



2011-2012 Public Health Preparedness and Response Rush County Health Department Work Plan



Reporting Period: (Check One)	THIS REPORT & ASSOCIATED WORK PLAN SUBMISSIONS MUST BE SENT TO btgrantreports@kdheks.gov EVERY QUARTER	County Name:	Rush County Health Department
	<input type="checkbox"/> Period 1 8/10/11 - 10/31/11	Contact Person:	
	<input type="checkbox"/> Period 2 11/1/11 - 1/31/12	Contact E-mail:	
	<input type="checkbox"/> Period 3 2/1/12 - 4/30/12	Contact Phone:	
<input type="checkbox"/> Period 4 5/1/12 - 8/9/12			

Description of Tasks (PLEASE REFER TO THE 2011-2012 LOCAL HEALTH DEPARTMENT PREPAREDNESS PROGRAM GRANT GUIDANCE FOR SPECIFIC INFORMATION ON THE WORK PLAN TASKS)		Contractual Expectation ***** Measurement Tool	Actual Completion ***** Measurement Tool	
1	LHDs will participate in at least one exercise annually (tabletop, functional, or full-scale exercise, or real incident). The exercise may be completed on a community-based or regionally-based level and must test Capability 8: Medical Countermeasure Dispensing and Capability 13: Public Health Surveillance and Epidemiological Investigation, as indicated in KDHE guidance. (Capability 8 and 13)	Must complete exercise by 08/09/12 ***** 1. All exercises must be posted in KS-TRAIN prior to the date of the exercise. 2. HSEEP After Action Report and Improvement Plan sent to BTGrantReports@kdheks.gov within 90 days following the exercise(s).	Posted Exercise on KS-Train:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Date Conducted Exercise:	
			Date AAR/IP Submitted to KDHE:	
2	Each LHD will participate in one full-scale POD exercise on a community-based or regionally-based level within the five-year PHEP project period (2011-2016) that tests Capability 8: Medical Countermeasure Dispensing as indicated in KDHE guidance. This full-scale exercise will fulfill the annual exercise requirement (Work Plan item 1). (Capability 3 and 8)	Must complete one full-scale POD exercise within 5 year grant cycle ***** 1. All exercises must be posted in KS-TRAIN prior to the date of the exercise. 2. HSEEP After Action Report and Improvement Plan sent to BTGrantReports@kdheks.gov within 90 days following the exercise(s).	Posted Exercise on KS-Train (if tested in this grant year)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested this year
			Date Conducted Exercise (if tested during this grant year)	
			Date AAR/IP Submitted to KDHE (if tested during this grant year)	
3	At least one representative on staff from the local health department must have attended a Homeland Security Exercise & Evaluation Program (HSEEP) class at some point in the past or in this grant cycle. New designees will complete the three-day face-to-face training provided by KDEM/KDHE. Class schedules are posted on KS-TRAIN under Course ID #1023667. (Capability 3)	Must complete by 08/09/12 ***** Enrollment on KS-TRAIN	Name of Participant:	
4	LHDs must participate in the quarterly HAN notification test and respond in a timely manner. LHD must assure that at least one employee carries the Health Alert Network notification device	Quarterly ***** Must participate in HAN notification device	1 st Quarter:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Conducted



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	24/7, and assure that all persons designated to carry the HAN notification device, including substitutes for vacations, are enrolled in KS-HAN. (Capability 6) <i>NOTE: LHDs will not be penalized for not participating in a quarterly HAN test if KDHE has not conducted one in that quarter.</i>	test, if conducted, and respond in a timely manner.	2 nd Quarter:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Conducted
			3 rd Quarter:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Conducted
			4 th Quarter:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Conducted
5	Identify employees who are required to package and ship clinical specimens and provide training as required by Federal Law. Initial training must be completed 30 days prior to an employee packaging specimens to be shipped. Recurrent training must take place every two years. Clinical specimens include Category A Infectious Substances and Biological Substances, Category B Biological Substances. Class available online on KS-TRAIN under Course ID #1025324. (Capability 12)	Must complete by 08/09/12 ***** Completion must be verified through KS-TRAIN or LHD must turn in a class roster or class certificate to BCHS.	Name of Participant:	
6	Each local health department must participate in a SNS Technical Assistance Review (TAR) to be conducted by a trained external agency evaluator. The designated external individual that will conduct the TAR must attend or have attended in the past the full-day TAR Tool training arranged by KDHE's SNS Coordinator before the end of the grant year. It is recommended that each local health department try to attain a 69 or higher on the SNS TAR. (Capability 8 and 9)	Must complete by 08/09/12 ***** All reviewer reports should be submitted to btgrantreports@kdheks.gov within 90 days following the TAR.	TAR Completed:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Conducted
7	LHDs will update KDHE-identified annexes and appendices to their Mass Dispensing Standard Operating Guides (SOGs) to meet all required elements identified in association with Capability 8 and 9. These include submitting the following modifications and/or additions to KDHE: A. LHDs will add 24/7 contact information of medical/pharmaceutical wholesalers (local, regional, or national wholesaler)	Must complete by 08/09/12	Date Submitted:	
			A	<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted



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	B. LHDs will update SOG to include language regarding the utilization of KS-CRA for inventory management and tracking, based upon formalized guidance released by KDHE.		B	<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted
	C. LHDs will ensure local inventory information is loaded and updated within the KS-CRA system, based on KDHE-developed guidance.		C	<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted
	D. LHDs will add protocols related to the demobilization of unused medical materials.		D	<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted
	E. LHDs will submit any additional changes to the Mass Dispensing SOG. (Part E is optional. If your jurisdiction did not make any additional changes beyond A-D, please select No Changes).		E	<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted <input type="checkbox"/> No Changes
8	LHDs must maintain two registered users of the KDHE Countermeasure Response Administration (CRA) system. Both users are required to complete or have completed KS-CRA training, which is available on KS-TRAIN (Course # 1019768). (Capability 8 and 9)	Must complete by 01/31/12	Names of 2 Users:	
9	LHDs will verify the accuracy of their primary and back-up delivery locations when requested by KDHE. (Capability 8 and 9)	Must complete by 08/09/12	<input type="checkbox"/> Verified <input type="checkbox"/> Not Verified <input type="checkbox"/> Not yet Contacted	
10	Continue reviewing and evaluating reportable disease data at least quarterly to identify unusual patterns and clusters, trends and potential new or unusual diseases in order to revise public health response policies and strategies as needed. (Capability 13)	Must complete by 08/09/12	1 st Quarter	<input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not Applicable
			2 nd Quarter	<input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not Applicable
			3 rd Quarter	<input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not Applicable



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			4 th Quarter	<input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not Applicable
11	LHDs will partner with other community entities to discuss the guidance provided by KDHE related to the establishment of community reception centers for radiation emergencies. It is recommended that this be accomplished through pre-established relationships (e.g., the Local Emergency Planning Committee). (Capability 8)	Must complete by 08/09/12 ***** Meeting agenda and sign-in sheet must be submitted to KDHE.		<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted
12	LHDs will complete an inventory of current staff, including regional partners, who regularly conduct disease investigations and their related epidemiology/surveillance trainings completed. The inventory will include staff names, training(s) attended and completion dates. (Capability 13)	Must complete by 1/31/12		<input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted
13	LHDs will complete the following training: (1) All LHD employees <i>who assist with</i> epidemiological investigations should document completion, this cycle or before, of an epidemiology training module consistent to ensure that all assisting parties have received at least basic epidemiology training. ***** (2) All epidemiologists or medical investigators at LHDs will complete all components of the epidemiology training module, which includes: basic epidemiology, applied epidemiology for Kansas, and applied epidemiology for real world events. The list of approved courses or their equivalent will be provided by KDHE. KDHE may follow-up for a list of participants and their courses. (Capability 13)	Must complete by 08/09/12	(1) Basic Course	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete
			(2) All Courses	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Applicable
14	Upon completion of the PHIN Directory (scheduled for January 2012), LHDs will designate their primary and back-up 24/7 contacts for surveillance and disease investigation response and disaster response and maintain this information quarterly in the PHIN Directory. (Capability 6)	Must completed between 01/31/12 and 08/09/12	Completed 3 rd Quarter	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete
			Completed 4 th Quarter	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete



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15	LHDs are to log into the eQIPM performance management system at a minimum of twice a year to review their county's performance indicators and to seek out opportunities for improvement. (Capability 6 and 15)	Must complete by 08/09/12	Log in Prior to Mid-Year:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete
			Log in Following Mid-Year:	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete
16	LHDs must assure that the following on-going tasks are performed: Training: A. Designated LHD staff will have completed ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (Capability 3) B. Maintain records regarding training an employee attends. (Cross-Cutting) Operations: C. Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection (Capability 3) D. Have available signed shared resource agreements. (Capability 1) E. Purchase personal protective equipment (PPE) at levels that meet or exceed the PPE guidance, and check and replace outdated stock. (Capability 14) F. Maintain a public website where information can be posted and accessed by members of the public. (Cross-Cutting) G. 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.(Capability 14) H. Maintain Activation Protocol which describes who will be called and the events that will trigger activation levels for the LHD. (Capability 3)	Ongoing	A. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			B. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			C. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			E. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			F. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			G. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			H. Documentation Available Upon Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Planning: I. Monitor the minutes from the Homeland Security Regional meetings. (Cross-Cutting) J. At least quarterly, attend meetings of the regional hospital groups within the public health preparedness region. (Cross-Cutting) Fiscal: K. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years. 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.			I. Documentation Available Upon Request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			J. Documentation Available Upon Request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			K. Documentation Available Upon Request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			L. Documentation Available Upon Request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			M. Documentation Available Upon Request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No