting their status for the grant year.
- No health department will be allowed to remain in one phase for more than a year.
- At no point will a health department jump from Phase 1 to Phase 3.

Communication is key. If there are extenuating circumstances going on within the health department, let KDHE know that way staff can work with the situation and possibly grant any extensions necessary.

Section II: Trainings

Kansas TRAIN

KS-TRAIN is an online platform consisting of courses relevant to public health, healthcare, public safety, and emergency preparedness. TRAIN operates through a collaborative network of affiliates—state health departments, public health training centers, educational institutions, and national organizations, who funded and developed a customizable TRAIN portal such as KS-TRAIN at <https://ks.train.org>. TRAIN provides:

- Tools for registration and tracking of live and online courses preparedness exercises, as well as conferences;
- An online (an hard copy) training transcript that can be used by a learner no matter where they work or volunteer;

- An electronic system to house certificates from courses that are completed through the system, received at a live training or via email;
- Access to national and Kansas appropriate, competency-based training; and
- Access to professional continuing education training.

Please see Appendix III for a flier on how to create a KS-TRAIN user account.

ICS & NIMS Training

As noted on page 2, if an employee is new to Preparedness, they will want to take the online Incident Command System (ICS)/National Incident Management System (NIMS) trainings to familiarize their self with emergency preparedness concepts. One required work plan deliverable for local health departments from year to year is to assure designated staff complete ICS 100, 200, 300, 400, 700, and 800b classes. Please note, they are not taken in this order. ICS 700 is a prerequisite to the rest of the courses. The correct order, as well as KS-TRAIN course numbers for each training, is provided below.

- IS-700.b – Introduction to the National Incident Management System (NIMS), Course #1016070
- IS-100.b – An Introduction to the Incident Command System (ICS), Course #1016067
- IS-200.b – ICS for Single Resources and Initial Action Incidents, Course #1024638
- IS-800.B – National Response Framework, An Introduction, Course #1011882
- IS-300 – Intermediate Incident Command System (ICS) for Expanding Incidents, Course #1052991, **Live Training**
- IS-400 – Advanced Incident Command System (ICS), Command & General Staff, Course #1053002, **Live Training**

For IS-300 and IS-400, be on the lookout for live training opportunities in order to meet this requirement. These trainings are not offered online. During these live trainings, participants will go through scenarios in order to practice incident management. The KS-TRAIN Administrator will send out updates on live training opportunities provided throughout the state. Many times the Kansas Division of Emergency Management (KDEM) will offer these trainings. The course numbers listed above are for KDEM provided trainings that are continually added to. The Mid-America Regional Council (MARC) in Kansas City is also known to host these trainings.

See Appendix IV for a flier on how to complete ICS trainings in KS-TRAIN.

Strategic National Stockpile Trainings

The Centers for Disease control and Prevention’s Strategic National Stockpile (SNS) is a repository of potentially life-saving pharmaceutical and medical supplies for use in a public health emergency in which local supplies have been or may be depleted. A valuable resource, *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 11* can be found at: https://www.orau.gov/snsnet/resources/guidance/v11/ReceivingDistributingDispensingSNSAssets_V11.pdf.

The Division of Strategic National Stockpile (DSNS) offers a variety of courses for free.

- Strategic National Stockpile Preparedness Course: Provides information and trains federal, state, and local planners and officials on how to best use and manage the SNS response to a terrorist attack, national disaster, or technological accident.
- Mass Antibiotic Dispensing Workshop: Provides Point of Dispensing managers, local and state planners, and point of dispensing staff members the knowledge, skills, and tools necessary to dispense medical countermeasure supplied by the SNS.

For more information, log onto the SNS Extranet at <https://www.orau.gov/snsnet>.

Username: Stockpile

Password: Str*teg!c

Kansas Countermeasure Response Administration

The Kansas Countermeasure Response Administration (KS-CRA) is an online inventory management and tracking system hosted by the KDHE Preparedness Program, but is utilized by the Immunization and Preparedness programs at the state and local levels. Local health departments, hospitals, and several private pharmacies must use the KS-CRA program to meet Immunization and Preparedness tracking and reporting requirements upon receipt of federal issued countermeasures. Registration in KS-CRA is through a KDHE-IT hosted secure portal at <https://kanphix.kdhe.state.ks.us/>. CRA trainings that are available through KS-TRAIN are as follows:

- Countermeasure Response Administration, Antiviral Tracking Training (CRA), Course # 1019768
- CRA PPE Inventory Training: How to Enter PPE and Adjust, Edit and Inquiry Inventory Items in the Countermeasure Response Administration (CRA) Tracking System, Course #1034277

Packaging and Shipping Training

KS-TRAIN has two free online trainings for compliance with the Federal Division 6.2 Materials Law, and to meet KHEL shipping requirements. The first course is from the Centers for Disease Control and Prevention (CDC) and the second course is an intermediate-level 45 minute training overview of regulations and procedures associated with evidentiary control measures taken when shipping clinical specimens to Kansas Department of Health and Environmental laboratories after a known or unknown chemical exposure event has occurred. This course is offered to ensure all laboratory staff across Kansas receives the full training needed to fully support their responsibilities as sentinel laboratory staff members. Those trainings are as follows:

- Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know, 2015, Course #1058172 (*This course number will change each year due to updates to federal regulations*)
- KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287

Continuity of Operations (COOP) Courses

- IS-546.a – Continuity of Operations Awareness Course, Course #1030692 (*This course can also be found under IS-546.12*)
- IS-547.a – Introduction to Continuity of Operations, Course #1019966 (*Prerequisite: IS-546.a*)
- IS-548 – Continuity of Operations (COOP) Program Manager, Course #1018388
- IS-520 – Introduction to Continuity of Operations Planning for Pandemic Influenzas, Course #1019106
- IS-522 – Exercising Continuity Plans for Pandemics, Course #1024160
- IS-245 – Reconstitution Planning Course, Course #1053526 (*Search for course number rather than name*)
- IS-551 – Devolution Planning, Course #1024759 (*Prerequisite: IS-546.a, IS-547.a, and IS-548*)
- IS-550 – Continuity Exercise Design Course, Course #1053595 (*Prerequisite: IS-546.a and IS-548*)
- A training on records management and recovery is also helpful for COOP planning; such as a training offered by the National Archives and Records Administration (NARA) <http://www.archives.gov/records-mgmt/training/>

SNS Trainings

- Introduction to Mass Prophylaxis Dispensing Site Operations, Course #1029961
- CRA Introduction Guide, Course #1034277

Exercise Trainings

- IS-120.A – An Introduction to Exercises, Course #1011646
- IS-130 – Exercise Evaluation and Improvement Planning, Course #1011883 (*Prerequisite: IS-120.A*)
- IS-139 – Exercise Design, Course #1004540
- Homeland Security Exercise and Evaluation (HSEEP) Training Course, Course #1052909 (*Prerequisite: IS-120.A with a recommendation of completing IS-130, IS-700.a, and IS-800.b prior to this course*)

FEMA/EMI Professional Development Series

- IS-230.D – Fundamentals of Emergency Management, Course #1052660
- IS-240.B – Leadership and Influence, Course #1052161
- IS-241.B – Decision Making and Problem Solving, Course #1052536
- IS-242.B – Effective Communication, Course #1052535
- IS-244.b – Developing and Managing Volunteers, Course #1043301

Other Helpful Emergency Preparedness Trainings

- IS-808 – Emergency Support Function (ESF) 8 – Public Health and Medical Services, Course #1012892 (*Highly encouraged*)
- IS-805 – Emergency Management, Course #1015748 (*Prerequisite: 800, 800.a, or 800.b*)
- IS-235.b – Emergency Planning, Course #1031337
- IS-197.EM – Special Needs Planning Considerations for Emergency Management, Course #1017009

National Conferences

Preparedness Summit

The Preparedness Summit is the first and longest running national conference on public health preparedness. During the Summit, new research findings are presented, tools and resources are shared, and a variety of learning opportunities are presented to help attendees learn how to implement model practices that enhance the nation's capabilities to prepare for, respond to, and recover from disasters and other emergencies. The Summit is generally a 4-day event each April.

National Association of City and County Health Officials (NACCHO) Conference

The Annual NACCHO conference is the year's largest gathering of local health officials in the United States. NACCHO is the only national organization that hosts an annual conference that specifically addresses the needs and concerns of local health officials. The NACCHO annual conference provides an interactive setting for local health officials and their public health partners from around the country to examine strategies, share ideas, and plan actions for sustaining or reinventing their organizations. This conference is usually held for 3 to 4 days in July each year.

National Healthcare Coalition Preparedness Conference

The National Healthcare Coalition Resource Center is an organization that organizes and sponsors the annual National Healthcare Coalition Preparedness Conference, provides technical assistance to emerging and established healthcare coalitions, and offers workshops and training opportunities for coalitions and local and state agencies. This annual conference is held for 3 days in December.

Section III: Meetings

Local Emergency Planning Committee (LEPC)/ESF 8 Planning Group Meetings

A Local Emergency Planning Committee (LEPC) is a voluntary organization established to meet the requirements of the Federal Emergency Planning and Community Right-to-Know Act (EPCRA) for emergency response planning. While this particular program was initially founded to specifically address chemical emergency planning and release reporting, the State of Kansas has advocated, and many LEPCs have moved to, all-hazards planning. As defined by the federal government, minimal representation to the LEPC (specific to the health community) should include: first aid/EMS personnel, health department personnel, local environmental personnel, and hospital personnel.

One of the duties often associated with the LEPC is the updating of the county's emergency operations plan. This is typically facilitated by the county emergency manager. The county emergency operations plan includes a section known as Emergency Support Function (ESF) 8 – Health and Medical which is typically coordinated by the local health department. It is advised that the health department individual responsible for coordinating ESF 8 activities hold regular meetings with ESF 8 support agencies to:

- Review disaster response plans/activities
- Review and update the county ESF 8 plan section with improvements identified in guidance or from disaster response
- Improve interagency coordination between health and medical entities by facilitating cooperative planning, training and exercising.

County emergency operations plans are required to be updated a minimum of every five years and must meet the requirements of the Kansas Planning Standards (http://www.kansastag.gov/AdvHTML_doc_upload/2014%20kansas%20planning%20standards%20combined.pdf). With that said, maintaining a “living” ESF 8 annex that is continually updated will help assure efficient disaster response coordination. This will also reduce the rush to update the plan when the five year cycle is due. Furthermore, updating sections of the county ESF 8 Annex may show up on the local health department work plan depending on if there is a need to further build out a capability at the local level, such as fatality management or medical surge.

Additional information to share with ESF 8 partners is routinely shared via the Kansas ESF 8 Network. To register for these email updates contact ksef8@kdheks.gov.

Regional Public Health Meetings

Most local health departments belong to a designated public health region. Two counties (Ellis and Rush) are non-regionalized counties and do not receive regional grant funding. Those counties that belong to a region will have a Regional Coordinator or a designated Administrator that ensures the regional work plan and funding is taken care of. Public health regional coordinators will generally hold periodic meetings of all their assigned health departments.

These meetings accomplish several goals: 1) Provide updates on the happenings in each county; 2) to serve as a work session for all health departments to work on updating SOGs or plans together; 3) technical assistance venue; and 4) plan a regional exercise. This is not an all-inclusive list. Each region has their own schedule of meetings.

For more information on which region the local health department belongs to and a contact person, please see Appendix II. Note, not all Emergency Preparedness Coordinators attend the regional meetings; it is generally for Administrators.

Healthcare Coalition Meetings

The regional healthcare coalitions (HCCs) were formed in budget period 2 of the 2012-2017 five-year project period as a requirement for federal funding. The U.S. Department of Health and Human Services (HHS) has defined HCC as: A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

The purpose of a HCC is to instill a healthcare system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short and long-term. The primary function of a HCC is to participate in sub-state regional healthcare system emergency preparedness activities involving health and medical members. This includes planning, organizing, equipping, training, exercising, and evaluating.

Most HCCs have representation from hospitals, public health, emergency management, EMS, law enforcement, long-term care, and mental/behavioral health. The requirement to attend HCC meetings is different for community hospitals than it is for public health. All participating community hospitals must send a representative to the HCC meetings while the CDC only encourages public health to participate in the HCC meetings. To help ensure the HCCs meet the requirement to have public health included and public health has a voice during these meetings, KDHE requires that a health department representative be present at the HCC meetings. However, some local health departments are frontier size and only have 1-2 staff providing services and they cannot afford to leave the office for a meeting. For these instances, KDHE requires that a designee be sent on behalf of the local health department. That designee takes information from the HCC meeting and shares with the local health department(s) it is representing. In many cases the designee is the Regional Coordinator and a designation letter has been placed on file with KDHE.

HCCs have their own meeting schedules that they adhere to. Some will have a hospital preparedness meeting in even months and the HCC meeting in odd months or vice versa. Some will meet once per quarter or once per month. A map with the HCC Coordinator's contact information is provided in Appendix II.

Additional resources on HCCs are provided online at <http://www.kdheks.gov/cphp/hcc.htm>.

Statewide Healthcare Coalition Steering Committee Meetings

The steering committee is charged with working on healthcare coalition projects and facilitating statewide information sharing and networking. In addition, the steering committee will give guidance and suggestions to KDHE, the Kansas Association of Local Health Departments (KALHD), and the Kansas Hospital Education and Research Foundation (KHERF) and will function as an advisory board to share the local and regional perspective on HCC-related gaps, strengths, best practices, lessons learned, etc.

The steering committee is an advising body with a range of health and medical representation across the state. It is comprised of 14 core members, three ex officio members, and six at-large members.

Coalition representatives are invited to participate based on the selection by their respective healthcare coalition. Core members include, but are not exclusive to, at least two individuals (one public health and one hospital) representing the following:

- Northeast Kansas Healthcare Coalition
- Southwest Hospital Emergency Response Team (SHERT) Healthcare Coalition
- South Central Kansas Healthcare Coalition
- Northwest Kansas Healthcare Coalition
- North Central Kansas Healthcare Coalition
- Southeast Kansas Healthcare Coalition
- Kansas, Kansas City Healthcare Coalition

Ex Officio Members include:

- Kansas Department of Health and Environment (KDHE)
- Kansas Hospital Education and Research Foundation (KHERF)
- Kansas Association of Local Health Departments (KALHD)

At-Large Community Members include at least one individual from each discipline:

- Behavioral Health
- Emergency Medical Services and Trauma
- Emergency Management
- Long-Term Care
- Coroner and Mortuary Services
- Primary Care/Federally Qualified Health Center

At-Large members are filled through a nomination process. Nomination forms are reviewed and the member is selected by the HCC Steering Committee Members. This committee meets on a quarterly basis, on the third Monday of that month, and meeting minutes are provided online at <http://www.kdheks.gov/cphp/hcc.htm>.

Homeland Security Council Meetings

Kansas Homeland Security Regional Councils were formed in 2006 in response to guidance provided by the U.S. Department of Homeland Security (DHS) related to regionalization of projects connected to DHS preparedness grants. Prior to this time, DHS monies were provided to individual counties to undertake projects to increase preparedness. At that time, Kansas was divided into seven homeland security regions for the purpose of regionally coordinated purchasing and resource knowledge sharing. Often times Kansas does not need 105 of most response pieces of equipment or teams, rather, seven or 21, etc. These regional councils review project submissions to benefit all the counties and cities within the region and any coordination with statewide efforts to increase regional preparedness. Equipment or teams purchased or enhanced with DHS funding is maintained and housed within a city or county agency but is available to respond to assist anywhere in the region or state.

As part of council development, it was determined that council representation should include one hospital and one health department voting member. The regional health department voting member is identified by KALHD who communicates this decision via formal letter of nomination to the regional council. Additional health department personnel from the region may attend regional homeland security council meetings but that identified representative, or duly identified proxy, is the only voting member. This nomination process is mirrored for the hospital representative with KHERF identifying one regional hospital representative to each homeland security council. It is advised that these representatives be invited to regional public health or hospital meetings (as appropriate) to share regional homeland security council activities and projects with health partners and to communicate health department or hospital concerns to the regional homeland security councils.

Regional homeland security councils have a variety of activities that they undertake. Activities are based on input from representative partners and vary in meeting frequency and duration. Additional information for each homeland security council can be located at <http://www.kansastag.gov/KSHLS.asp?PageID=303> with each council’s chair and homeland security regional coordinator’s contact information. Regional chairs and regional coordinators can provide specific information on meeting times, locations, and frequency.

Cities Readiness Initiative (CRI) Meetings

Cities Readiness Initiative (CRI) is a federally funded program designed to enhance preparedness in the nation’s largest cities and metropolitan statistical areas where more than 50% of the U.S. population resides. Through CRI, state and large metropolitan public health departments have developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified MSA within 48 hours. There is currently a total of 72 MSAs in the nation with at least one CRI MSA in every state. Kansas’ CRI’s are Kansas City and Wichita. CRI jurisdictions are established by the CDC and are selected based on criteria such as population and potential vulnerability to a bioterrorism threat.

<i>Kansas City CRI Counties</i>	<i>Wichita CRI Counties</i>
Johnson	Butler
Leavenworth	Harvey
Linn	Kingman
Miami	Sedgwick
Wyandotte	Sumner

Both of Kansas’ CRI jurisdictions hold their own meetings, as does the state level. The local level meetings include the Administrators and the Preparedness Planner for each of the counties and the CRI Coordinator. These meetings generally take place quarterly. If you are in a CRI county and need more information about meeting schedules, please refer to the CRI Coordinator contact information. *(See Appendix II)* The state level CRI meetings take place semi-annually and include the Administrators and Preparedness Planners for each county, the CRI Coordinators, the Medical Countermeasures Program Manager and the Preparedness Budget Manager from KDHE, and the CDC Project Officer is able to join by conference call. The purpose of these meetings is to discuss work plan items, county updates, and planning efforts.

KALHD-KDHE Preparedness Team Meetings

As noted above, the KALHD-KDHE Preparedness Team is made up of a representative for a small, medium, and a large health department, a public health Regional Coordinator, the KALHD Executive Director and Assistant Director, a president-elect which is a health department Administrator, and several KDHE Preparedness staff. It serves as an advisory committee for PHEP activities and issues. This team meets on a quarterly basis. When the need arises to replace a member of the team, the group decides who to ask to come on board. The president-elect serves for two years then rotates out. The president-elect of the KALHD-KDHE Preparedness Team also serves as the president-elect for the KALHD Board of Directors.

KALHD Board of Directors Meetings

KALHD Board meetings take place on the third Tuesday of each month, excluding December. The meetings are held in-person at KALHD with local health departments having the option to join by teleconference, utilizing Adobe Connect. This group discusses a multitude of public health issues. A Preparedness Program representative attends most board meetings to provide any needed updates. Each of KALHD's districts across the state have an elected member that sits on this board.

Past board meeting materials can be found online at <http://kalhd.org/meeting-resources-and-documents/>.

HPP-PHEP Planning Group Annual Meeting

The HPP-PHEP Planning Group was developed during the 2012-2017 five-year project period when the state moved to capabilities-based planning and started gaining further local input during grant application season. This group meets once per year to review, discuss, and finalize the local work plans for hospitals, local health departments, and public health and hospital regions. This meeting generally takes place in late March/early April. Members include the KALHD-KDHE Preparedness Team, two representatives from KHERF, and the seven regional hospital coordinators.

Section IV: State & Local Relationships

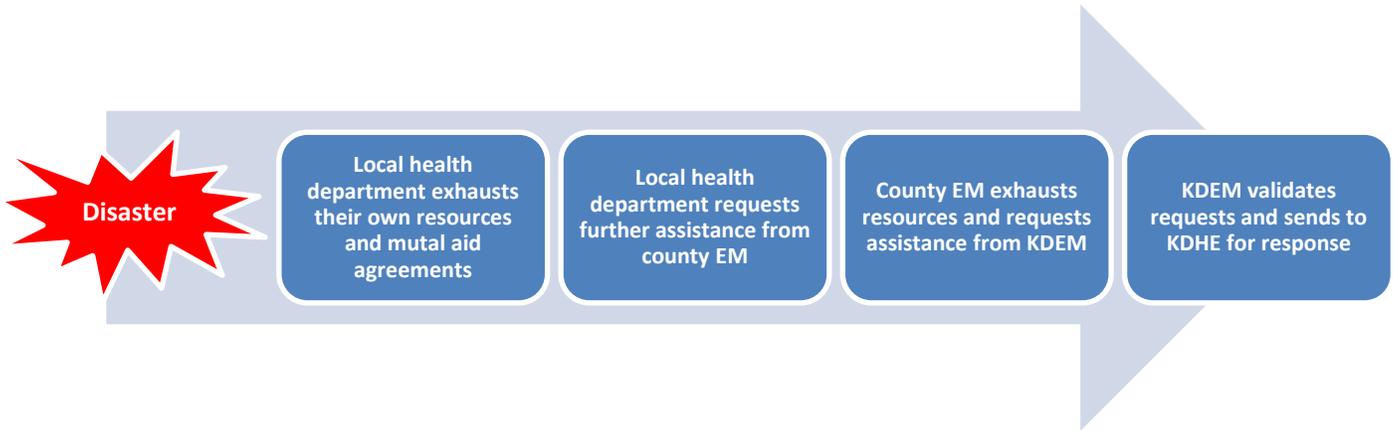
Emergency Managers and the Kansas Division of Emergency Management (KDEM)

KDHE works with KDEM in a variety of different ways related to emergency management due to the agency's role as the state's ESF 8 Coordinating Agency. For example, KDHE Preparedness utilizes a state and local work group to review and update the Kansas Planning Standards related to ESF 8. KDHE works with KDEM and the Kansas Highway Patrol (KHP) on the development of the state's Threat and Hazard Identification Risk Assessment (THIRA) and State Preparedness Report (SPR). KDHE shares preliminary state and local work plans with KDEM to help assure coordination with state emergency management projects and to promote coordination between local emergency management and health and medical sector planning efforts.

Requesting Process

Local health and medical organizations will most likely work with their own county emergency management rather than KDEM for preparedness, response, and recovery efforts. This includes requesting assistance during emergency incidents. As outlined in the county's emergency operations plan (and shown below), county agencies needing additional assistance must exhaust their own resources and mutual aid before they request assistance from the county emergency manager. The county emergency manager, upon exhausting their ability to procure further assistance, will

then request assistance from KDEM. If the request is health and medical in nature, KDEM validates the request and assigns it to KDHE to fill. KDHE may then follow up with the originating entity (health and medical partner) for any specific questions related to the request.



Declarations of local emergency are typically initiated by the county emergency manager and signed by the county commission. State declarations of emergency are initiated by KDEM for signature by the Governor. Once a declaration is signed, the Kansas Response Plan (or county response plan for a county declaration) takes effect and has the “rule of law” related to incident management activities. It is important for organizations to understand the processes outlined in their county emergency operations plans and all activities that may be assigned to them from that plan and associated annexes. The most effective way to learn about these roles, make important contacts, and understand the county emergency management system is to become engaged in LEPC and local emergency management meetings.

Community Partners

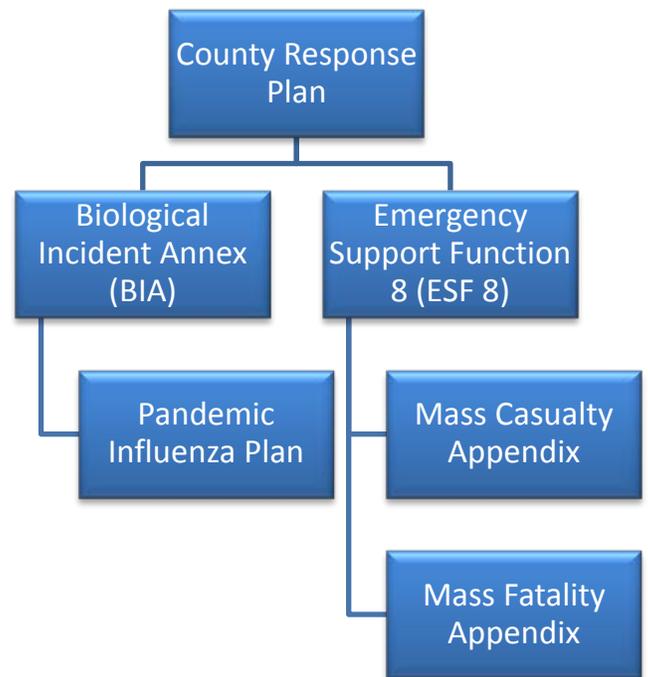
The local health department will most likely work with many, if not all, partners within their community. This can include hospitals, emergency management, law enforcement, EMS, long term care, schools, universities, etc. Current planning strategies focus on a “whole community” approach. Many of these partners may be in attendance at LEPC or ESF 8 Planning Group meetings. If they are not, depending on the emergent issue of the community, the health department may need to reach out to others for help or to gain partnership. For example, if a pandemic influenza strikes the community, the health department may need to establish a Point of Dispensing (POD) site in order to administer vaccines. The health department may not be the ideal place to handle a large number of citizens to flow in and out, therefore, the health department may want to consider working with a school district in order to use a gymnasium that would allow for enough space to set up various stations for a POD. In addition to working with a local school, law enforcement and EMS would be involved. Law enforcement could be on hand to provide crowd control and EMS would be on hand to respond to any adverse reactions to a vaccine. It is beneficial to include these community partners in the planning and exercising process so they are all aware of their role and responsibility; not just for a mass dispensing campaign but for any event or disaster that may strike.

Section V: Standard Operating Guides, Plans, & Annexes

Terms typically used in health and medical preparedness planning activities are standard operating guide, standard operating procedure, field operating guide (FOG), plan, annex, appendix, and attachment. Each of these terms as they relate to the title of a document can generally provide an idea of what information is in it, the intent, and why it is important to the organization.

Plans

When the terms plan, annex, and appendix are being referred to, those documents, and the information contained, are intended to be public in nature. The exception to the rule is the Emergency Operations Plan or Emergency Management Plan. There are two major plans that are used at the state level and the local level. The local level operates from the County Emergency Operations Plan (CEOP) while the state level operates from the Kansas Response Plan (KRP). Both of these documents outline communications to the emergency management system and the general public, roles, responsibilities, expectations, and limitations during various stages of the emergency management cycle.



Annexes, Appendices, and Attachments

Associated with these plans are annexes and appendices which further provide specific information and clarity to the plan they are a part of.

The term “annex” indicates that the document is a child of a parent plan. For example, the Biological Incident Annex (BIA) further refines the CEOP/KRP (parent plan) that it is attached to. The information contained within the BIA addresses an emergency in which the primary concern is biological in nature such as a bioterrorism incident or a disease outbreak.

The BIA is further refined with an attachment in the form of the Kansas Pandemic Influenza and Response Plan or county Pandemic Plan which outlines specific information for which the biological emergency is a pandemic influenza. Another example of plan refinement is the Emergency Support Function (ESF) 8 – Health and Medical Annex. This annex describes the health and medical support during emergencies in an all-hazards environment and discusses the entire health and medical sector’s preparedness, mitigation, response, and recovery activities. Appendices to the ESF 8 Annex could include a mass casualty, mass fatality, or other document to further flesh out that general response capability and capacity.

Standard Operating Guides (SOGs), Field Operating Guides (FOGs), and Standard Operating Procedures (SOPs)

Standard operating guides (SOGs), field operating guides (FOGs), and standard operating procedures (SOPs) are developed in order to provide methodologies and step-by-step processes to accomplishing an activity. These are the documents that help a facility implement the various activities outlined in the plans, annexes, and appendices in a consistent manner. They serve as standard written direction so multiple staff members can accomplish the task(s) or can step in to complete a task if a primary staff member is incapable of completing the activity. The information within a SOG is a bit more protected and is not available for public consumption as it contains specific community details such as infrastructure information, response, and recovery operations.

Difference between Guides and Procedures

A guide gives you an option in conducting a process or activity to achieve a desired result. It allows for some discretion in the steps and processes considered during response to an incident. A procedure is a strictly defined series of steps that must be completed in order to achieve a result. Procedures are typically not subject to discretion and usually followed prescriptively. There can be legal implications when using the term guide or procedure depending upon the manner in which they are followed. A FOG is a “Cliff’s Notes” version of a SOG to provide field staff with pertinent information for specialized but infrequent operations such as activating a warehouse to receive, track, and distribute medical countermeasures.

Available Planning Templates

KDHE Preparedness has released numerous SOG templates that are available to health, medical, pre-hospital, and other emergency management organizations. While these documents are available in template format to the general public and emergency professionals, once completed by the organization, these documents should be considered for internal use only as implementation directions. The intent is that these templates are thoroughly reviewed by the health department and modified to meet the needs of that specific community, to include revisions to the template language, when needed. The templates provide an 80% or greater solution to the health department to develop a document that will be used to implement a planning, mitigation, response, or recovery activity.

The Preparedness Program must stress that while a simple “find and replace” will modify the template to the specific health department, actual implementation within the community will only be as effective as the effort put into the document. Planning templates are provided online at http://www.kdheks.gov/cphp/operating_guides.htm.

Plan/SOG	Purpose of Plan	Capability(ies) Tied To
BIA	The Biological Incident Annex (BIA) outlines the actions, roles and responsibilities associated with response to a disease outbreak of known or unknown origin requiring State assistance. This annex outlines biological incident response actions including threat assessment notification procedures, laboratory testing, joint investigative/response procedures, management of the Strategic National Stockpile and activities related to recovery.	#1: Community Preparedness #3: Emergency Operations Coordination #4: Emergency Public Information & Warning #6: Information Sharing #8: Medical Countermeasure Dispensing #9: Medical Countermeasure Management & Distribution #10: Medical Surge #11: Non-Pharmaceutical Interventions #12: Public Health Laboratory Testing #13: Public Health Surveillance & Epidemiological Investigation #14: Responder Safety & Health
Chain of Custody SOG & Laboratory Information	The Chain of Custody standard operating guide (SOG) provides guidance on how to fill out the Multi-patient Clinical Specimen Evidence Chain of Custody Receipt form.	#12: Public Health Laboratory Testing
Community Disease Containment	The Community Disease Containment SOG provides counties with step-by-step instructions for reducing or minimizing person-to-	#11: Non-Pharmaceutical Interventions

	person spread of disease by separating individuals with disease or at increased risk for developing disease from individuals at lower risk.	
County Emergency Operations Plan (CEOP)	The CEOP outlines the roles, responsibilities, activities, and processes for county departments and agencies in preparing for, responding to, and recovery from disaster incidents. The CEOP uses capabilities-based planning to address and all-hazards environment.	<ul style="list-style-type: none"> #1: Community Preparedness #2: Community Recovery #3: Emergency Operations Coordination #4: Emergency Public Information & Warning #5: Fatality Management #6: Information Sharing #7: Mass Care #8: Medical Countermeasure Dispensing #9: Medical Countermeasure Management & Distribution #10: Medical Surge #11: Non-Pharmaceutical Interventions #12: Public Health Laboratory Testing #13: Public Health Surveillance & Epidemiological Investigation #14: Responder Safety & Health #15: Volunteer Management
Emergency Support Function (ESF) 8 Annex	The local Emergency Support Function (ESF) 8 – Health and Medical annex to the county Emergency Operations Plan provides information related to health and medical activities conducted in response to any incident. This annex describes actions by county health and medical partners in support of incident response.	<ul style="list-style-type: none"> #1: Community Preparedness #2: Community Recovery #3: Emergency Operations Coordination #4: Emergency Public Information & Warning #5: Fatality Management #6: Information Sharing #7: Mass Care #8: Medical Countermeasure Dispensing #9: Medical Countermeasure Management & Distribution #10: Medical Surge #11: Non-Pharmaceutical Interventions #12: Public Health Laboratory Testing #13: Public Health Surveillance & Epidemiological Investigation #14: Responder Safety & Health #15: Volunteer Management
Local Public Health	The purpose of the COOP plan is to establish policy and guidance	#2: Community Recovery

COOP SOG	to ensure that essential functions for county health departments are continued in the event that manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations. The COOP plan enables the health department to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable.	
Mass Care Health & Medical Toolbox	The purpose of this document is to assist shelter managers with the monitoring, surveillance and reporting of illness and injury in emergency shelters or congregate facilities in Kansas. Monitoring the health of shelter residents provides situational awareness for responding agencies and can help prevent the spread of communicable diseases.	#7: Mass Care
Mass Dispensing SOG	This standard operating guide (SOG) may be used during an emergency for management of medical materials from the state including Strategic National Stockpile (SNS) assets. This template contains all information necessary for medical materials management, including point-of-contact information, clinic maps, flow charts, and point-of-dispensing (POD) clinic management guidance.	#8: Medical Countermeasure Dispensing #9: Medical Materiel Management & Distribution
Mass Fatality Management SOG	Management of the dead is one of the most difficult aspects of disaster response, and natural disasters, in particular, can cause a large number of deaths. The MFM SOG outlines the county's approach to emergency operations during this type of event. Primary objectives in mass fatality management include recovering and identifying victims in a safe, timely, and dignified manner while respecting their religious and cultural traditions, providing family members with assistance to cope with tragedy, and tools for rebuilding.	#5: Fatality Management
Public Information & Communication SOG	The Public Information & Communication Standard Operating Guide (PIC-SOG) provides step-by-step instructions, tools and templates for planning public information and communication activities to support Mass Dispensing operations consistent with the CDC Strategic National Stockpile Technical Assistance Review (SNS-TAR), as well as all-hazards public information preparedness and response activities.	#4: Emergency Public Information & Warning
Volunteer Management SOPs	The purpose of these standard operating procedures (SOP) is to provide templates for volunteer management. The SOPs are divided into several sections such as Request and Receipt of Local Volunteer Resources and the Management of Spontaneous Unaffiliated Volunteers. These SOPs are tools to assist with the coordination to identify, recruit, register, and credential medical and non-medical volunteers. In addition, the SOPs are tailored for specific organizations and roles.	#15: Volunteer Management

Annex Structure

In an effort to ease some of the plan review and updating burden on locals, the KDHE Preparedness Program devised a different way of keeping annexes up to date for multiple SOGs and plans. Previously, if a health department needed to

update its contact listing or calling tree, they would have to make the same changes numerous times for the different plans and SOGs they had. This is the type of information that would be included with all plans. With the new structure, one annex was created that could be used in multiple plans so only one document has to be updated and it would cover all plans that used the same information.

Below is a table of the SOG templates available from KDHE and what annexes are associated with each. For a list of the annexes with a description, please see Appendix III.

<i>Planning Template</i>	<i>Associated Annexes/Attachments</i>
Biological Incident Annex (BIA)	N/A – it is an annex to the CEOP.
Community Disease Containment SOG	D-4 G-1 S-1, S-2
County Emergency Operations Plan (CEOP)	Stand-alone county plan with ESF-related and incident specific annexes.
Emergency Support Function (ESF) 8 Annex	N/A – is it an annex to the CEOP.
Local Public Health Continuity of Operations (COOP) SOG	E-1, E-2 Q-1, Q-2, Q-3, Q-4,Q-5, Q-6, Q-7, Q-8, Q-9, Q-10, Q-11, Q-12, Q-13 T-1, T-2
Mass Dispensing SOG	A B C-1, C-2, C-3 D-1, D-2, D-3, D-4, D-5 E-1, E-2 G-1, G-2 H-1, H-2, H-3 I-1, I-2, I-3 J-1, J-2 K-1, K-2 L M-1, M-2, M-3, M-4, M-5, M-6, M-7, M-8, M-9, M-10, M-11, M-12, M-13 N O P
Public Information & Communication (PIC) SOG	A-3 C-3 D-4, D-5 E-3 F-1, F-2, F-3, F-4, F-5 P-2, P-3, P-4 T-2

Section VI: Preparedness IT Systems

KS-HAN

The Kansas Health Alert Network (KS-HAN) is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly. KS-HAN has the ability to alert registrants by organization, occupation, county, or group through e-mail, work and cell phone, and SMS text.



KS-HAN is an invitation-only system. To request an invite code, e-mail your name, organization, phone number, and employer to the KS-HAN Administrator at kshanadmin@kdheks.gov. You will receive an invite code by e-mail that you will be required to enter, along with your e-mail address, during registration.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that registrants' contact information is kept up to date. If any of the below listed information needs updated contact the KS-HAN Administrator at kshanadmin@kdheks.gov and they can assist you with making the necessary changes.

- Telephone number or address of the organization
- New employee that needs to be invited
- Former employee that needs account de-activated
- Personal change in phone number, e-mail address, other contact information, or job title

For more information about this system and for user manuals, please visit http://www.kdheks.gov/it_systems/ks-han.htm.

K-SERV

The Kansas System for the Early Registration of Volunteers, K-SERV, is a secure registration system and database for volunteers willing to respond to public health emergencies or other disasters in Kansas or other areas across the country. It can be utilized as a volunteer management system at the local and state levels.



During an event, a community may need to use K-SERV to get the assistance of volunteers to aid in response. K-SERV improves the efficiency of volunteer deployment and utilization by verifying in advance the credentials of volunteer healthcare professionals. This pre-registration and pre-verification of potential volunteers enhances the state's ability to quickly and efficiently send and receive appropriate health professionals as needed to assist with an emergency response.

K-SERV is open to volunteers of all backgrounds, not just healthcare professionals. During an incident, a wide variety of volunteers and skill sets will be needed, such as emergency management, interpreters, or security. If you are interested in volunteering to help Kansans, register today. Everyone is welcome to join, regardless of their profession.

For more information about this system and for standard operating procedures, please visit http://www.kdheks.gov/it_systems/k-serve.htm.

Comprehensive Resource Management and Credentialing System (CRMCS)



CRMCS stands for Comprehensive Resource Management and Credentialing System. It is a resource management and situational awareness tool that combines many systems to increase effectiveness and efficiency of emergency services. At its core, it is an intelligent accountability system that allows responders to tag, track, and report on assets during incidents or pre-planned events. This application also produces the “disaster badges” that are used for accountability for many emergency management functions including during incident response.

Several of the Homeland Security Regions have implemented accountability and credentialing systems in accordance with NIMS, NFPA and the State Strategic Goals for homeland security. CRMCS builds upon these systems to provide agencies nationwide the opportunity to benefit from these capabilities. In addition to national credentialing standards, Kansas has developed state qualifications related to many items utilized in disaster response. The health and medical sector has identified resources and personal qualifications and standards that may be applicable to your agency while working with emergency management in inventorying equipment and providing accountability badges to personnel.

For more information about this system, please visit <http://kansas.responders.us/>. Training videos for the system and other guides are available under the Resources tab. For local implementation information about CRMCS contact your county emergency manager for details.

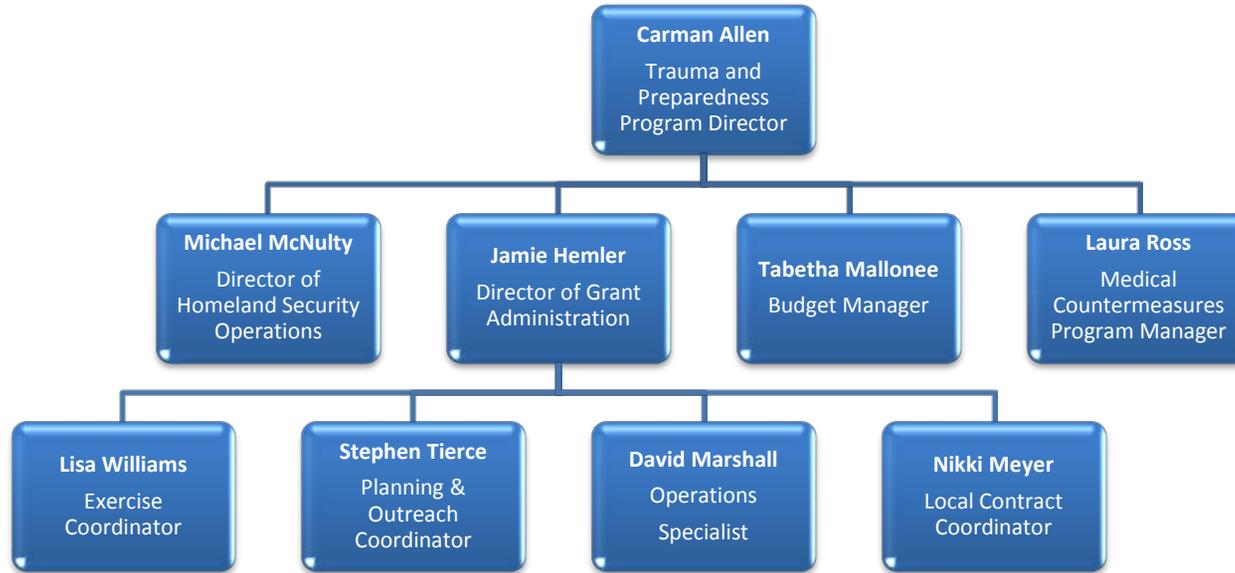
KS-CRA

The Kansas Countermeasure Response Administration (KS-CRA) is an online inventory management and tracking system hosted by Preparedness, but utilized by the Immunization and Preparedness Programs at state and local levels. KS-CRA has the ability to track vaccines, medications, and Personal Protective Equipment from receipt at the state to distribution to the patient. This allows federal, state, and local governments to accurately and easily track inventory and distribution.



Registration in KS-CRA is through a KDHE-IT hosted secure portal. All registrants must be approved by a KS-CRA project manager, prior to being given a provider account, username, and password. If you are expected to register in KS-CRA, go to the following web address: <https://kanphix.kdhe.state.ks.us/>.

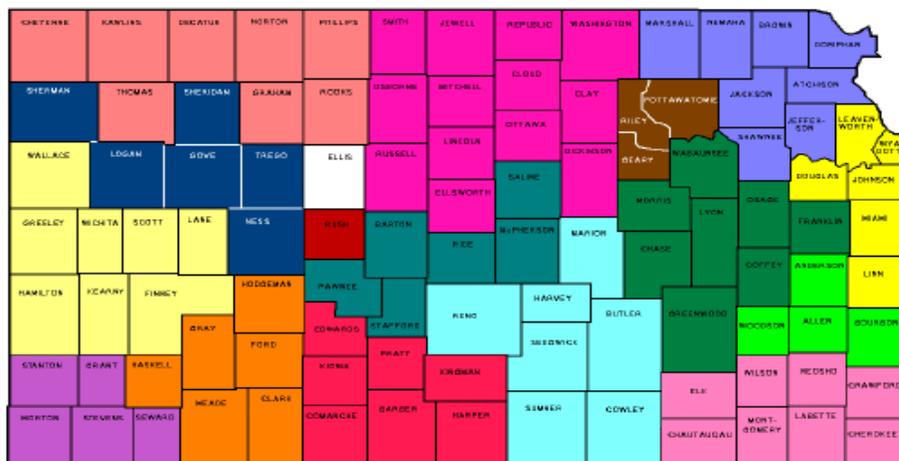
Appendix I – Preparedness Program Contacts



Carman Allen	Program Direction, Policy, Priority setting, Partnerships, Collaboration	(785) 296-1210	callen@kdheks.gov
Michael McNulty	Homeland Security, ESF-8 Response and Coordination, State Planning and Agency Coordination, KDHE ICS, Pan Flu, Fred the Preparedness Dog	(785) 291-3065	mmcnulty@kdheks.gov
Jamie Hemler	HPP-PHEP Grant Management: Application, Mid-year and End of Year Reporting, Data Verification, State and Local Work Plans, Performance Measures, Risk Assessments, Local COOP, Local Guidance Documents, HCC administrative management	(785) 296-5529	jhemler@kdheks.gov
Tabetha Mallonee	Budgets, Allowable vs. Unallowable Expenditures, State & Local Contracts, Time & Effort Tracking	(785) 296-8115	tmallonee@kdheks.gov
David Marshall	Jurisdictional Risk Assessment, State Planning, ESF-8 Back Up, Comprehensive Resource Management Credentialing System (CRMCS), Patient Tracking, EMSsystem, Local Template & Resource Development, Local Technical Assistance, Healthcare Coalitions	(785) 296-5201	dmarshall@kdheks.gov
Laura Ross	Cities Readiness Initiative (CRI), Medical Countermeasure Planning & Management, Medical Countermeasure Distribution, CHEMPACK, CRA	(785) 296-7428	lross@kdheks.gov
Lisa Williams	Exercise Design, Exercise Facilitation, State & Local Exercise Support, Quarterly KS-HAN Drills, HAVBED Drills, KS-HAN Back Up, AAR/IP Review & Approval, Healthcare Coalitions	(785) 296-1984	lwilliams@kdheks.gov
Stephen Tierce	KS-HAN, K-SERV, MRC, Regional Meeting Attendance, Planning Support, Local Technical Assistance, Tribal Liaison, At-risk Population Specialist	(785) 291-3713	stierce@kdheks.gov
Nikki Meyer	Local work plan review and progress tracking, local affidavit review, website management, inventory management, local contracting, Catalyst progress reporting, data entry, and ad hoc reports	(785) 296-1758	nmeyer@kdheks.gov

Appendix II – Regional Contact Maps

Regional Public Health Preparedness Groups



Revised 8/4/15 JH

Cities Readiness Initiative Contacts

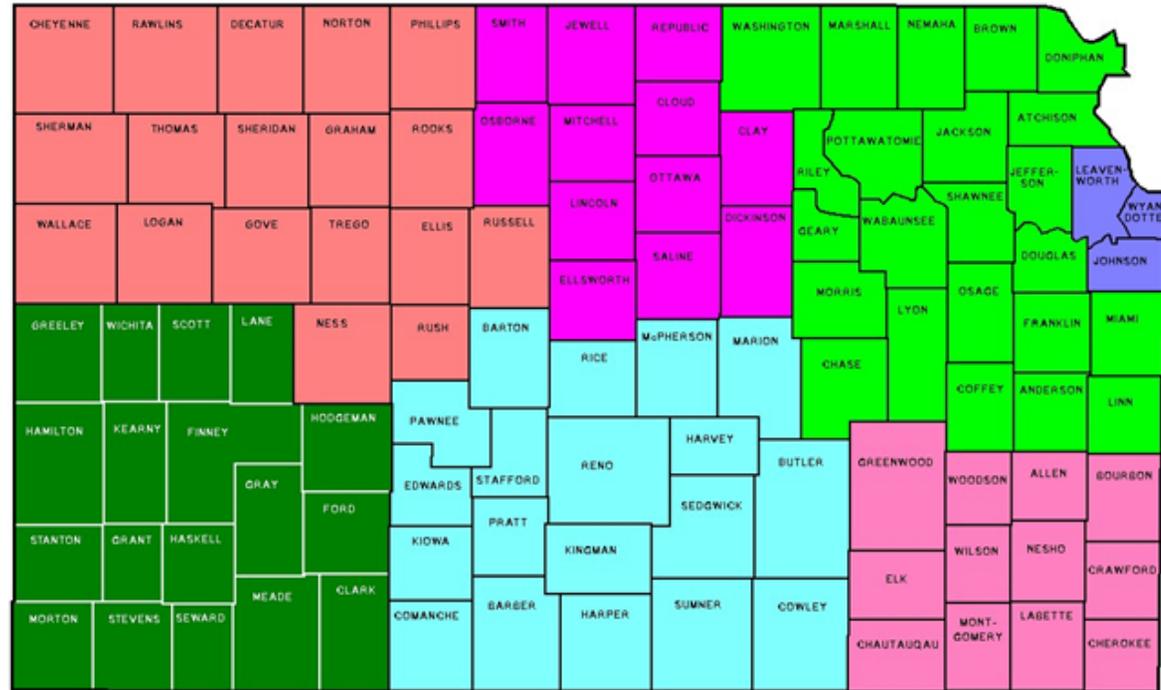
Wichita MSA CRI Coordinator
(Harvey, Sedgwick, Butler, Sumner, Kingman)
Vacant
206 N Griffith, Ste. B, El Dorado, KS 67042
(316) 621-4507

Kansas City MSA CRI Coordinator
(Leavenworth, Wyandotte, Johnson, Miami, Linn)
Ryan Wolkey
11875 S Sunset Drive; Suite 300
Olathe, KS 66061
(913) 477-8316 Office (816) 977-3737 Cell
ryan.wolkey@jocogov.org

Rush County Health Department
Kim Knieling
611 Peace St, LaCrosse, KS 67547
785-222-3427 785-222-3594 (Fax)
qdayangel@gbta.net

<p>North West Bioterrorism Region (No Coordinator) Region Administrator - Gina Frack 801 N Norton Ave, Norton, KS 67654 785-877-5745 785-877-5745 (Fax) 785-871-0347 (Cell) pmhome@ruraltel.net</p>	<p>West Central Public Health Initiative Cindy Mullen 3413 Zest, Oakley, KS 67748 785-672-0099 (Office & Fax) 785-672-2304 (Cell) cmullen@st-tel.net</p>	<p>Northeast Corner Regional Initiative (NCRI) Jennifer Zeller Shawnee County Health Agency 1615 SW 8th Ave., Topeka, KS 66606 785-251-2736 (Office) 785-368-2070 (Fax) 785-806-6309 (Cell) Jennifer.zeller@snco.us</p>	<p>KC Metro (No Coordinator) 619 Ann Ave, Kansas City, KS 66101 913-573-6724 KC Coalition Group Contact Gay Hall 913-573-6740 (Office) 913-449-3451 (Cell) ghall@wycokck.org</p>
<p>Western Pyramid Public Health Region Richard S. Everett Box 146, Johnson City, KS 67855 620-492-2320 (Home) 620-492-1723 (Fax) 620-492-1930 (Cell) richard@swkhi.org</p>	<p>North Central Kansas Public Health Initiative Sherry Angell 109 N Mill, Box 565, Beloit, KS 67420 785-738-2218 785-738-2185 (Fax) 785-738-7182 (Cell) angell.sherry@gmail.com</p>	<p>Wildcat Region Brenda Nickel – Interim Contact 2030 Tecumseh Road, Manhattan, KS 66502 785-776-4779 Ext. 7639 785-565-6566 (Fax) bnickel@rileycountyks.gov</p>	<p>SEK Multi-County Chardel Hastings 411 N Washington ST, Iola, KS 620-365-2191 (Office) 620-365-3128 (Fax) 620-364-6585 (Cell) chardel@sekmchd.com</p>
<p>SW KS Health Initiative Richard S. Everett Box 146, Johnson City, KS 67855 620-492-2320 (Home) 620-492-1723 (Fax) 620-492-1930 (Cell) richard@swkhi.org</p>	<p>Central Kansas Region Shelley Schneider – Interim Contact Barton County Health Dept. 1300 Kansas Ave., Great Bend, KS 67530 620-793-1902 sschneider@bartoncounty.org</p>	<p>East Central Kansas Public Health Coalition Carl Lee 110 S 6th St, Burlington, Ks 66839 620-364-8631 620-203-0415 (Cell) cllee@coffeycountyks.org</p>	<p>Lower 8 of SE Kansas Barry Autrey 2265 US Hwy 75, Waverly, KS 66871 620-341-0376 (Cell) Barry.autrey@gmail.com</p>
<p>SW Surveillance Virginia Downing 6 E Lake Road, Anthony, KS 67003 620-243-2520 (Cell) coats1960@gmail.com</p>	<p>South Central Coalition Virginia Downing 6 E Lake Road, Anthony, KS 67003 620-243-2520 (Cell) coats1960@gmail.com</p>	<p>KS South-Central Metro Lynette Redington 215 S Pine, Newton, KS 67114 (316) 283-1637 (Office) (316) 772-7037 (Cell) lredington@harveycounty.com Janice Powers, backup contact 316-321-3400 (Office) 316-558-7939 (Cell) jpowers@bucoks.com</p>	<p>Ellis County Health Department Butch Schlyer 601 Main St, Suite B, Hays, KS 67601 785-628-9440 785-628-0804 (Fax) butch@ellisco.net *Currently Not Participating</p>

Regional Hospital Preparedness Groups – Healthcare Coalitions



<p>Northwest Coalition Tami Wood 785-623-5075 785-639-0594 Cell twood@haysmed.com</p>	<p>North Central Coalition Sue Cooper 785-452-7165 785-392-7551 Cell scooper@srhc.com</p>	<p>Northeast Coalition Julie Schmidt 785-295-8180 785-845-7597 Cell julie.schmidt@sclhs.net</p>	<p>Kansas City Coalition Steve Hoeger 913-945-8079 816-858-2550 Cell shoeger@kumc.edu</p>
<p>Southwest Coalition Karen Lockett 620-275-9686 620-272-7357 Cell karenlockett@centura.org</p>	<p>South Central Coalition Charlie Keeton 316-962-8237 316-641-9366 Cell charlie.keeton@wesleymc.com</p>	<p>Southeast Coalition Fred Rinne 620-232-0362 620-332-7538 Cell SEKHCC@twinmounds.com</p>	

Create a KansasTRAIN User Account rev. 5-2014



How to set up a user/learner account on KansasTRAIN
(if you do **not** have an account)

1. Point your browser to <http://ks.train.org>. Use Google Chrome or Internet Explorer as your browser.
2. Click the "Create Account" button in the left hand margin. You must have an email address to create an account. The email address can be your business, personal or family email address. →
3. The account creation process will guide you through providing the required information for your TRAIN account. Any field noted with a red asterisk (*) is required – this will remain true through the site. When you come to a field that asks for a "Department/Division," and you do not have a department, just add the organization/business name to the field and continue completing the form.
4. Choose a **unique** login ID and password. You will receive an email welcoming you to TRAIN. →
5. Through the **State Portal** click the 'Select Groups' button to pick Kansas, region, county and preparedness/homeland security category (whichever group your work role best represents).

You are also either Kansas State Personnel or Non-State Agency Personnel.
6. Please **OptIN** to receive TRAIN emails so the system can communicate registration information with you.
7. To keep your account information up to date, go to the **My Account** link on the top right hand corner of the KansasTRAIN homepage. →

My Account | Logoff



Need your account Login or Password?

Click the 'Forgot Your Login Name/Password' link on the TRAIN login page to access your account information OR, contact the Helpdesk at: helpdesk@kdheks.gov; 785-296-5655

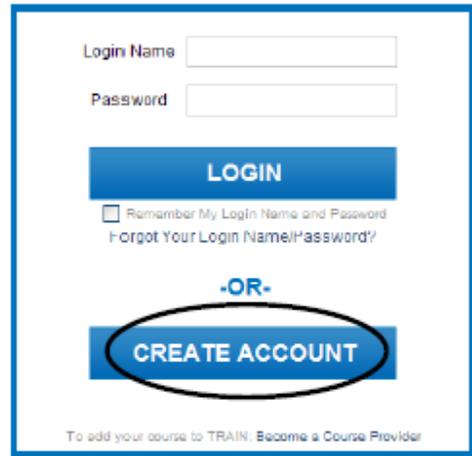
[Online Course Navigation Instructions](#)

FEMA/Emergency Management Institute
Independent Study Course Completion Instructions rev 2-2015



How to set up a learner account on KS-TRAIN
(if you do not have an account)

1. Point your browser to <http://ks.train.org>.
2. Click on the "Create Account" button in the Login blue box. →
3. Complete the online registration form to set up your account. Choose a login ID and password that are easy to remember, write this information down and keep it in a safe place. You should receive an email welcoming you to TRAIN.
4. To receive registration notifications *Opt IN* to receive TRAIN emails.



To locate and enroll in the basic FEMA/EMI emergency preparedness courses: →

5. Go to <http://ks.train.org>, login to your account.
6. Add the course number to the 'Search by Keyword or Course ID' field located on the upper right hand side of the homepage. ↓



7. Click the course title link to view 'Course Details' information; Select the 'Registration' tab, and follow the prompts to begin the course.
8. Complete the course through the Interactive Web-based Course link and the Take Final Exam link.
9. Important: If you 'Quit' a course and come back later, go to 'My Learning' on the right hand side of the KS-TRAIN homepage, select the course title or Current Courses button and follow the prompts. →

IS-700.a National Incident Management System (NIMS), An Introduction (1016070)

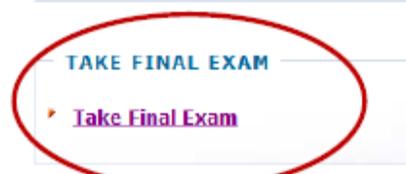
IS-100.b Introduction to the Incident Command System (1024627)

IS-200.b ICS for Single Resources and Initial Action Incidents (1024638)

IS 800.B National Emergency Response Plan, an Introduction (1011882)

KDEM Trng: "(G300) Intermediate Incident Command System (ICS) for Expanding Incidents Course" (1052991) (Course # changes the end of each calendar year.)

KDEM Trng: "(G400) Advanced Incident Command System (ICS) Course for Command and General Staff, Complex Incidents, and MACS (1053002) (Course # changes the end of each calendar year.)



Appendix V – SOG Annex List & Descriptions

STANDARD OPERATING GUIDE ANNEXES

ANNEXES

Annex A: Introduction Reference Documents
 Annex B : Levels of Activation
 Annex C: Command and Control
 Annex D: Emergency Phone Book and Notification
 Annex E: Communication Systems
 Annex F: Public Information
 Annex G: Local and Regional Resources
 Annex H: Requesting State Resources
 Annex I: Medical Materiel Management and Storage & Handling
 Annex J: Medical Materiel Receipt and Transport Operations
 Annex K: Local Distribution Site Planning (if applicable)
 Annex L: Priority Prophylaxis
 Annex M: POD Operations
 Annex N: Alternate Dispensing (if applicable)
 Annex O: Treatment Center Coordination
 Annex P: MOUs
 Annex Q: Continuity of Operations
 Annex R: Specimen Chain of Custody
 Annex S: Community Disease Containment
 Annex T: Exercise and Training

ANNEX DESCRIPTIONS

NOTE: Red indicates form is to be completed by the health department

ANNEXES	Attachment	Description
Annex A: Reference Documents	A-1	POD Assessment Tool_KDHE
	A-2	Local Technical Assistance Review Tool_KDHE
Annex B: Levels of Activation	B-1	Levels of Activation_KDHE
Annex C: Command and Control	C-1	Public Health Incident Command Charts <ul style="list-style-type: none"> • Example Forms • Command Staff • Finance Section • Operations Section • Logistics Section • Planning Section • Local Distribution Site (if applicable)
		C-2

		203 Organizational Assignment List 204 Division Assignment List 205 Incident Radio Communication Plan 205A Incident Radio Inventory Log 206 Medical Plan 209 Incident Summary Status 211 Incident Check-in 213 General Message 214 Unit Activity Log 215 Operations Planning Worksheet 215A Incident Safety Analysis 216 Radio Requirements 218 Support Vehicle Inventory 230 Daily Meeting Schedule
	C-3	Command Staff Job Action Sheets
Annex D: Emergency Phone Book and Notification	D-1	Local Emergency Call Down List
	D-2	Regional Emergency Call Down List
	D-3	KDHE Preparedness Contact List
	D-4	Emergency Phonebook <ul style="list-style-type: none"> • Regional Preparedness • LHD Contacts • Emergency Management • County Government • Hospital and EMS • Law Enforcement & Fire • Transport agencies • SNS contacts • Volunteers • Media • Public Information and Warning • Social Service Agencies • Loge Term Care • Correctional Facilities • Translators • Priority Prophylaxis Agencies • POD Facility • LDS Contacts • Authorized staff • Subject Matter Experts • Mental Health • Schools • Lodging • Communication Repair • Ministries

	D-5	Incident Command Staff Contacts
Annex E: Interoperable Communications	E-1	Communications Systems & Frequencies (2 tabs in Excel spreadsheet) <ul style="list-style-type: none"> 1. Redundant Communications 2. Communications Inventory
	E-2	Communication Flowchart/Matrix
Annex F: Public Information and Communication	F-1	Health Education Materials <ul style="list-style-type: none"> • Biological • Chemical • Natural Disasters • Nuclear • Radiological
	F-2	Phone Bank <ul style="list-style-type: none"> • Call Tracking Form • Phone Operator Policy • Scripted Message Template
	F-3	Mass Dispensing <ul style="list-style-type: none"> • Mass Dispensing Campaign • Mass Dispensing Message Maps • Mass Dispensing News Release Templates • POD Pictograms
	F-4	Media Questions
	F-5	Social Media Guide
	Annex G: Local and Regional Resources	G-1
G-2		Regional Resources
Annex H: Requesting State Resources	H-1	Medical Materiel Justification_ KDHE
	H-2	Medical Materiel Request Chain
	H-3	Medical Materiel Request Form
Annex I: Medical Materiel Management and Storage & Handling	I-1	Controlled Substances <ul style="list-style-type: none"> • Requirements for managing • Sample form 222
	I-2	Standing Orders (SO) <ul style="list-style-type: none"> • Sample General SO Form • Sample Influenza SO Form • Sample Tamiflu SO Form
	I-3	Storage and Handling <ul style="list-style-type: none"> • Chain of Custody Form • Checklist for Safe Vaccine Handling • Storage and Handling Requirement_ KDHE • Temperature Log Form Celsius • Temperature Log Form Fahrenheit • Vaccine Handling Tips
Annex J: Medical Materiel Receipt	J-1	Required Maps

and Transport		<ul style="list-style-type: none"> • LEOC • SNS Storage Site • POD Sites • Priority Prophylaxis Site (if applicable) • Long-term care facilities • Correctional facilities • Regional Hospitals • LDS (if applicable) • Closed sites (if applicable) • Bulk Dispensing (if applicable) • Special Needs Agencies (if applicable)
	J-2	Vehicle Tag
Annex K: Local Distribution Site Planning (if applicable)	K-1	LDS Survey (if applicable)
	K-2	LDS Plan (if applicable)
Annex L: Priority Prophylaxis	L-1	Priority Prophylaxis List
Annex M: Point of Dispensing Operations <i>(To be completed for each POD site)</i>		Mass Dispensing SOG template
		Mass Prophylaxis/Dispensing SOG pre-planning tool
	M-1	County Statistics <ul style="list-style-type: none"> • SNAPS • POD Sites
	M-2	Clinic Supplies <ul style="list-style-type: none"> • Signage • Clinic Supplies • Signage Sample Recommendations • Suggested Flu Clinic Supplies
	M-3	Internal Maps <ul style="list-style-type: none"> • Examples
	M-4	External Flow Map <ul style="list-style-type: none"> • Examples
	M-5	Disease Fact Sheets <ul style="list-style-type: none"> • CDC resources and websites
	M-6	POD Clinic Forms <ul style="list-style-type: none"> • 211 Sign in Sheet • Screening Forms • Worker Emergency Contact Form • 213 General Message • 213A Emergency Incident Message Form • 214 Unit Activity Log • Incident Report Form • NAPH FORM Version 1.1 English • NAPH FORM Version 1.1 Spanish • NAPH FORM Version 1.2 English • Procurement Summary Report

		<ul style="list-style-type: none"> • Resource Request Form • Incident Report Form • Screening Forms (English/Spanish) (additional forms in progress) <ul style="list-style-type: none"> • Immunization adults and children/teen • Injectable Influenza Vaccination • Intranasal Influenza Vaccination
	M-7	Dispensing: <ul style="list-style-type: none"> • Administering Vaccine • How to Administer Vaccine • How to Immunize Adults
	M-8	Medical Preparation: <ul style="list-style-type: none"> • Labeling Sample for Cipro
	M-9	Security: <ul style="list-style-type: none"> • POD Security Assessment
	M-10	Special Populations: <ul style="list-style-type: none"> • Language Line Information Sheet
	M-11	POD Job Action Sheets
	M-12	Just-in-Time Training Materiel <ul style="list-style-type: none"> • POD Just-in-time training PowerPoint • SC Region POD Training
	M-13	Other Supporting Material: <ul style="list-style-type: none"> • BTP Model • SNS SOG Berm V2
Annex N: Alternate Dispensing (<i>if applicable</i>)	N-1	Alternate Dispensing Plans <ul style="list-style-type: none"> • If applicable Insert alternate dispensing plans including plans for closed sites and bulk dispensing
Annex O: Treatment Center	O-1	Treatment Center Coordination <ul style="list-style-type: none"> • If applicable Insert coordinated planning documents with hospitals and other treatment centers
Annex P: MOUs	P-1	MOUs: <ul style="list-style-type: none"> • Sample POD Site MOA • Enter all MOUs specific to mass dispensing (facilities, other counties, suppliers/vendors, etc.)
Annex Q: Continuity of Operations (<i>Annexes in Q with * are optional items.</i>)	Q-1	<ul style="list-style-type: none"> • Activation Scenario and Decision Making Matrix
	Q-2	<ul style="list-style-type: none"> • Alternate Work Site (3 tabs in Excel spreadsheet) <ol style="list-style-type: none"> 1. Alternate Work Site 2. Alternate Work Site Tool* 3. Alternate Site Terminology • Sample MOU for Alternate Work Site
	Q-3	<ul style="list-style-type: none"> • Essential Functions
	Q-4	<ul style="list-style-type: none"> • Delegations of Authority

	Q-5	<ul style="list-style-type: none"> • Vital Records & Databases (2 tabs in Excel spreadsheet) <ol style="list-style-type: none"> 1. Vital Records & Databases 2. Restoration & Recovery Resources*
	Q-6	<ul style="list-style-type: none"> • Vital Systems & Equipment
	Q-7*	<ul style="list-style-type: none"> • Drive Away Kit Inventory
	Q-8	<ul style="list-style-type: none"> • Acronyms, Glossary, and Crosswalk
	Q-9*	<ul style="list-style-type: none"> • Checklists <ul style="list-style-type: none"> ○ Med/Large Depts. ○ Small Depts. ○ Essential Functions ○ Pandemic
	Q-10	<ul style="list-style-type: none"> • Devolution
	Q-11*	<ul style="list-style-type: none"> • Evacuation Plan
	Q-12*	<ul style="list-style-type: none"> • Rapid Recall List
	Q-13*	<ul style="list-style-type: none"> • Reconstitution Team
Annex R: Specimen Chain of Custody	R-1	Specimen Chain of Custody <ul style="list-style-type: none"> • Receipt form • Chain of Custody document • Laboratory Quick Reference Guide • KHEL Packing and Shipping • CDC Laboratory Information • APHIS Form 4 • STATPACK User Information
Annex S: Community Disease Containment		Community Disease Containment SOG
	S-1	Isolation Flow Chart and Quarantine/Evaluation and Treatment Flow Chart. Template Isolation and Quarantine Legal Orders. Daily Medical Monitoring Log
	S-2	Background of Quarantine/Isolation Laws in Kansas
Annex T: Training and Exercise	T-1	Training & Exercise Program
	T-2	Training & Exercise Logs (5 tabs in Excel spreadsheet) <ol style="list-style-type: none"> 1. Training Record 2. SNS Training Reference 3. Exercise Record 4. Exercise – Call Down Drills 5. Exercise -- Communications

Appendix VI – Preparedness Acronym List

AAR	After Action Report
AAR/IP	After Action Report / Improvement Plan
ABthrax	Raxibacumab – treatment for severe anthrax disease
ABLS	Advanced Burn Life Support
ACS	Alternate Care Site
ASPR	Assistant Secretary for Preparedness and Response
ASTHO	Association of State and Territorial Healthcare Officials
ATL	Aid to Local
ATLS	Advanced Trauma Life Support
BCHS	Bureau of Community Health Systems (at KDHE)
BIA	Biological Incident Annex
BSL	Bio-Safety Level
BT	Bioterrorism
CDC	Centers for Disease Control and Prevention
CEOP	County Emergency Operations Plan
CERT	Community Emergency Response Team
CFR	Code of Federal Regulations
CMHC	Community Mental Health Centers
CMS	Center for Medicare and Medicaid Services
CONUS	Continental United States
COOP	Continuity of Operations
CPH	Core Public Health
CPRI	Calculated Priority Risk Index
CRA	Countermeasure Response Administration
CRI	Cities Readiness Initiative
CRMCS	Comprehensive Resource Management Credentialing System
CST	Civil Support Team (Kansas 73 rd CST)
Decon	Decontamination
DHS	Department of Homeland Security
DM	Disaster Management
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DPHP	Directors of Public Health Preparedness
DRC	Disaster Recovery Center
DSLRL	Division of State and Local Readiness
EAS	Emergency Alert System
EEG	Exercise Evaluation Guide
EIS	Epidemic Intelligence Service
EM	Emergency Manager (or Management)
EMEDS	Expeditionary Medical Support (mobile hospital facility)

EMI	Emergency Management Institute
EMP	Emergency Management Plan
EMS	Emergency Medical Service
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPCRA	Emergency Planning and Community Right-to-Know Act
Epi	Epidemiological (or Epidemiology or an Epidemiologist)
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FOA	Funding Opportunity Announcement
FOG	Field Operating Guide
FOUO	For Official Use Only
FQHC	Federally Qualified Health Center (primary care/safety net clinic)
GETS	Government Emergency Telecommunications Service
HAvBED	Hospital Available Beds for Emergencies and Disasters
HazMat	Hazardous Materials
HCC	Healthcare Coalition
HEPA	High Efficiency Particulate Air
HHS	Department of Health & Human Services
HICS	Hospital Incident Command System
HRAI	Hazard Risk Assessment Index
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise Evaluation Program
HVA	Hazard Vulnerability Assessment
IAP	Incident Action Plan
IATA	International Air Transport Association
ICS	Incident Command System
ILI-Net	Influenza-Like Illness Surveillance Network
IMATS	Inventory Management and Tracking System
IMT	Incident Management Team
IP	Improvement Plan
JIC	Joint Information Center
JIT	Just-in-time Training
JRA	Jurisdictional Risk Assessment
KAC	Kansas Association of Counties
KALHD	Kansas Association of Local Health Departments
KBI	Kansas Bureau of Investigation
KDEM	Kansas Division of Emergency Management

KDHE	Kansas Department of Health and Environment
KHA	Kansas Hospital Association
KHEL	Kansas Health and Environmental Laboratories
KHERF	Kansas Hospital Education & Research Foundation
KHI	Kansas Health Institute
KHP	Kansas Highway Patrol
KHPA	Kansas Health Policy Authority
KPHA	Kansas Public Health Association
KPHLI	Kansas Public Health Leadership Institute
KSANG	Kansas Air National Guard
KSARNG	Kansas Army National Guard
KS-EDSS	Kansas Epidemiology Disease Reporting & Surveillance System
K-SERV	Kansas System for the Early Registration of Volunteers (the state's ESAR-VHP program)
KS-HAN	Kansas Health Alert Network
KS-TRAIN	Kansas Trainingfinder Realtime Integrated Network (Kansas' Online Learning Management System)
LEOP	Local Emergency Operations Plan
LEPC	Local Emergency Planning Committee
LHD	Local Health Department
LLIS	Lessons Learned Information System
LRN	Laboratory Response Network
LTC	Long Term Care
MARC	Mid-America Regional Council
MCM	Medical Countermeasure
MCM ORR	Medical Countermeasure Operational Readiness Review
MD	Mass Dispensing
MHz	Megahertz
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSA	Metropolitan Statistical Area
NACCHO	National Association of County and City Health Officials
NCID	National Center for Infectious Disease
NFPA	National Fire Protection Association
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NIP	National Immunization Program
NOAA	National Oceanic and Atmospheric Administration
NRF	National Response Framework
NRP	National Response Plan
OPHPR	Office of Public Health Preparedness and Response

PAPR	Powered Air-Purifying Respirator
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness
PHER	Public Health Emergency Response
PHERPs	Public Health Emergency Response Plans
PHIX	Public Health Information Exchange (now KS-HAN)
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
QI	Quality Improvement
RAND	Research and Development
RSS	Receipt, Staging and Storing (SNS warehouse)
SEOC	State Emergency Operations Center
SitMan	Situation Manual
SNS	Strategic National Stockpile
SOG	Standard Operating Guide
SOP	Standard Operating Procedures
SPR	State Preparedness Report
TAG	The Adjutant General
TARU	Technical Advisory Response Unit (of SNS)
TAV	Technical Assistance Visit
TCL	Target Capabilities List
THIRA	Threat Hazard Identification Risk Assessment
TSP	Telecommunications Service Priority Program
TTX	Table Top Exercise
USPHS	United States Public Health Service (uniformed)
VMI	Vendor Managed Inventory (component of SNS)
WebEOC	Web Emergency Operations Center (a computer program or tool for managing emergencies used by emergency management and others throughout the state rather than a physical location or team)
WHO	World Health Organization
WMD	Weapons of Mass Destruction
WPS	Wireless Priority Service