

2015-2016 Hospital Preparedness Program Community Hospital Contract Deliverables

Description of Tasks										
1	A community hospital representative will attend healthcare coalition meetings at least quarterly. (<i>Capability 1: Healthcare System Preparedness</i>)									
2	Community hospitals will provide input for the HPP Program Measures, the Healthcare Coalition Developmental Assessment, and the Joint Performance Measures, when applicable. These items will be discussed, reviewed, and/or answered during a coalition meeting. (<i>Capability 1: Healthcare System Preparedness</i>)									
3	<p>Participate in at least one annual exercise at the regional- or county-level as defined below:</p> <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Budget Period</th> <th style="text-align: left;">Capability</th> <th style="text-align: left;">Type</th> </tr> </thead> <tbody> <tr> <td>BP 4 (2015-2016):</td> <td>Capability 6 or 11 and/or 12</td> <td>Tabletop, Functional, or Full-Scale</td> </tr> <tr> <td>BP 5 (2016-2017):</td> <td>Capability 5 or 7 and/or 14</td> <td>Tabletop, Functional, or Full-Scale</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Serving in an observer role does not meet the participation requirement. • CRI counties (health departments and hospitals) must participate in the full-scale exercise once during the five-year grant cycle. • PHEP and HPP grantees (not within a CRI) must participate in a functional exercise once during the five-year grant cycle. The functional exercise should be planned and conducted in collaboration with local health departments and other community partners. • Exercise activity should be aligned with the HSEEP process. • The functional and full-scale exercise must demonstrate objectives in: <ul style="list-style-type: none"> ○ Capability 3 – Emergency Operations Coordination ○ Capability 6 – Information Sharing ○ Capability 10 – Medical Surge ○ Continuity of Healthcare Operations <ul style="list-style-type: none"> ▪ Capability 1 – Function 3 ▪ Capability 2 – Function 2 ○ All exercises must address the needs of at-risk individuals <p>To the extent possible, hospitals are encouraged to conduct and plan jointly with additional health and medical stakeholders/supporting organizations, local health departments, emergency management, and other partners to meet community exercise requirements.</p> <p>To complete this requirement, an After Action Report/Improvement Plan (AAR/IP) for the exercise must be submitted to preparedness@kdheks.gov following the exercise. The BP 4 (2015-2016) exercise must be completed by May 13, 2016. Real events may count for exercise credit as long as they are approved by KDHE prior to submission of an AAR/IP.</p>	Budget Period	Capability	Type	BP 4 (2015-2016):	Capability 6 or 11 and/or 12	Tabletop, Functional, or Full-Scale	BP 5 (2016-2017):	Capability 5 or 7 and/or 14	Tabletop, Functional, or Full-Scale
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4	<p>Community hospital representatives will participate in periodic LEPC or ESF 8 Planning Group meetings to work with health and medical partners in order to strengthen community preparedness and response activities to include Fatality Management, Mass Care, and Responder Safety & Health.</p> <p>A. Participate in the development of or review and update of the Community Mass Fatality plan(s). Plans will be submitted by the local health departments to their assigned Hospital and Public Health Regional Coordinators and KDHE by June 30, 2016. <i>(Capability 5: Fatality Management)</i></p> <p>B. Participate in exploration and identification of training needs and gaps for mass fatality incidents. Local health departments will submit documentation of needs and gaps to KDHE for future planning and also provide a copy to Hospital and Public Health Regional Coordinators for information sharing purposes by June 30, 2016. <i>(Capability 5: Fatality Management)</i></p> <p>C. Participate in the review and discussion of the Mass Care Health and Medical Toolbox. Local health departments will submit feedback to their assigned Public Health Regional Coordinator, with a copy to the assigned Regional Hospital Coordinator by June 30, 2016. <i>(Capability 7: Mass Care)</i></p>
5	<p>A. Participate in CHEMPACK and CESSL training either in person at Healthcare Coalition meetings or online via KS-TRAIN. <i>(Capability 14: Responder Safety & Health)</i></p> <p>B. Hospitals will include in plans/policies/procedures how to access CHEMPACK and CESSL and submit their updated plan to the assigned Regional Coordinator for their review and feedback by March 1, 2016.</p>
6	<p>Review and revise facility's Infectious Substances Control and Hazardous Materials plans to ensure PPE protocols are included. Updated plans will be submitted to the assigned Regional Coordinator for their review and feedback by March 1, 2016. <i>(Capability 14: Responder Safety & Health)</i></p>
7	<p>Participate in periodic drills throughout the year.</p> <p>A. Respond to KS-HAN drills conducted by KDHE at least twice during the year. <i>(Capability 6: Information Sharing)</i></p> <p>B. Participate in the National HAvBED drill twice per year. <i>(Capability 6: Information Sharing)</i></p>
8	<p>Work towards full incorporation and complete achievement of all 11 NIMS Elements. <i>(Capability 1: Healthcare System Preparedness)</i></p>