



PHEP Guidance Document

Budget Period 4: 2015-2016

V 3.0

September 23, 2015

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Five-Year Strategy

The Bureau of Community Health System's Preparedness Program has developed a five-year strategy to fully integrate the public health and healthcare preparedness capabilities into local, regional, and state-level planning efforts. Efforts will be focused on building three of the fifteen capabilities per year across the health and medical sector, which includes but is not limited to local health departments, healthcare organizations, and healthcare coalitions.

Kansas Healthcare Coalition Framework

Tier	Kansas Healthcare Coalition Framework description
1	The health and medical sector organization and its internal operating plans and procedures
2	The health and medical sector organization's partner organizations including networked facilities, contracted suppliers and regional mutual aid partners
3	The county's ESF 8 partners including county emergency management
4	The state's ESF 8 partners including state emergency management
5	FEMA and HHS Region VII ESF 8 partners and coordination
6	FEMA and HHS national ESF 8 coordination

Utilizing the Kansas Healthcare Coalition Framework will be one of the basic cornerstones of the Preparedness Program for the five-year project period. At the local and regional levels this will result in a focus of effort on Tiers 1, 2, and 3 to promote preparedness within individual organizations, mutual aid relationships, and overall coordination with county emergency management.

- Tier 1 represents each of the individual health and medical sector organizations and their preparedness activities within their organization. This includes how individual hospitals, health departments, EMS agencies, private providers, and others utilize preparedness resources and tools to further their internal organizational preparedness.
- Tier 2 represents how those Tier 1 organizations interact with their network and regional mutual aid partners and contracted suppliers. This includes defining the anticipated needs of the organization in times of emergencies and anticipated assistance or support those partners will be requested to provide.
- Tier 3 healthcare coalitions will utilize previously defined county jurisdictional boundaries in order to engage all ESF 8 health and medical partners in the planning process. As a result, this will reinforce activities undertaken by state and local emergency management.

During the five-year project period, the health and medical sector will address joint PHEP and HPP capabilities and will focus on three of the fifteen capabilities each year. Working together to address these capabilities will help promote coordination to the fullest extent possible between the two funding sources. For example, when Kansas addresses capability 10, all Kansas health and medical sector partners will address the functions outlined in both PHEP and HPP. The updated table below shows where KDHE has started state-level capability planning (Budget period 11: 2011-2012), and what has been built thus far as a precursor to the work outlined in the upcoming project period. As part of the five-year strategy, ESF 8 health and medical planning groups will be asked to address Capabilities 5: Fatality Management, 7: Mass Care, and 14: Responder Safety and Health during budget period four.

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

PHEP Submission Requirements

Notice of Grant Award (NGA) will be sent on or around July 1.

The NGA will also provide information on contract deliverables for the year. This is the only item the health department will need to receive for preparedness as part of the Aid to Local contracting process. NGAs are sent out by Kevin Shaughnessy.

Affidavits of Expenditures and Work Plan Progress Reports Due:

Period 1 (July 1, 2015 – September 30, 2015) – due October 15, 2015

Period 2 (October 1, 2015 – December 31, 2015) – due January 15, 2016

Period 3 (January 1, 2016 – March 31, 2016) – due April 15, 2016

Period 4 (April 1, 2016 – June 30, 2016) – due July 15, 2016

Local health departments are asked to electronically submit their affidavits of expenditures within the Catalyst grant reporting system (www.catalystserver.com). Preparedness Program staff will review affidavits within Catalyst to ensure allowable items are being purchased. Kevin Shaughnessy will review for accuracy and to ensure the correct amount of funding is being used (within allocated amounts). Payments will only be made once the Preparedness Program approves payment which will not occur until quarterly work plan progress has been reported in Catalyst. Payments will be made by either electronic deposit or a paper check will be sent via standard mail.

If funding has been exhausted before the fourth reporting period, local health departments must still submit affidavits of expenditure each reporting period even if the fields are zero.

Work plan progress reports are to be submitted via email to preparedness@kdheks.gov.

PHEP Grant Documents can be found at: http://www.kdheks.gov/cphp/lhd_resources.htm.

Local Health Department Work Plan

- 1. A local health department representative will attend healthcare coalition meetings at least quarterly. The Regional Public Health Preparedness Coordinator may attend in the local health department's place as its designee.*

If a designation letter has already been submitted to KDHE in Budget Period 2, this will remain on file and another one will not need to be resubmitted unless there are changes in the designation. For example, a Regional Coordinator leaves and they are representing numerous local health departments. The designation letters for those health departments will need to be updated and sent to preparedness@kdheks.gov.

Please note: Healthcare coalition meetings are open to all public health representatives that wish to participate regardless if individuals are not the ones who directly receive the invite from the hospital Regional Coordinator. For example, if the health department Administrator receives the invite, that

does not limit the Emergency Preparedness contact for the health department from participating in those meetings as long as it is okay with their Administrator.

The following is a list of the Healthcare Coalition Contacts:

1. Kansas City Metro Healthcare Coalition
Steve Hoeger shoeger@kumc.edu
2. North Central Healthcare Coalition
Sue Cooper scooper@srhc.net
3. Northeast Healthcare Coalition
Julie Schmidt Julie.schmidt@sclhs.net
4. Northwest Healthcare Coalition
Tami Wood tami.wood@haysmed.com
5. South Central Healthcare Coalition
Charlie Keeton charlie.keeton@HCAHealthcare.com
6. Southeast Healthcare Coalition
Fred Rinne SEKHCC@twinmounds.com
7. Southwest Healthcare Coalition
Karen Lockett karenlockett@centura.org

2. *Provide input for the HPP Program Measures, the Healthcare Coalition Developmental Assessment, and submit information for the Joint Performance Measures during healthcare coalition meetings.*

During Healthcare Coalition meetings the health department participant or their designee should provide input to the HPP Program Measures, HCCDA factors, and Joint Performance Measures. This information will generally be collected near the end of the grant year. Joint Performance Measures are the questions that should be filled out after the health department, hospital, or coalition participated in a planned event, exercise, or incident where Information Sharing and/or Volunteer Management was activated. These questions are required to be answered for end of year reporting as KDHE has to choose two data points statewide to report on. If Information Sharing and/or Volunteer Management was NOT activated during the grant year, joint performance measures do not have to be answered and submitted through the healthcare coalition. Joint performance measure questions can be found online at http://www.kdheks.gov/cphp/lhd_resources.htm. The healthcare coalition leads will submit joint performance measures to KDHE by the end of the grant year.

The Healthcare Coalitions along with KDHE will be looking for ways to expedite the process for collecting this data within the large group setting. It may be possible that clickers will be used in meetings to “vote” on answers to the program measures and HCCDA factors.

3. *Participate in at least one annual exercise at the regional or county level and one functional/full scale exercise within the 5 year grant cycle as defined below:*

Annual Exercise requirement –

The annual exercise can be conducted at the county or regional level. We encourage involvement by as many ESF8 partners as possible. The annual exercise should be summarized with an AAR/IP – to be submitted to KDHE within 90 days of completion of the exercise. The health department should capture 3 opportunities for improvement as learned from the exercise.

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

Functional/full-scale exercise (1 within the 5 year grant cycle ending June 30, 2017) –

CRI Counties (health department and hospitals) must participate in the full-scale exercise once during the five-year grant period. PHEP and HPP grantees (not within a CRI jurisdiction) must participate in a functional exercise once during the five-year grant period. The functional exercise should be planned and conducted in collaboration with hospitals and other community partners. Exercises must be HSEEP compliant and should focus on the progressive planning approach.

At least one full-scale exercise must be conducted during the five-year project period (2012-2017) and must be a joint exercise with the hospital(s). To the extent possible, local health departments are encouraged to conduct and plan jointly with additional health and medical stakeholders/supporting organizations, emergency management, and other partners to meet community exercise requirements. Full-scale exercise must evaluate capabilities 3, 6, and 10, as well as Continuity of Operations (HPP Capability 1 – Function 3 and Capability 2 – Function 2) at a minimum.

To complete this requirement, an After Action Report/Improvement Plan (AAR/IP) for the exercise and a sign in sheet must be submitted to preparedness@kdheks.gov within 90 days following the exercise. The BP4 (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.

To coordinate with the state fiscal year end and requirement that funds expended by June 30th, May 13th has been noted as the exercise completion date.

The annual exercise and full scale exercise MUST ADDRESS THE NEEDS OF AT-RISK INDIVIDUALS to count for credit.

Real events will count toward the exercise deliverable however; the health department must contact KDHE within a reasonable time frame to ensure the real event will meet appropriate requirements. To ensure the real event is eligible for the exercise deliverable, KDHE will require the following information:

1. What community partners were communicated with during the event such as emergency management, local health department, hospital, pharmacies, EMS, law enforcement, etc.?
2. What additional partners may need to be communicated with in a similar incident?
3. Will the AAR/IP reflect any action items or lessons learned regarding the participation of the local health department, hospitals, or other community partners involved?

If the answers meet the criteria the real event will count. Please contact Lisa Williams, KDHE Exercise Coordinator, at (785) 296-1984 to discuss real events.

4. *A local health department representative will assure local ESF 8 or LEPC planning meetings are held at least twice per year 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.*

The local health department will be responsible for ensuring an ESF 8 or LEPC meeting is scheduled within the community at least two times during the grant year. These meetings shall be used in order to discuss and develop the sub-tasks within this deliverable. ESF 8 groups or LEPCs may meet more than twice per year. If participants are unwilling to come to the table, the local health department should document efforts made. KDHE and the local health department cannot force participation.

- A. *Develop or review and update Community Mass Fatality plans and submit to assigned Hospital and Public Health Regional Coordinators and KDHE by March 1, 2016.*

Health departments have the option to develop a new Community Mass Fatality plan if they do not currently have a plan or if they would like to modify their existing plans. If the health department already has a plan in place for mass fatality, it simply needs to be reviewed and updated. The intent behind this deliverable is for the health departments, hospitals, and county coroners to have a common plan that addresses a multitude of activities related to mass fatality management. This commonality will aid communities in increased coordination should one of these incidents occur in the county.

Local health departments may use the Community Mass Fatality template that is available on the KDHE website at http://www.kdheks.gov/cphp/operating_guides.htm under Fatality Management Information.

Local plans are due to KDHE by March 1, 2016 for review and feedback. The reason why Hospital and Public Health Regional Coordinators are to receive the plans as well is for their information of the processes and procedures within the region's communities.

- B. *Explore and identify 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 the Hospital Regional Coordinator and the Public Health Regional Coordinator for information sharing purposes by April 1, 2016.*

During ESF 8/LEPC meetings, participants should document any training needs or gaps that are identified as they discuss their plans and processes. Needs and gaps should be documented by the local health department and submitted to KDHE with a copy to the Hospital Regional Coordinator and the Public Health Regional Coordinator for their information. Needs and gaps are due by April 1, 2016.

Keep in mind, if there were difficulties getting a county coroner to the table to discuss Fatality Management, local plans, roles and responsibilities, etc. that can also be documented as a need/gap.

A template for documenting training needs and gaps can be found at: http://www.kdheks.gov/cphp/lhd_resources.htm

C. Review and discuss the Mass Care Health and Medical Toolbox. Local health departments will submit feedback to their assigned Public Health Regional Coordinator and copy the assigned Regional Hospital Coordinator by May 1, 2016.

During ESF 8/LEPC meetings, participants should review and discuss the Mass Care Health and Medical Toolbox. This can be found on KDHE's website at: http://www.kdheks.gov/cphp/operating_guides.htm under Mass Care Health and Medical Tools. The intent behind this deliverable is to further develop the community's ability to provide appropriate levels of care to sheltered individuals and to aid in pre-incident planning to assure that resources are known and accounted for.

Health departments may use the toolbox provided on the website as a resource of what should be considerations when the need for sheltering arises. Community feedback should be provided to the Public Health and Hospital Regional Coordinator by May 1, 2016. Mass care feedback will be shared at a Healthcare Coalition meeting by the Public Health Regional Coordinator/designated subject matter expert(s) for regions without a coordinator.

5. A. Participate in CHEMPACK and CESSL training either in person at Healthcare Coalition meetings or online via KS-TRAIN. Healthcare coalition agendas and sign in sheets will be submitted to KDHE by the Healthcare Coalition coordinators.

The Medical Countermeasures Program Manager and the Laboratory State Training Coordinator are planning on doing two rounds of CHEMPACK and CESSL trainings. The first round will take place in early BP4 (July/August timeframe) and will discuss what CHEMPACK and CESSL are. The second round of training will take place in the fall/winter of BP4 (October/December timeframe) and will discuss the pertinent information that should be added to plans and how to integrate that information. This may serve as a good segway for locals when needing to update their ESF 8 Annexes.

Trainings will be provided in-person by KDHE staff during Healthcare Coalition meetings as well as online through KS-TRAIN. These trainings will be publicized via the bi-weekly Preparedness email update and the monthly statewide population health calls as they are scheduled. One of the two training options should be conducted by June 30, 2016. Healthcare Coalition Coordinators will upload all agenda and meeting minutes to EMResource for state visibility and verification purposes for the in-person trainings.

B. Review ESF 8 Annex to ensure information on how to request and access CHEMPACK and CESSL are included. Updated/added information should be submitted to KDHE by June 30, 2016.

As a result of CHEMPACK and CESSL training, ensure information on how to request and access CHEMPACK and CESSL are included in the ESF 8 Annex of the county EOP. It was decided during the annual HPP-PHEP planning group meeting, with local public health and hospital input, to utilize the Kansas Division of Emergency Management's (KDEM) Bold System to house the ESF 8 Annex as it is a

piece of the County Emergency Operations Plan. KDHE staff would be able to log into Bold to review the ESF 8 Annex.

6. *Local health departments will continue to:*

- A. *Participate in periodic Regional Public Health Preparedness meetings.*
- B. *Keep contact information on KS-HAN up to date.*
- C. *Respond to quarterly KS-HAN drills.*
- D. *Assure 24/7 epidemiological contact information is kept current and is shared with KDHE.*
- E. *Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements.*
- F. *Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection.*
- G. *Have available signed shared resource agreements.*
- H. *Maintain a public website where information can be posted and accessed by members of the public.*
- I. *Assure that annual fit testing for PPE for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998.*
- J. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.*
- K. *Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know – 2015, Course ID #1058172 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course ID # 1050287]. (Capability 12: Public Health Laboratory Testing)*
- L. *Maintain an inventory control system for tracking capital equipment and electronic devices.*
- M. *Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.*
- N. *Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a “No Update” letter to KDHE.*

Work plan item #7 details all tasks that should be continuing from year to year. Many of these items may be cross-cutting or administrative in nature yet are still important for ensuring the local health department is prepared and that they keep the proper documentation on hand in case of audit. A few things to note:

H – Some local health departments do not have dedicated IT staff that can help maintain the site. As long as there is a county website available which the local health department is connected to and, if needed during an emergency, a county employee could put a message on the website for the health department, the requirement is met. If there is access to a county owned site or if there is a work around available to disseminate emergency messages, that is acceptable.

K – Please note, packaging and shipping training is required to be taken every 24 months. Federal regulations are updated and reflected in new courses. The CDC course number tends to be updated once per year. As we get a new course number, it will be communicated via the bi-weekly Preparedness email update and the monthly statewide population health calls. The

last update to the CDC's course was June 2015. The course was updated to correspond with regulatory changes and now includes an optional beginner's guide and job aids to assist those who may be less familiar with the pertinent regulations.

N – For the Mass Dispensing SOG update, if there are no changes to submit, the local health department should send a “No Update” letter or an email to KDHE. “No Update” notifications as well as updated SOGs will be submitted via Catalyst in the appropriate progress reporting field.

Regional Public Health Work Plan

1. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:*
 - A. *Assist local health department staff for the development, review, and updating of all local plans*
 - B. *Provide general technical assistance and training to local health departments*
 - C. *Work with local health departments and KDHE staff to identify training gaps at the local level*
 - D. *Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc.*

This is a generalized work plan deliverable for regions. Much of this work already occurs on a continual basis, however, KDHE wants to ensure the technical assistance and means of outreach is documented in some form. Performance of these items would also greatly assist KDHE in identifying gaps, local issues, trainings needed, etc. so we can plan better at the state level to meet those needs.

This work can be accomplished however the regions deems appropriate but one best practice we have seen is when the region comes together during a regularly scheduled meeting for a work session whether it was to work as a group to update local COOP plans, take the same training, local exercise planning, etc.

This information could also be gathered from the regions during Regional Coordinator conference calls that take place if they would like for KDHE to participate.

2. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend healthcare coalition meetings at least quarterly. A regional representative may serve as a designee for any of the local health departments in the region. In doing so, they should include the local health department(s) they are representing on the meeting sign-in sheet. Regional designee will provide information from healthcare coalition meetings to public health preparedness region partners.*

If the Regional Coordinator or other person is representing their local health departments at healthcare coalition meetings, they are serving as the conduit of information between the health departments and the coalitions and vice versa. Meeting attendees should be sure to include all counties that are being represented on the healthcare coalition meeting sign-in sheet.

3. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure local health departments complete and submit joint performance measures if they participated in a planned event, exercise, or incident which activated Information Sharing and/or Volunteer Management.*

Joint performance measures continue to be an annual requirement to report on. Joint performance measure questions can be found online at http://www.kdheks.gov/cphp/lhd_resources.htm. Public health regional coordinators can provide reminders to local health departments to take a look at these questions and fill them out in order for the health department or their designee to the healthcare coalition to share out. Regional coordinators can assist with answering questions if they took part in the planned event, exercise, or incident. Healthcare coalition leads will have the responsibility of collecting all joint performance measures during coalition meetings and submitting them to KDHE by the end of the grant year.

- 4. Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one annual exercise as a facilitator, player, or evaluator by May 13, 2016. Serving in an observer role does not meet the participation requirement.*

As stated, participation in an annual exercise as a facilitator, player, or evaluator prior to May 13, 2016, is required. The Regional Coordinator may assist with the AAR/IP write up, especially if doing a regional exercise. Each local health department should have their own Improvement Plan to submit to KDHE which details their specific action items.

- 5. Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will gather feedback from the local health department discussions of the Mass Care Health and Medical Toolbox and provide an update at a Healthcare Coalition meeting.*

As the local health departments meet with their ESF 8 or LEPC groups, they should be documenting feedback as they discuss their current mass care plans and processes and feedback regarding the Mass Care Health and Medical Toolbox available on KDHE's website at: http://www.kdheks.gov/cphp/operating_guides.htm under Mass Care Health and Medical Tools. This toolbox is a resource that locals can use to assist with considerations for sheltering planning. Their feedback should be submitted to the Regional Coordinator by May 1, 2016. The Regional Coordinator, or designated subject matter expert, will in turn share the feedback out with their Healthcare Coalition – likely during a 4th quarter meeting.

- 6. Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in CHEMPACK and CESSL training either in person at a healthcare coalition meeting or online via KS-TRAIN.*

In person CHEMPACK and CESSL trainings will be offered in person at healthcare coalition meetings. If preferred, an online training through KS-TRAIN will also be offered. These trainings will be publicized via the bi-weekly Preparedness email update as they are scheduled. One of the two training opportunities should be conducted by June 30, 2016. Healthcare Coalition Coordinators will upload all agenda and meeting minutes to EMResource for state visibility and verification purposes.

- 7. Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will assure local health departments are aware of the packaging and shipping training requirements for initial certification and recertification.*

Please ensure the local health departments understand the structure of the packaging and shipping certification course. This course used to be updated every year by the KDHE Laboratories to ensure

compliance with updated federal regulations. However, the CDC has their own online packaging and shipping course that also contains the needed updates. The expectation is that the local health departments will take the federal course on KS-TRAIN as a prerequisite for the Kansas specific addendum course. The federal course is “Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know – 2015”, Course ID# 1058172 & the KDHE Laboratories addendum course is “KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures”, Course #1050287. These courses shall both be taken for initial certification and recertification.

Packaging and shipping training is required to be taken every 24 months. Federal regulations are updated and reflected in new courses. The CDC course number tends to be updated once per year. As we get a new course number, it will be communicated via the bi-weekly Preparedness email update and the monthly statewide population health calls. The last update to the CDC’s course was June 2015. The course was updated to correspond with regulatory changes and now includes an optional beginner’s guide and job aids to assist those who may be less familiar with the pertinent regulations.

8. *Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:*
 - A. *Keep their contact information on KS-HAN up to date.*
 - B. *Participate in quarterly KS-HAN drills.*
 - C. *Maintain their records regarding training attended.*
 - D. *Have available signed shared resource agreements.*
 - E. *Maintain an always-on high-speed internet connection.*
 - F. *Maintain accurate information for a 24/7 calling tree and an updated Activation Protocol which describes who will be called and the events that will trigger activation levels for the region.*
 - G. *Convene meetings of all the local health departments within the region periodically and maintain minutes of meetings and attendee list.*
 - H. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.*
 - I. *Maintain a regional inventory control system for tracking capital equipment and electronic devices.*
 - J. *Attend or monitor minutes of the regional Homeland Security Council meetings.*

Work plan item #8 details all tasks that should be continuing year to year. Many of these items may be cross-cutting or administrative in nature but are still important for ensuring the Regional Coordinator or the designated subject matter expert(s) and their respective region is prepared and that they keep the proper documentation on hand in case of audit. The training records are for the individual Regional Coordinator only; not for all of their health departments. Regional meetings are flexible in terms of how often they are conducted and may be according to the needs of the region.

PHEP Ebola Supplemental Work Plan

1. *Local health departments will conduct a tabletop exercise to test their Ebola preparedness and response capabilities. (Note: If an Ebola exercise already took place during the 2014-2015 grant period, that exercise will count toward this requirement as long as an AAR/IP showing substantial effort can be produced.)*

An exercise should be conducted to test coordination with the healthcare sector, EMS providers, and emergency management, such as information sharing, patient referral, and laboratory specimen collection and submission or exercises that test other potential operational gaps. Health departments who participated in a local or regional Ebola exercise in 2014 may receive credit for the Ebola work plan as long as an AAR/IP can be produced which shows substantial effort. Some indicators that will be used to determine if the exercise meets the criteria for the supplemental funding grant are: was it conducted with other partners in your community; did the public health department make a good effort to involve the hospital in their community; did the health department submit an individual AAR/IP for the exercise (indicating the opportunities for improvement that were identified for improvement)? KDHE-developed Ebola tabletop exercise materials are available on the KDHE website at <http://www.kdheks.gov/ebola/> under Resources.

For questions, please contact Lisa Williams, KDHE Exercise Coordinator, at lawilliams@kdheks.gov or (785) 296-1984.

2. *Purchase personal protective equipment (PPE) for localized use. Local health departments should purchase Tier 1 and Tier 2 PPE as noted in the Kansas Ebola Preparedness and Response Plan.*

Local health departments are encouraged to collaborate with healthcare coalitions, community, and other regional partners to develop a strategy to assure an adequate supply of PPE for healthcare workers, laboratory personnel, EMS, and environmental services staff and work with suppliers and coalitions to develop statewide plans for caching or the redistribution and sharing of PPE. Health departments would be taking the role of patient monitoring and hospitals would have the direct patient care role in most instances.

PPE Purchasing Restrictions & Guidelines:

- Local health departments must purchase Tier 1 and Tier 2 PPE and be properly trained to use it.
- PHEP Ebola funds are to purchase PPE for public health workers only as stated in the PHEP guidance on page 6 under Responder Safety and Health.
- Funds are not to be used to purchase PPE for other healthcare partners; only public health. HPP Ebola funds will be used to purchase PPE for healthcare workers and other members of the healthcare coalition. The HPP Ebola guidance states specifically on Page 9 under Strategy 2 that Healthcare Coalitions will provide funding, as necessary, to EMS agencies for Ebola preparedness activities, such as PPE, training, and exercises.
- MOUs/MOAs may not be used in order to share PHEP Ebola supplemental purchased PPE.
- While it is recommended and encouraged to work as a region to develop a strategy to build an adequate cache of PPE, PHEP purchased PPE must be stored with public health (whether it is an individual health department or the fiscal agent for the region) and HPP purchased PPE must be stored with the healthcare coalition.

As PPE is purchased it should be added to the Comprehensive Resource Management and Credentialing System (CRMCS) to provide visibility. CRMCS is still in the process of enhancement building in order to categorize and display equipment by funding source. KDEM and KDHE will be working to get public health integrated into CRMCS.

KDHE has adopted the CDC PPE guidelines that were released on August 27, 2015 which allow for either a PAPR or an N95 mask. The KDHE PPE Guidelines for Ebola Response can be found online at <http://www.kdheks.gov/ebola/>.

3. *Local health department clinicians or those who will have direct patient contact will participate in KDHE hosted regional PPE trainings. TEEEX Course PER-320 – Personal Protective Measures for Biological Events will also count for work plan credit.*

While it may be unlikely that a local health department clinician would encounter an Ebola patient and would have to don and doff Tier 1 PPE, federal guidance requires that local health departments not only purchase PPE to prepare for such a case but clinicians need to be trained on how to properly use the PPE. KDHE is encouraging local health departments to assess their risk for encountering an Ebola patient and determine the level of PPE required for an adequate response as outlined in the Kansas Ebola Preparedness and Response Plan. Additionally, local health departments must think of all highly infectious diseases when purchasing PPE and attending trainings; not just Ebola Virus Disease.

KDHE has been working with the National Guard's Civil Support Team (CST) to develop and provide hands-on training for PPE donning and doffing and observation techniques to help ensure healthcare worker safety. At least 21 trainings will be offered throughout Kansas; three trainings within each of the seven healthcare coalition regions. These trainings will be offered through September 2016. As classes are added, the course offering in KS-TRAIN will be updated and the new offerings will be communicated via the bi-weekly Preparedness email updates and the monthly statewide population health calls.

A cache of PPE will be available at the trainings for any health departments to use that do not have their own. If the health department does have their own PPE, they are asked to bring it. The CST trainers will train specific to the equipment that the participants have. This training is for local health department clinicians and staff who would have direct contact with a patient.

To pre-register for a training, please go to KS-TRAIN and enter Course ID #1056977. Pre-registration is required due to a limited number of training spaces in each course.

TEEX Course PER-320 – Personal Protective Measures for Biological Events has been pre-approved to count for work plan credit.

For questions, please contact Lisa Williams, KDHE Exercise Coordinator, at lawilliams@kdheks.gov or (785) 296-1984.

4. *Local health departments will participate in KDHE provided refresher training on proper cleaning and disinfecting procedures related to disease control and prevention. Clinicians and/or any health department staff that would be responsible for providing direct patient care should take this training. The training will be offered on KS-TRAIN, however, there is not a Course # at this time.*

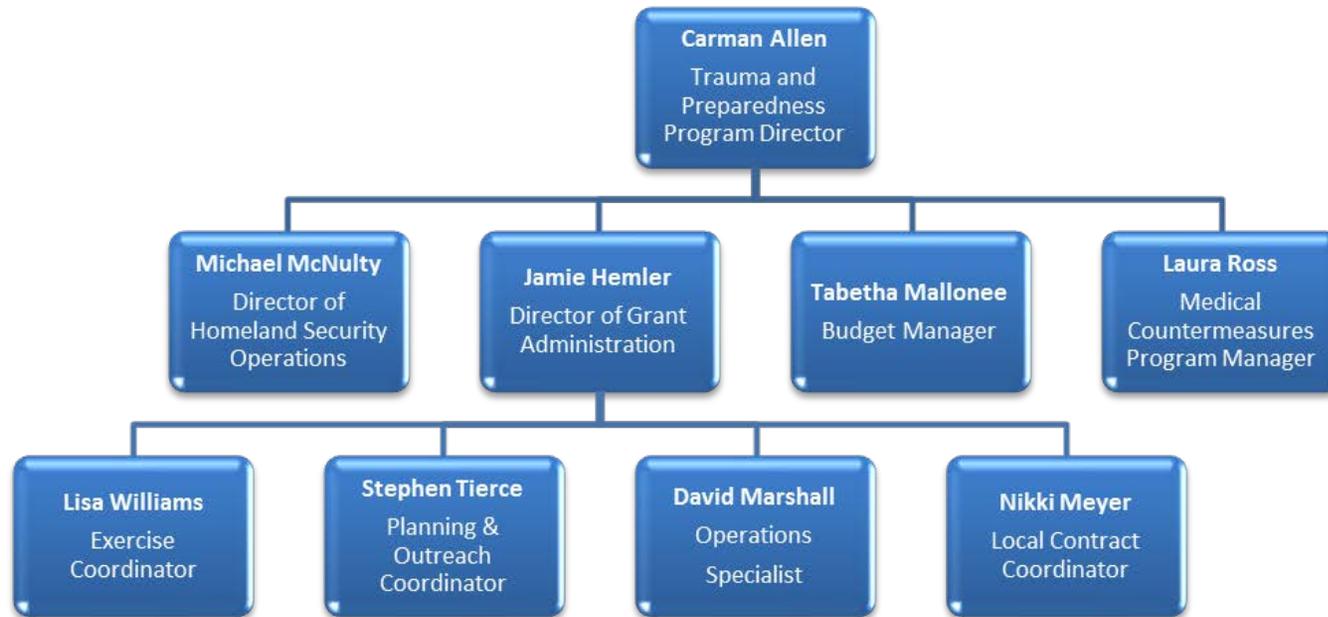
As more information becomes available for this training, it will be communicated via the bi-weekly Preparedness email update and the monthly statewide population health calls.

5. *Local health departments will participate in KDHE hosted regional Ebola Risk Communications trainings. Local health departments should send their Administrator and/or PIO to these trainings. Other trainings will not be accepted in lieu of this KDHE Ebola Risk Communications Training. These trainings will take place in the Spring of 2016.*

As of September 2015, there is not a KS-TRAIN course number to use for registration as of yet. Trainings will be provided in the Spring of 2016 and there is no alternative training that will be acceptable for work plan credit. As more information becomes available for this training, it will be communicated via the bi-weekly Preparedness email update and the monthly statewide population health calls.

6. *If a local health department hires a new staff member that will be engaged in patient monitoring, the staff member must undergo the active monitoring training module for EpiTrax (KS-TRAIN Course #1054335).*

All local health department staff members that will potentially be engaged in patient monitoring must undergo the active monitoring training module for EpiTrax on KS-TRAIN, course #1054335. Staff members who have already taken this course will not need to repeat it. However, as the health department fills positions and if that position(s) will potentially be engaged in patient monitoring, they must take the active monitoring training.



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