

**TO THE MASTER CONTRACT  
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026  
BETWEEN THE STATE OF MONTANA,  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
AND SANDERS COUNTY**

**PHEP (Public Health Emergency Preparedness)**

**SECTION 1. PARTIES**

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Sanders County ("Contractor"), Federal ID Number 81-6001427 and PO Box 519, Thompson Falls, MT 59873.

**THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:**

**SECTION 2. PURPOSE**

The purpose of this Task Order is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment and development of preparedness and response activities defined by the CDCs Public Health Preparedness Capabilities Planning Guide. Resources are intended to assist county and tribal health departments sustain and/or progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities. The fifteen public health capabilities are: Public Health Surveillance and Epidemiological Investigation, Community Preparedness, Public Health Laboratory Testing, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Responder Safety and Health, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Non-Pharmaceutical Intervention, Medical Surge, Volunteer Management, Community Recovery, Fatality Management, and Mass Care.

**SECTION 3. TERM OF TASK ORDER**

- A. The term of this Task Order for the purpose of delivery of services is from 7/1/2022 through 6/30/2023.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.
- C. All previous PHEP related Task Order and any associated Task Order Amendments between the Contractor and Department are null and void upon the full execution of this Task Order.

## **SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK**

A. The Contractor agrees to provide the following services:

- 1) Collaborate with a broad-based coalition of agencies and organizations involved in emergency preparedness and response and conduct the services and development of the deliverables in this Task Order. The Contractor shall work with an existing coalition if one is in existence (such as a Local Emergency Planning Committee or Tribal Emergency Response Commission), or shall convene such a coalition with a membership that represents, at a minimum, the following agencies and organizations: hospital(s), health care provider(s), emergency medical services, disaster and emergency services personnel, public works, public safety, schools or school districts, policy makers, law enforcement, if portions or all of the reservation are within the borders of the county, Tribal and Indian Health Services must be represented.
- 2) Participate in development and implementation of county and multi-county schedules and systems for regular exercise of response plans with all appropriate partners. The local public health agency is encouraged to be a part of the overall disaster and emergency response system and participate in local, regional, and state exercise activities to reduce duplication of effort, create efficiencies, and enhance collaboration, coordination, and overall readiness.
- 3) Ensure attendance and participation by at least one representative of the local public health agency at the annual PHEP sponsored grant workshops. Attendance can be in person or virtual.
- 4) Participate in local, regional, and state emergency preparedness and response planning meetings, including those sponsored by Montana Disaster and Emergency Services and other emergency response organizations.
- 5) Each grant year participate in 50% of the State PHEP programs quarterly conference calls.
- 6) Ensure adequate staffing to complete all services and deliverables required in this Task Order. The Department recommends staffing specifically dedicated to execution of this Task Order, at the following levels: .5 FTE for jurisdictions with populations of 5,000 or less; .5 to 1.0 FTE for jurisdictions with populations of 5,000 to 20,000, and 1.0 to 2.0 FTE for jurisdictions with populations of 20,000 or more.
- 7) Collaborate with the Department staff and all affiliated contractors to carry out activities required by this agreement.
- 8) Submit to the Department's liaison listed in SECTION 8: LIAISONS AND SERVICE OF NOTICES, the deliverables as outlined and described in Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023 provided by the Department and incorporated by reference in this document. Deliverables must be completed by due dates noted in Attachment A, or by negotiated due date as described in SECTION 6: SOURCE OF FUNDS AND FUNDING CONDITIONS.
- 9) Report any planned purchase or contribution of funds toward the purchase of equipment that exceeds \$5,000 to the Department utilizing the Single Item Purchase Report form.

- 10) Communicate on a regular basis with Department staff as needed to ensure coordination of activities. The Contractor can expect to communicate with project staff by phone, e-mail, mail, etc.
- 11) Provide performance, activity and fiscal reports required by the Department as outlined and described in Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023.
- 12) Maintain complete, accurate, documented, and current accounting of all program funds received and expended, and in accordance with OMB Circular A-87 (Cost Principles for State, Local and Federally Recognized Indian Tribal Governments).
- 13) Acknowledge that any equipment, supplies, or other items purchased with funds associated with this Task Order are the property of the Contractor and the Department makes no commitment to maintain or replace these items.
- 14) Reimburse the Department for any funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery, or other unlawful loss caused by the Contractor, its employees or agents.
- 15) Comply with Administrative Rules of Montana regarding the reporting and control of communicable disease (ARM 37-114-101 – 37-114-1016).
- 16) The contractor must continue to sustain emergency preparedness and response capability and demonstrate operational readiness to respond to public health threats and emergencies. This award funding is to strengthen the capability of public health systems to effectively prepare for and respond to public health threats and emergencies. The Contractor is responsible for continuing and maintaining the emergency preparedness capacities and capabilities built through the deliverable requirements from previous PHEP cooperative agreements (2007 to present). PHEP deliverables intended to gather information only or that were for a singular and specific project are exempt from this requirement. The deliverables that are to be maintained are listed in Attachment A2.

B. The Department agrees to do the following:

- 1) Provide allocation of funds based upon the deliverables specified in Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023.
- 2) Reimburse the Contractor for actual and necessary expenditures in accordance with Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023.
- 3) Provide guidelines, templates, formats, requirements, and evaluation criteria for each deliverable in Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023.
- 4) Provide the Contractor with guidance in the areas of assessing emergency preparedness and response needs, strengthening Epidemiology, surveillance, and response capacity; developing, enhancing, and exercising county and multi-county emergency preparedness and response plans; developing policy necessary to support plan implementation; and coalition development.

- 5) Provide training and technical assistance in public health emergency preparedness and response statewide or regionally through a variety of training resources.
- 6) Communicate regularly with the Contractor through on-site meetings, phone, and e-mail as necessary to enable the Contractor to complete Task Order requirements.
- 7) Interpret state and federal laws, rules and regulations relating to public health emergency preparedness and response issues, as well as providing updates as they become available.
- 8) Provide in a timely manner and according to pre-established and mutually agreed upon timelines any review, input or approval of obligations outlined in this Task Order and/or Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023.
- 9) When possible, notify at least 30 days prior to any meeting and/or training workshops which the Contractor is required to attend and for which travel is necessary.
- 10) Provide access to educational materials and resources supportive of emergency preparedness and response. This will include, but is not limited to, a department supported web site.
- 11) Provide as needed, on-site technical assistance and/or telephonic consultation concerning the subject matter of this Task Order.

## **SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS**

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$35,531 as follows:

The Department will pay the Contractor for Public Health Emergency Preparedness services up to a total of \$35,531 for the period of July 1, 2022 – June 30, 2023.

Prior to payment, the Contractor must submit a quarterly budget report with the progress report. Budget reports must include expenses for the previous quarter. The Contractor must upload supporting documentation verifying these expenses for that quarter.

Failure to submit this required documentation will result in forfeiture of the quarterly payment. Contractors must retain all records pertaining to financial transactions under this Contract (invoices, timesheets, travel expenses, etc.), additional documentation may be required as determined by the Department.

Payments will be made for satisfactory execution of required deliverables submitted in accordance with the schedule detailed below. Each deliverable will be reviewed by the Contract liaison, or representative, for satisfactory work before payment is released. Payments will be made within 30 days after its receipt and approval by the Department.

If the Contractor does not complete all the required deliverables for the quarter, the quarterly payment will be reduced by a percentage of the incomplete or missing items that were required for that quarter (e.g., If the quarterly payment is supposed to be \$20,000, and the contractor only submitted 20 of the 25 required deliverables their payment would be reduced by 20% or \$4,000. Each deliverable would be equal to 4%.) The percentage for each deliverable will vary, based on the number of deliverables per quarter. However, if the Contractor only

completes lower-level deliverables and avoids deliverables requiring a higher level of effort, the percentage reduction could increase for the higher effort deliverables not being completed (examples of high effort deliverables would include planning documents, training, budget, and exercises. Examples of low effort would be updating the public health directory, forwarding HANs, and attending required meetings.

Prior to reduction in funding, the Department's PHEP subject matter expert (SME) will reach out to the local PHEP contact for the Contractor and inform the Contractor of what deliverable(s) are missing or incomplete. The Contractor will have five business days to correct and submit the deficient items. The SME will place a note in the progress report of the date and time of the notification. After five business days, if the item(s) are not corrected, the Department's PHEP supervisor will contact the Contractor to obtain an update on the items that need to be corrected and submitted. The Department's PHEP supervisor will provide the Contractor with an additional 5 business day to correct and submit the missing deliverables. The PHEP supervisor will place a note in the progress report to document the date and time of the notification. At the conclusion of the second 5-day correction period, the PHEP Contract liaison will notify the Contractor's liaison that if the deficiency is not corrected within 5 business days the Department will reduce the payment to amount equal to the missing or incomplete deliverables. The amount of the reduction and missing/incomplete deliverables will be included in the written notice.

If the Contractor fails to submit an average of 90% of the required deliverables for any year, it will result in a 20% reduction in the next year's funding, and the Contractor will be put on a work plan to assist with making the 90% goal. If the work plan is not completed and the Contractor does not meet 90% every quarter during that year, the Contractor will no longer be eligible to receive PHEP funding until the next 5-year cycle or 2 years. If the Contractor makes significant changes, they may work with the PHEP Contract liaison to be reinstated, at the sole discretion of the Department, prior to the end of the 5-year cycle.

The Department will reimburse the Contractor for performance as required in the four quarters of Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023. Upon successful completion and submission of quarterly reports and stand-alone deliverables, payment will be issued as follows:

Task Order period July 1, 2022 – June 30, 2023

- 1) The first quarter payment can be up to \$8,882 if all deliverables are completed, will be issued no later than 30 days after receipt of the deliverable due on October 15, 2022.
- 2) The second quarter payment can be up to \$8,882 if all deliverables are completed, will be issued no later than 30 days after receipt of the deliverable due on January 15, 2023.
- 3) The third quarter payment can be up to \$8,882 if all deliverables are completed, will be issued no later than 30 days after receipt of the deliverable due on April 15, 2023.
- 4) The fourth quarter payment can be up to \$8,885 if all deliverables are completed, will be issued no later than 30 days after receipt of the deliverable due on July 15, 2023.

The Department shall have the right at any time to request additional documentation concerning Contractor expenditures and activities. The Department may withhold payment at any time during the term of the task order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this task order. Additionally, payment or partial

payment may be withheld if a required deliverable is not submitted, submitted late, or considered unsatisfactory in either form or content. It will be the Department's discretion to determine if they will agree to another submittal deadline or to a replacement or substitute for a required deliverable.

- B. All invoices must be received by the Department no later than 30 days following the Task Order end date of 6/30/2023. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.
- D. The Contractor is required to provide a 10% soft match for PHEP funding. A soft match is defined as any funding that the Contractor contributes to the PHEP program, which may include rent, travel, utilities, salaries, etc. This funding cannot be from other federal grant sources.
- E. PHEP funding that has not been spent/obligated by the end of the fiscal year must be returned to the State PHEP program.

## **SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS**

The sources of the funding for this Task Order are \$35,531 from CFDA # 93.069.

- A. Funds associated with this Task Order, and services outlined in SECTION 4: SERVICES TO BE PROVIDED AND SCOPE OF WORK, must be completed within the term of this Task Order. Any modifications or extensions must comply with federal and state guidelines.

The Contractor must complete deliverables as defined and by the deadline noted in the Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023. If the Contractor cannot meet the established deadline for a specific deliverable, the Contractor may request an extension. The extension request must be in written format justifying the need for an extension and must be received prior to the established deadline. The department has the discretion to provide partial reimbursement for incomplete deliverables after consultation with the Contractor. Jurisdictions are given 15 business days at the conclusion of each quarter to gather required documents and submit the progress report. Work completed during this period is not within the reportable period and cannot be used for the progress report.

A jurisdiction may request an extension to allow the Contractor additional time to gather the needed documents and complete the report. A Contractor requesting an extension must complete an online form, using the link distributed by DPHHS/PHEP. The Department will provide written approval or denial of an extension request. Absent extenuating circumstances as determined in the Department's sole discretion on a case-by-case basis, extensions will not exceed 20 business days past the end of the quarter.

Requests submitted after the quarter will be denied. If the deliverables are not submitted by the end of the month, the Contractor's payment is subject to a 100 percent reduction, utilizing the process outlined in section 5(A).

If the Contractor submits two extension requests in a row within the fiscal year (consecutive quarters), they are subject to a 10% reduction from the fourth quarter payment.

- B. If the Contractor makes expenditures or incurs obligations more than the budget originally established or adjusted via modification, it shall do so at its own risk and the Department is not obligated to pay the Contractor beyond the budget stated in this Task Order.
- C. The Contractor may not use monies provided through this Task Order as reimbursement for the costs of services that are reimbursed from other sources. The Contractor will use the funds available under this Task Order for related activities that strengthen the public health infrastructure to meet the 15 public health preparedness capabilities and activities outlined in Attachment A1 Cooperative Agreement Requirements & Guidance 2022-2023
- D. This year's federal guidance explicitly identifies the following expenditures that are not allowed:
  - 1) Recipients may not use funds for fund raising activities or lobbying.
  - 2) Recipients may not use funds for research.
  - 3) Recipients may not use funds for construction or major renovations.
  - 4) Recipients may not use funds for clinical care.
  - 5) Recipients may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.
  - 6) Generally, awardees may not use funds to purchase furniture or equipment. Awardees may request an exception in writing to [koloughlin@mt.gov](mailto:koloughlin@mt.gov)
  - 7) Recipients may not use funds for reimbursement of pre-award costs.
  - 8) Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
  - 9) 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.
  - 10) Payment or reimbursement of backfilling costs for staff is not allowed.
  - 11) None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$181,500 per year.
  - 12) Recipients may not use funds for the purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, hats, or t-shirts. Purchase of items that can be reissued, such as vests, and jackets may be allowable.
  - 13) Recipients may not use funding for response to an emergency, the funds can only be used for preparedness and planning.
  - 14) Generally, funds may not be used to purchase food.

F. Other Funding Notes:

- 1) Funds can be used to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
- 2) Funds can be used to purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
- 3) With prior approval, funds can be used 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.
- 4) With prior approval, funds can be used 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.

- G. The Contractor ensures that funds received under this Task Order shall be used only to supplement, not to supplant, the total amount of Federal, State, and local public funds the Contractor otherwise expends for personnel and related services. Funds received under this Task Order shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.
- H. The Department may withhold payment at any time during the term of this Task Order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Task Order.
- I. The Contractor agrees to obtain prior approval from the Department for the purchase of any single item with a value of \$25,000 or greater. Requests for approval should include written justification to the Department liaison listed in SECTION 8: LIAISONS AND SERVICE OF NOTICES.
- J. The consideration provided to the Contractor under this Task Order may be adjusted by the Department at its discretion on any audit conducted in accordance with the terms of the Master Agreement with the Contractor.

## **SECTION 7.        CFR 200 REQUIREMENTS**

The following information may be required pursuant to 2 CFR 200:

1. Sub recipient name: Sanders County
2. Sub recipient Unique Entity Identifier: MQQLNLMNDWK8
3. FAIN number: NU90TP922042
4. Federal award date: 6/26/2022
5. Federal award start and end date: 7/1/2022 – 6/30/2023
6. Total amount of funds obligated with this action: \$35,531
7. Amount of funds obligated to sub recipient: \$35,531
8. Total amount of the federal award: \$35,531
9. Project description: Public Health Emergency Preparedness (PHEP) Cooperative Agreements
10. Awarding agency/pass-through entity/contact info: CDC/DPHHS PHEP/ Kevin O'Loughlin, 406-444-1611
11. CFDA/ALN number/name: 93.069 Public Health Emergency Preparedness
12. Research and Development: No
13. Indirect cost rate: N/A

## **SECTION 8.        TERMINATION**

Either party may terminate this Task Order in accordance with the Master Contract.

## **SECTION 9. LIAISON AND SERVICE OF NOTICES**

- A. Kevin O'Loughlin, or their successor, will be the liaison for the Department. Contact information is as follows:

Kevin O'Loughlin  
DPHHS PHEP (Public Health Emergency Preparedness) Director  
PO Box 202951  
1400 E. Broadway St.  
Helena, MT 59601

Phone Number (406) 444-1611  
Fax Number (406) 444-3044  
koloughlin@mt.gov

Debbie Lang, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Debbie Lang  
Sanders County  
PO Box 519  
Thompson Falls, MT 59873  
Phone Number (406) 827-6925  
Fax Number (406) 827-6988  
dlang@co.sanders.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

## **SECTION 10. FEDERAL REQUIREMENTS**

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

## **SECTION 11. DEPARTMENT GUIDANCE**

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards, and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

## **SECTION 12. INFORMAL DISPUTE RESOLUTION PROCEDURES**

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Division Administrator, Todd Harwell, Phone Number (406) 444-0303, Fax Number (406) 444-6943, [tharwell@mt.gov](mailto:tharwell@mt.gov) with a copy to Director Charles T. Brereton, Phone Number (406) 444-5623, Fax Number (406) 444-1970, [charles.brereton@mt.gov](mailto:charles.brereton@mt.gov).

## SECTION 13. PUBLIC INFORMATION AND DISCLAIMERS

A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents, and contractors, unless the Contractor does so:

1. in conformity with governing legal authorities and policies;
2. with the permission of the persons or entities from whom the information is to be obtained; and
3. with the review and approval by the Department prior to use, publication, or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile, or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

B. The Contractor may not use monies under this Task Order to pay for media, publicity, or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal, and electronic media.

C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

*"This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department."*

D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

*"For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, "Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010", Pub. L. No. 111-117, and in H.R. 1473, "Department" Of Defense and Full-Year Continuing Appropriations Act, 2011", Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments."*

E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its

equivalent and must be approved by the Department liaison, prior to use, publication, and release.

*"This project is funded in whole by grant number(s) NU90TP922042 CFDA # 93.069 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services."*

F. Before the Contractor uses, publishes, releases, or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

## **SECTION 14. SCOPE OF TASK ORDER**

This Task Order consists of 11 numbered pages and the following Attachments:

Attachment A1: Cooperative Agreement Requirements & Guidance 2022-2023

Attachment A2: DPHHS PHEP Cooperative Agreement Deliverables Historical 2007-Present

Attachment A3: PHEP Deliverable Requirements Calendar for 2022-2023

All the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

## **SECTION 15. AUTHORITY TO EXECUTE**

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

### **MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Todd Harwell, PHSD Administrator

### **CONTRACTOR, SANDERS COUNTY**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Sanders County, Commissioner

ATTACHMENT A1 To Task Order No. 23-07-6-11-049-0  
Cooperative Agreement Requirements & Guidance 2022-2023

# Attachment A

## Introduction

This document is the supplemental material for the task order amended to your jurisdiction's contract for services with the Montana Department of Public Health and Human Services (DPHHS). It is a continuance from the previous budget period and provides guidance information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2022-2023 budget period.

Please ***carefully and completely read*** the requirements and guidance in its entirety. If you have questions, please contact the associated **subject matter expert** or the **PHEP Section Supervisor directly**.

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

The purpose of PHEP funds, per the CDC, is to specifically support emergency and disaster preparedness efforts with public health implications in the State. Participating Local Health Jurisdictions (LHJ) fulfill the requirements of this cooperative agreement by meeting the deliverable requirements designed by DPHHS PHEP. These deliverables are reflective of some of the requirements from the CDC, and some to build public health preparedness capabilities and mitigate gaps.

This is the FOURTH budget period of the 2019–2024 PHEP Cooperative Agreement Funding cycle. Each successive budget period is continuous until conclusion of the five-year agreement cycle. You will often see the fourth budget period referred to as 1901-04, BP 4, or BP 2022-2023.

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## Noted Items for 2022-2023

1. **Operational Readiness Review (ORR):** CDC has released only a provisional version of the anticipated preparedness measurement tool. The work group organized by the CDC designed this tool to determine a state's progress towards public health emergency readiness. CDC indicates it will conduct the ORR at the state government level before pushing it to the local level. DPHHS PHEP believes the ORR may serve as a substitution for PHEP deliverable requirements in the future. However, it is too soon to speculate much with the limited details available. The COVID-19 pandemic response has seemed to slow the work towards active development, so we remain patient.
2. **Budget Requirements:** The task order for the PHEP cooperative agreement this year contains a change to how and when budget information is required. PHEP will now collect budget information quarterly. A jurisdiction must upload the documentation required with a spreadsheet to the progress report or it won't be able to submit the deliverables. Details are in the task order and staff will explain it in the Regional Workshops.
3. **Reserve Deliverable:** Because PHEP has limited definitive guidance from CDC regarding the ORR for BP 1901-04, we have set aside a reserve deliverable requirement. The A3 deliverable, *Register Two Individuals in SAMS to Report ORR Data*, was originally presented in the 2021-2022 budget year because we anticipated the CDC to include the ORR at the local level. We suspended the deliverable due to the decision made at the CDC to keep the inaugural ORR at the state government level.

The A3 deliverable requirement is not required unless guidance from the CDC indicates that local and tribal jurisdictions will have to provide ORR information into the SAMS system. PHEP will activate that deliverable and determine the quarter due when that direction is clear.

4. **Streamlined Deliverables:** Deliverable requirements are moving toward a more streamlined format by combining similar activities rather than by separating by categories. PHEP has not moved all deliverables to this format, however the concept will carry forward into the planned focused deliverable packaging for each jurisdiction in the next few years.

Another change includes eliminating several requirements that are already required by law, have been repetitive, or do not serve to further build on preparedness or mitigate gaps. Please note that the task order agreement with your jurisdiction and some State statutes require your jurisdiction to perform the some of these activities and keep up with your protocols established through previous PHEP deliverables to maintain your jurisdiction's preparedness and response capabilities as prescribed.

5. **Public Health Directory Quarterly Reviews:** Programs that have required jurisdictions to update the directory with specific information through the deliverables will now do so through the Administration A1 requirement. The A1 is the deliverable for updating the directory, but the programs who depend on the information will now audit their relevant directory categories each quarter to ensure accuracy. Be sure to read the extended guidance in A1.
6. **Year-Long Opportunity Deliverable Requirements:** In the past we had deliverables due in the 4<sup>th</sup> quarter that jurisdictions could complete at any point during the year. However, jurisdictions had to wait until the last quarter to report their progress. This budget period we have deliverables in Food & Water Safety, Health Alert Network, Risk Communications, Planning, and Training that are designated as reportable in any quarter in which they are completed. We hope this discourages jurisdictions from waiting until the final quarter to complete a requirement that they could have

finished much earlier. Each quarterly progress report will have an option to report any of the **Any Quarter** designated deliverables.

7. **Adding and Retracting Deliverable Requirements** – The extended response to the COVID-19 pandemic demonstrated that we must occasionally add requirements to the cooperative agreement to ensure operational success, both for an emergency response and to accomplish the goals of the grant for the budget period. PHEP might find it necessary to add deliverables, although the occasion will be rare. There are also times at which PHEP or one of its partner programs will either rescind or suspend a deliverable due to an emergency response or some other situation that makes the requirement disproportionately burdensome or irrelevant. PHEP will send notice of either addition or retraction of deliverable requirements through email, described in contractor meetings, and reflected in the quarterly progress report.
8. **Finally** – The HAN category (Health Alert Network) and the Public Health Directory deliverable are now categorized as *Information Management*. This change both aligns with the Capabilities Domains, but also reflects the broader subject matter of communications and informatic goals for emergency management, including HAN and maintaining emergency contact information.

## Submitting Progress Reports

### Due Dates

Jurisdictions must complete all contract deliverable work ***within the quarter it is due*** as designated in the Task Order (Section 4: Compensation) for the PHEP Cooperative Agreement. The due date for submitting a quarterly progress report is 15 days after the end of the quarter (or the first following business day).

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

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

Figure 1.

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

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

### Extensions

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

([https://phep.formstack.com/forms/phep\\_extension](https://phep.formstack.com/forms/phep_extension)). The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

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

## The PHEP Deliverables Resource (PDR) Website

Please note that the PDR has a *NEW* address: <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

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

You will see the PDR referenced frequently throughout this document.

### Final Note

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

There are 21 deliverable requirements for the 2022-2021 budget period.

# Requirements for Every Quarter

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

## Community Resilience

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

### CR1: ORR Preparation/Capability Workplan

#### Progress

Write a synopsis each quarter about the progress made on your jurisdiction's PHEP Capabilities Gap workplan.

**Domains:** *Community Resilience*

#### Guidance:

The CDC is moving closer to implementing the planned Operational Readiness Review (ORR). The workplans you developed and the activities you have performed to reach the planned goals in the past three years will prepare your jurisdiction for that process. Montana will undergo a preliminary version of the ORR during this budget period at the state level. PHEP anticipates the 2024 ORR to measure the readiness of each local and tribal jurisdiction separately and then in congregate with the State for a combined score. This deliverable's intent is to ensure each jurisdiction is ready for the ORR by fulfilling its workplans. Jurisdictions should prepare for the ORR to report information to CDC in the next one or two years. Although the timeline is uncertain, the CDC assures us that the review will happen. *All jurisdictions will have to report in the ORR and will likely have to provide documentation to support their reporting. Working through your workplans based on jurisdictional gaps should make this task much easier.*

You have determined your own gaps in the preparedness and response capabilities through jurisdictional assessments and workbooks. The COVID-19 pandemic response over the last 2 budget periods have also

**IM1** Maintain the Montana Public Health Directory

**CR1** Capability Workplan Progress

**CR2** Contribute to Growth of Regional Healthcare Coalitions

**IZ1** Off-Site Influenza Clinics

**IZ2** Influenza Partners & Communication

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revealed some areas for improvement. The pandemic also gave us opportunities to improve and close some gaps. The most important thing you can do with those lessons learned is to get them written into your plans. Actual experiences work best in planning scenarios.

Continue to employ your workplans and continue to provide a quarterly record of your progress towards each year's jurisdictional workplan. Include the targeted function, objective, and activities performed. Indicate the estimated percentage of work accomplished towards the goal or if you achieved the goal.

**To fulfill this deliverable:**

1. Implement your workplan and work towards its goals.
2. Answer the questions on the quarterly progress report.

## **CR2: Contribute to Growth of Regional Healthcare Coalitions**

Participate in Regional Healthcare Coalition (RHCC) activities.

**Domains:** *Community Resilience*

**Guidance:**

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

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

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

The following are examples of participation

- Attend one of the two biannual meetings (or both)
- Participate in your RHCC designated quarter's F5 TTX
- Help plan and participate in emergency preparedness drills and exercises with other coalition members
- Create or strengthen agreements such as Memorandums of Understanding with emergency response and healthcare coalition members
- Engage the coalition and its members in capability planning and assigning roles and responsibilities
- \*Engage AFN healthcare providers for planning efforts
- Participate on any of the RHCC subcommittees

**\*Access & Functional Needs**

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

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

Three points of conversation:

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

#### **Montana Regional Healthcare Coalitions**

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

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

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

## **Information Management**

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

### **IM1: Maintain the Montana Public Health Directory**

Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.

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

#### **Guidance:**

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

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

Each jurisdiction must log into the system with a username and password provided by DPHHS. The directory is found at <https://health.hhs.mt.gov/phd>. Verify that the information in the directory is complete each quarter, by selecting the "mark as reviewed" button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

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

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

- **Communicable Disease Epidemiology** – CDEpi performs outreach to local health departments to assist and advise jurisdictions with case reporting and items required by statute. Their staff maintains contact with many of the jurisdictions and will check the directory often.
- **Food & Consumer Safety** - Will audit a random selection of counties every quarter, to ensure that information entered in the public health directory under the category CDCB Environmental Health is accurate.
- **Public Health Laboratory** – Will review Category A Shippers, DWES, and CBAT kit locations every quarter. This year includes a new category that requires each jurisdiction to enter contact information for their laboratory Key Surveillance Partners (KSP), excluding corporate labs (e.g., Quest, LabCorp, Mako, etc.).
- **Public Health Emergency Preparedness** – PHEP reviews information related to emergency preparedness and response contacts. It will also ensure that important relevant information is up to date, such as the Board of Health Chair and Lead Local Official, for use by the Public Health & Safety Division and the Directors Office. PHEP is the primary custodian of the directory.

**To fulfill this deliverable:**

1. Review all information for every contact in each category below.
2. Update the following categories:
  - Board of Health Chair contact information
  - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
  - Clinical lab contacts (most often used)
  - Epidemiology Lead and secondary contacts
  - HAN Primary, Secondary, and Tertiary contacts
  - Health Department with after-hours numbers
  - Lead Local Health Officials' contact information
  - MIDIS users
  - Preparedness Lead and Secondary
  - Preparedness Contract Liaison
  - Public Information Officer
  - Sanitarian Lead and Secondary contacts
  - SNS Coordinator
  - SNS drop point locations
  - Volunteer registry manager and back-up
3. Select 'Mark as Reviewed' in the Directory.
4. Indicate which public health directory categories you updated in the quarterly progress report.

## Immunization

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

### IZ1: Off-Site Influenza Clinics

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

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

**Guidance:**

Off-site influenza clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site influenza clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency.

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

**To fulfill this deliverable:**

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

## **IZ2: Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

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

**Guidance:**

Advanced planning, including identifying communication strategies, are important components to emergency management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization/PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the track vaccine partner meetings and influenza prevention messaging and clinic advertising. The spreadsheet is available by request.

**To fulfill this deliverable:**

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

# Requirements Due Any Quarter

Jurisdictions may complete these deliverable requirements **at any point during the budget period** and report their completion for the quarter in which they occurred.

However, *you must complete all these deliverables before the end of the 4<sup>th</sup> Quarter of BP 19-04!* PHEP encourages local and tribal jurisdictions to complete their deliverables as soon as possible, and these four lend themselves to completion within any quarter during the grant period. **Jurisdictions can report right away when a deliverable is complete instead of waiting until the 4<sup>th</sup> Quarter.**

- C1** Continuity of Operations Training
- F1** Sanitarian Participation in LEPC
- F3** Sanitarian Training Requirements
- IM2** Redundant Tactical Communications Test
- P1** Communicable Disease Plan
- P2** Pandemic Influenza Plan
- RC1** CERC Training
- T1** ICS/IS Training

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## Continuity of Operations Planning

### Community Resilience

Jake Brown, 406-444-1305, [jacob.brown@mt.gov](mailto:jacob.brown@mt.gov)

#### **C1: Continuity of Operations (COOP) Training**

Successfully complete FEMA's independent studies course [IS 1300: Introduction to Continuity of Operations](#).

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

#### **Guidance:**

FEMA's course description: This course is intended to lay the foundation of knowledge for students who wish to increase their understanding of continuity and building a comprehensive continuity program in their organization or jurisdiction.

This course replaces [IS-546.a Continuity of Operations Awareness Course](#) and [IS-547.a Introduction to Continuity of Operations](#).

The online course is found here, [IS-1300: Introduction to Continuity of Operations - Welcome \(fema.gov\)](#). Successful completion means passing the final exam for the certificate. You will need a FEMA SID (student identification number) to register.

Please remember that **COOP is not a recovery function**, although it does have a role in those operations. Rather, it is an emergency management function meant to keep your organization running during a crisis, disaster, or emergency. This awareness-level course gives you the groundwork for your own COOP planning.

At least one person from your health department must complete this course during the 2022-2023 budget period. This deliverable requirement is met if someone in your agency has completed this course within the last 4 years (or the IS-546.a and IS-547.a combination).

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

1. A staff member from your local health department will complete FEMA's independent studies course [IS 1300: Introduction to Continuity of Operations](#).
2. Submit the name of the participant, the date completed, and a copy of the individual's certificate to the quarterly progress report.

3. If a staff member from your local health department has completed this course within the last 4 years, submit the name of the participant, the date completed, and a copy of the individual's certificate to the progress report in the earliest quarter possible.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

### F1: Sanitarian Participation in LEPC

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

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

#### Guidance:

Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

In jurisdictions with a contract sanitarian, a representative may attend in their place until the sanitarian's current contract ends. The representative may be a local DES agent, the local health officer, or another public health official who is able to communicate important information on behalf of the local sanitarian.

**If a representative is going in place of a sanitarian, you will need to report when the sanitarian's contract will end. After that end date, representatives will no longer be approved.**

#### To fulfill this deliverable:

1. Collaborate with your jurisdiction's sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.
3. If a representative attends the meeting in place of the sanitarian all the following are required for approval:
  - a. Provide a summary of what information was communicated, who the representative was, and the date they attended the meeting
  - b. Provide a date for the end of the current contract with sanitarian. Work with your local board of health to get attendance to LEPC for sanitarians a requirement for the future.

Notes

### **F3: Sanitarian Training Requirements**

1. A registered sanitarian (RS) for your jurisdiction conducting pool inspections must demonstrate completion of training in swimming pool inspection techniques
2. A registered sanitarian (RS) for your jurisdiction conducting retail food inspections must demonstrate completion of a food safety training program

**Domains:** *Community Resilience, Biosurveillance*

**Guidance:**

Sanitarians who are responsible for swimming pool inspections must complete training in inspection techniques per Circular FCS 3-2020 12.2.2. The RS for your jurisdiction who is responsible for conducting retail food inspections must complete a food safety training program per MCA 50-50-301.

FCS will offer information on training throughout the year. Sanitarians must provide proof of successfully completing the training requirements.

**To fulfill this deliverable:**

1. During budget period, submit a copy of certificate of food safety training for all registered sanitarians who conduct retail food inspections.
2. During budget period, submit a copy of a non-expired CPO training certificate or other approved training for all registered sanitarians that conduct pool inspections.
3. Sanitarians who have not completed the appropriate training will need to do so by the end of the budget year

## **Information Management**

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

### **IM2: Redundant Tactical Communications Test**

Conduct a redundant communications test to maintain connectivity with PHEP

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

**Guidance:**

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

Redundant communications tests mean using a device other than land line or office phone. Good planning means documenting alternate means of communication into of your plans for exchanging emergency information.

This deliverable requires someone from your jurisdiction **to use email to contact DPHHS PHEP at [mtphep@mt.gov](mailto:mtphep@mt.gov).** Include in the email staff **why** you are sending the email (redundant communication test) and information such as **your name, your jurisdiction, and list of your available redundant communication modes** (e.g., landline, mobile phone, text, etc.).

**To fulfill this deliverable:**

1. In any quarter during the budget period, email DPHHS PHEP at [mtphep@mt.gov](mailto:mtphep@mt.gov) and provide your **name, jurisdiction and list of your available redundant communication modes**.
2. Record the date of the email and sender in the quarterly progress report.
3. Indicate on the progress report if your health department has redundant communications written in a plan and the name of the plan if specified.

## Community Resilience

### Planning

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

#### P1: Communicable Disease Response Plan

Review and update, if necessary, your jurisdiction's response plan for communicable disease.

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

**Guidance:**

Use the assessment tool provided in the deliverable resources folder in the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>. A sample checklist is in [Appendix B](#).

Communicable disease response plans should consider all components stated on the checklist or have a reference to another portion of your plan or a separate protocol that covers the listed component.

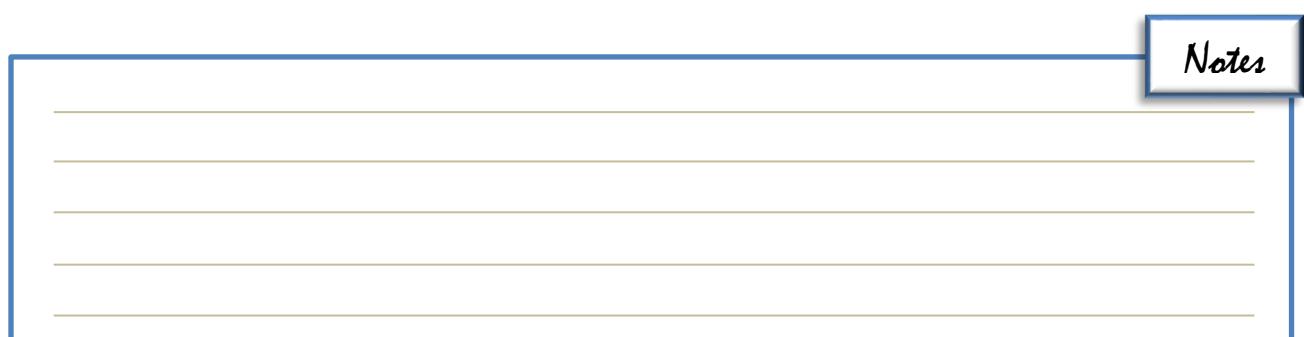
Include your ESF8 partners, including your KSPs, emergency manager, and any other healthcare facility that will assist in a communicable disease response. Involve your jurisdiction's Health Officer.

**NOTE:** We anticipate the Operational Readiness Review (ORR) will require you to submit your jurisdiction's communicable disease plan. PHEP and CDEPI recommend covering all the elements in the checklist.

Remember that part of your plan involving memos of understanding and agreements include sharing medical data. Ensure the standing request for release of Department of Veteran's Affairs medical record data is current for your health jurisdiction. CDEpi will contact you to update this standing request.

Create a concurrence or promulgation signature page just inside of your plan if you don't already have one. When you have reviewed and updated your plan, present it to the Board of Health for review. **An example concurrence/promulgation signature page is in [Appendix B](#)** and available on the [PDR](#). When the Board approves your plan, have the BOH Chairperson and the Health Officer for your jurisdiction sign the concurrence/promulgation page. Their signature should indicate acknowledgement that the procedures outlined in the checklist and contained in your plan are what your agency will do in the event

*Notes*



of a communicable disease response.

**To fulfill this deliverable:**

1. Review and update your communicable disease plan, creating a concurrence/promulgation signature page if it does not already contain one.
2. Present the plan to the Board of Health
3. Have your Board of Health Chairperson and Health Officer, or their designees sign the concurrence/promulgation page in the plan.
4. Upload a scan of the signed page into the quarter's progress report.
  - a. NOTE: Do not upload the checklist. Upload the SIGNED concurrence/promulgation page for the plan ONLY.

## Community Resilience

### Planning

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

### P2: Review the Pandemic Influenza Plan

Review and update your jurisdiction's Pandemic Influenza Plan.

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

#### Guidance:

Use the assessment tool provided in the deliverable resources folder in the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>. A sample checklist is in [Appendix B](#). This tool provides guidance for what a plan should provide to layout the groundwork for a pandemic response. An example of the assessment tool is in the appendix.

Local planning for pandemic influenza is better served by reflecting what will actually happen in your jurisdiction if it occurs. The COVID-19 pandemic is a very close facsimile of influenza, and your experience responding to that public health emergency should provide you good grounding for revisions of your flu plan.

Your jurisdiction's After-Action Report (AAR) for the COVID-19 response ought to give you gaps and successes that you can work into your plan as well. Reflect the Public Health Emergency Preparedness & Response Standard Capabilities, but make sure it is accurate to your jurisdiction's resources and processes.

The review and update process for your jurisdiction's pandemic influenza plan should include your response partners. Invite those who you list with roles and responsibilities, such as the local emergency manager, hospital preparedness coordinator, and any other stakeholders. This will enable the community to be aware of the plan and engage in healthcare response in a positive manner.

**NOTE:** We anticipate the Operational Readiness Review (ORR) will require you to submit your jurisdiction's communicable disease plan. PHEP and CDEPI recommend covering all the elements in the checklist.

Follow the same process as reviewing and updating the communicable disease response plan. Create a concurrence/promulgation signature page just inside of your plan if you don't already have one. [An example concurrence/promulgation signature page is in Appendix B](#) and available on the [PDR](#). When you have reviewed and updated your plan, present it to the Board of Health for review. When the Board approves your plan, have the BOH Chairperson and the Health Officer for your jurisdiction sign the concurrence/promulgation page. Their signature should indicate acknowledgement that the procedures

outlined in the checklist and contained in your plan are what your agency will do in the event of a communicable disease response.

**To fulfill this deliverable:**

1. Review and update your pandemic influenza plan, creating a concurrence/promulgation signature page
2. Present the plan to the Board of Health
3. Have your Board of Health Chairperson and Health Officer, or their designees sign the concurrence/promulgation page in the plan.
4. Upload a scan of the signed page into the quarter's progress report.
  - a. NOTE: Do not upload the checklist. Upload the SIGNED concurrence/promulgation page for the plan ONLY.

## Risk Communications

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

### RC1: CERC Training

Complete a Crisis and Emergency Risk Communications training or refresher training.

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

**Guidance:**

Identify personnel from your jurisdiction who need public health risk communications or public information training. This year's CERC training will be moving away from a theory centered instruction and toward a process centric approach. Elements covered include:

1. Information Management
1. Planning (including Hasty, Detailed, and Deliberate approaches)
2. Development (including Audience Assessment, Prototyping, and Pre-Testing)
3. Approval
4. Publication (including Production, Distribution, and Dissemination)
5. Evaluation

DPHHS PHEP will offer two trainings. *CERC Operations* and *CERC Refresher*. CERC Operations will be a 12-hour small group discussion-based course, covering each step in detail, with practical exercises and an exam. The CERC Refresher Course will be a 1-hour course summarizing CERC Operations with no practical exercises or exam. If the CERC Operations training is too much, and the CERC Refresher is not enough; identified personnel may opt to take the online CDC CERC Class.

**To fulfill this deliverable**

1. Provide the names and title of each person from your jurisdiction, along with the course name and date completed. Work with your local emergency manager to offer it to others in your county government if you do not have the appropriate staff in your public health office to take this training.
  - DPHHS CERC Operations
  - CDC CERC Online
  - DPHHS CERC Refresher Training
  - Or another training courses approved by the PHEP Risk Communications Coordinator
2. Upload certificates of completion.

# Training

Jake Brown, 406-444-1305, [jacob.brown@mt.gov](mailto:jacob.brown@mt.gov)

## T1: IS/ICS Training

Ensure public health staff have passed FEMA training courses for the incident command structure, at a minimum, in ICS 100, 200, and 700.

**Domains:** *Incident Management*

**Guidance:**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster should know how incidents are managed under the National Incident Management System. This system is the framework to ensure that all events are handled the same way across all agencies, ensuring consistency in operations and communications. The basic courses of 100, 200, and 700 familiarizes participants with the concepts.

If staff is already trained to that level, those who might serve in an emergency operations center or an incident command role should take the ICS 300 and 400 courses if they are available (at the time of this writing, those courses are under revision). If all staff are already trained to the higher level, at least one person must take at least one other FEMA ICS or independent study course.

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

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

**To fulfill this deliverable:**

1. Select staff to take the appropriate courses
  - a. IS/ICS 100, 200, 700 for new staff or those needing refresher
  - b. ICS 300, 400 (if available) for staff already trained in basic courses
  - c. If all staff are trained in the prescribed series, at least one other ICS course of choice
2. The select staff takes the courses from a live instructor or the on-line course and receives or downloads the official FEMA certificate.
3. Keep a record or spreadsheet of who has completed which courses for future reference.
  - a. Make a back-up file
  - b. Scan certificates for files
4. List the names, courses, and dates of completion on the progress report.

<hr/> <hr/> <hr/> <hr/>	<b>Notes</b>
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# Requirements for 1<sup>st</sup> Quarter

These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 1<sup>st</sup> quarter – October 15.

## Information Management

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

### IM3/T2: New Health Alert Network System

Attend training in person or virtually to for the new HAN system at the Summer Institute.

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

**IM3/T2** New HAN System training at Summer Institute

**F2** Review Truck and Train Wreck Protocol

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

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#### Guidance:

DPHHS PHEP is employing a new system for health messaging. The new system is based on the Juvare platform and is open for local and tribal public health to use. The system is more reliable and simpler to use than the previous system. Plus, the new system **will allow local access for jurisdictions**, giving them the ability to store their own contacts and information, ready to send their own messages. Local use on a uniform and shared program to send a message to their own contacts will save time.

At least one person from each jurisdiction must attend this training either in Billings or virtually. PHEP highly encourages a back-up (or two) for training as well.

**NOTE:** The Summer Institute is held in Billings for 2022 and it is still under development. DPHHS will provide more details and information about the Institute within the 4<sup>th</sup> quarter of BP 2021-2022. This includes virtual web options and in person attendance.

#### To fulfill this deliverable:

1. Register for the Summer Institute and select the course training for the new HAN system.
2. Attend the course either in person or virtually. Your attendance will be recorded.
3. Answer the survey questions on the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

### F2: Review Truck and Train Wreck Protocol

The Registered Sanitarian (RS) works with your jurisdiction's local Board of Health to maintain an approved truck wreck response procedure under [MCA 50-2-118](#).

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

#### Guidance:

Ensure that information in your current protocol is up to date and meets standards in accordance to [MCA 50-2-118](#) (<http://leg.mt.gov/bills/mca/50/2/50-2-118.htm>). DPHHS will provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Although commonly referred to as the "Truck Wreck Protocol", remember that this procedure should be used for **any** accident involving the transportation of food, including trains.

#### To fulfill this deliverable:

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

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

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

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Public Health Laboratory

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

### L2: DWES Kit Inventory

The environmental health staff responsible for safe community water supply will inventory the contents of the Drinking Water Emergency Sampling Kit (DWES) supplied by the Montana Public Health Lab.

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

#### Guidance:

The purpose of this inventory is to verify the location, contents, and condition of the DWES kits supplied by the DPHHS Public Health Laboratory. The information you provide will also determine if the kits still contain the proper elements and are not damaged or leaking.

These kits were assembled and distributed several years ago. The lab has occasionally received reports that some kits lost their seals, items within them were leaking, or used for purposes other than intended. Turnover of personnel over the years has also contributed to some neglect or misplacement. Consequently, becoming familiar with the contents is practical.

The custodian of the DWES kit should be a jurisdictional sanitarian, environmental health personnel, or community water supply operator and is the appropriate person/agent to conduct the inventory. Contact Kim Newman if you need assistance.

#### To fulfill this deliverable:

1. Contact the appropriate partner in your jurisdiction responsible for water safety.
2. Explain the situation and the deliverable. Don't forget to remind them of the quarter deadline.
  - a. Give them the link for the DWES inventory.  
[https://PHEP.formstack.com/forms/dwes\\_kit\\_inventory](https://PHEP.formstack.com/forms/dwes_kit_inventory)
  - b. Encourage them to call Kim Newman at the Public Health Laboratory for help.
3. When the survey is completed and submitted, you should get an email to confirm. Mark the L2 deliverable requirement in progress report as complete.

# Requirements for 2<sup>nd</sup> Quarter

These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 2<sup>nd</sup> quarter – January 15.

## Countermeasures & Mitigation

### Emergency Medical Countermeasures

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

### Exercise

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

### Immunization

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

\*Countermeasures and Mitigation is one of the six domains of the *Public Health Emergency Preparedness and Response Capabilities National Standards* (2018). Its purpose is to strengthen access to and the administration of pharmaceutical and non-pharmaceutical interventions, ensure safety and health of responders, and to operationalize response plans. PHEP has created this deliverable by melding deliverable requirement elements of Immunization, Emergency Medical Countermeasures, and Exercise.

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

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

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

#### Guidance:

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

#### Emergency Medical Countermeasures

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

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

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

**CM1** Off-Site Influenza Point-of-Dispensing (POD) Vaccination Clinic

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

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

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

**L1** Sample Transport Plan Review

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## Vaccinations

Preparing an off-site influenza clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals. The *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, exercising, and reviewing your off-site POD influenza clinic. Complete the sections as they correspond to the three stages of an off-site influenza clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

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

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

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

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

### *Vaccination Population Group Screening Question:*

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

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

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

## Exercise

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

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

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

1. Schedule and prepare for an off-site POD as an influenza vaccination clinic according to your emergency medical countermeasures plan.
  - a. Inventory your POD supplies (POD Box)
  - b. Upload a copy of the inventory to the progress report.

2. Download and review the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.
  - a. Complete the sections during the appropriate stages.
  - b. Upload the completed checklist to the Progress Report.
3. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for the clinic.
  - a. Report aggregate totals for each vaccination group indicated. There will be a total of six groups to report.
  - b. Submit aggregate totals for each group to the Progress Report.
4. Complete and submit an AAR/IP to the progress report.

## Epidemiology

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

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

Identify, engage, share information, and report activities with your jurisdiction's Key Surveillance Partners.

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

#### Guidance:

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

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

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

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

Notes

Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider.

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

**To fulfill this deliverable:**

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. Record the number of KSPs by type on the progress report.
  - a. Providers (e.g., private and community clinics)
  - b. Laboratories
  - c. Schools
  - d. Senior Care Facility (Nursing homes/assisted living facilities)
  - e. Other partners
- f. Total number of KSPs
2. Engage your key surveillance partners through “active” weekly or biweekly surveillance calls.
  - a. Maintain log of active surveillance calls (a sample template is available in the resource directory).
  - b. Indicate on the quarterly progress report if this log was completed.
  - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.
3. Record the date(s) that disease reporting instructions were provided to KSPs with a general description of what materials were provided.
4. Report on the materials your jurisdiction distributes to KSPs each quarter.
  - a. Provide the frequency and short description of materials you will distribute to your KSPs during BP4 on the progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

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

Fill in the contact information in the Licensed Establishment Database.

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

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

**Guidance:**

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

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

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

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

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

**To fulfill this deliverable:**

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. Criteria for approval are:
  - a. Over 90% of phone numbers are present in database or are on spreadsheet.
  - b. Over 90% of physical addresses are valid and accurate in database or on spreadsheet.
    - i. Guidance on correct address formatting will be providing as an attachment. No addresses should be P.O. Boxes, intersections, streets without a number, etc.
  - c. Notable improvement is observed for email addresses.
  - d. Recognizing that 90% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case-by-case basis. The evaluation will be based on measurable improvements and efforts seen.
3. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

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

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Public Health Laboratory

Crystal Fortune, 406-444-0930, [cfortune@mt.gov](mailto:cfortune@mt.gov)

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

### L1: Sample Transport Plan Review

Review use of the jurisdiction sample transport plans and activities during COVID-19 pandemic response.

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

**Guidance:**

Each jurisdiction will complete a questionnaire in Formstack that will ask about the use of existing sample transport plans or what alternate means were used in the absence of a satisfactory sample transport plan.

Every jurisdiction in Montana collected COVID-19 tests and sent samples to MTPHL. Each jurisdiction also has a sample transport plan developed and kept current through prior PHEP deliverable requirements.

The pandemic created an opportunity to test these plans on a State-wide scale, and MTPHL wants to gather information about the effectiveness and usefulness of local plans.

MTPHL has specific questions it needs for its own review and to offer feedback, even if you might have covered this component in your jurisdiction's After-Action Report (AAR). Your AAR may be able to help you complete the questionnaire. The form may also help you if your jurisdiction or department has not yet conducted an AAR.

MTPHL's questionnaire in Formstack will ask for responses about the use of your jurisdiction's approved sample transport plan, including successes and areas for improvement. The questionnaire will also inquire about actions taken in the absence of a thorough transport plan. The form will be built, ready, and available before the 2<sup>nd</sup> Quarter.

**To fulfill this deliverable:**

1. Complete and submit the online questionnaire regarding your jurisdiction's use of its approved sample transport plan. MTPHL will provide feedback on areas for development and future delivery options.
1. Confirm completion of the form on the PHEP quarterly progress report.

## Requirements for 3<sup>rd</sup> Quarter

*These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 3<sup>rd</sup> quarter – April 15*

### IM5: HAN Response Rate

Adjust your jurisdiction's HAN message response protocols to answer notifications from DPHHS to the updated parameters.

**IM5 HAN Response Rate**  
**F5 RHCC TTX for Foodborne Illness & Food-Related Injury**  
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**Domains:** *Information Management*

#### Guidance:

*This deliverable requirement will start with the 3<sup>rd</sup> Quarter as the new HAN distribution system comes online for all jurisdictions. DPHHS PHEP has adjusted its time parameters for responding to HAN notifications. These target acknowledgement times for response apply to both actual messages and exercise/drill messages.*

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
- Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
- Local jurisdictions must respond to all other HAN messages within 24 hours.

*-OR-*

- Follow the response instructions included on the DPHHS HAN cover sheet.

The updated HAN policy restricts PHEP to sending HEALTH ADVISORY and HEALTH UPDATE HAN messages only from 8 a.m. to 12 noon. HEALTH ALERT messages may be sent at any time because of the severe nature that level of message carries.

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

**To fulfill this deliverable:**

1. Respond to DPHHS HAN messages according to PHEP's new parameters.
  - HEALTH ALERT notifications within 2 hours.
  - HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
  - All other HAN messages within 24 hours.  
*-OR-*
  - Follow response instructions on the HAN cover sheet.
2. Redistribute the proper HAN messages to the appropriate contacts within your jurisdiction.
3. The new HAN system will track your responses. No record is needed in the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

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

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Requirements for 4<sup>th</sup> Quarter

*These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 4<sup>th</sup> quarter – July 15.*

## Community Resilience

Colin Tobin, 406-444-3011, [colin.tobin@mt.gov](mailto:colin.tobin@mt.gov)

### **CR3: End of Year Report**

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

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

**Guidance:**

Each public health jurisdiction must submit a brief narrative to describe its preparedness activities during the budget period. These descriptions must be for activities performed outside of the deliverable requirements set forth in this cooperative agreement. The purpose of this requirement is to begin a record of accountability for the use of PHEP grant funding. The CDC PHEP program has been requesting more narrative-based examples of how the money is used at the local level. These examples are used to justify continuing funding from Congress.

The report must describe how PHEP funding has improved your preparedness during the last budget period. Activities that might be included are extra vaccination clinics during outbreaks, partial or full responses to actual emergencies such as wildfires or floods, or the number of activations for your Emergency Operations Center. Activation of any of your response plans and participation in exercises with other organizations also qualify. Please also suggest areas of preparedness in which your jurisdiction could use more assistance.

[CR3 End of Year Report](#)  
[IM5 HAN Response Rate](#)  
~~[F5 – RHCC TTX for Foodborne Illness & Food-Related Injury](#)~~  
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PHEP advises keeping a log or journal of activities throughout the budget period to help with this report.

**To fulfill this deliverable:**

1. Keep note of preparedness and response activities for your public health organization throughout the budget period.
2. Write a brief report of those activities in the progress report.

## **IM5: HAN Response Rate**

Adjust your jurisdiction's HAN message response protocols to answer notifications from DPHHS to the updated parameters.

**Domains:** *Information Management*

**Guidance:**

*This deliverable requirement will start with the 3<sup>rd</sup> Quarter as the new HAN distribution system comes online for all jurisdictions.* DPHHS PHEP has adjusted its time parameters for responding to HAN notifications. These target acknowledgement times for response apply to both actual messages and exercise/drill messages.

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
- Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
- Local jurisdictions must respond to all other HAN messages within 24 hours.  
*-OR-*
- Follow the response instructions included on the DPHHS HAN cover sheet.  
The updated HAN policy restricts PHEP to sending HEALTH ADVISORY and HEALTH UPDATE HAN messages only from 8 a.m. to 12 noon. HEALTH ALERT messages may be sent at any time because of the severe nature that level of message carries.  
Shortening the time to respond to HAN messages brings Montana closer to the standards of its neighboring states. A rapid response rate will encourage distributing of healthcare related messages more efficiently as well as sharing situational awareness.

**To fulfill this deliverable:**

4. Respond to DPHHS HAN messages according to PHEP's new parameters.
  - HEALTH ALERT notifications within 2 hours.
  - HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
  - All other HAN messages within 24 hours.  
*-OR-*
  - Follow response instructions on the HAN cover sheet.
5. Redistribute the proper HAN messages to the appropriate contacts within your jurisdiction.
6. The new HAN system will track your responses so there is no need to record in the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

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

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Reserve

### Information Management

Colin Tobin, 406-444-3011, [colin.tobin@mt.gov](mailto:colin.tobin@mt.gov)

### IM4: Register Two Individuals in SAMS to Report ORR Data – **Cancelled**

# Appendix

Appendix A [A-30](#)

Appendix B [A-39](#)

# Appendix A

## Checklist: Best Practices for Vaccination Clinics

# CHECKLIST of

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

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

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

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

## INSTRUCTIONS

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

Name and credentials of clinic coordinator/supervisor:

\_\_\_\_\_

Name of facility where clinic was held:

\_\_\_\_\_

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

\_\_\_\_\_

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

Time (AM/PM)

Date (MM/DD/YYYY)

Time and date when form was completed:

Time (AM/PM)

Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor:

\_\_\_\_\_



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

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Version 9 (Updated August 18, 2020)

C5249275-A

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

## VACCINE SHIPMENT

YES    NO    N.A.

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

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

YES    NO    N.A.

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

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

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

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

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

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

YES    NO    N.A.

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

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

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

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

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

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

## CLINIC PREPARATION AND SUPPLIES

YES    NO    N.A.

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

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

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

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

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

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

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

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

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

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

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

YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	A qualified individual has been designated to oversee infection control at the clinic.
<b>PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of face coverings is available for visitors and patients who may not have one.
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.
<input type="checkbox"/>	<input type="checkbox"/>	Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See <a href="#">EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</a> that causes COVID-19.)
<input type="checkbox"/>	<input type="checkbox"/>	Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).
<input type="checkbox"/>	<input type="checkbox"/>	Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.
<b>DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)</b>		
<b>VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	 Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range ( <i>i.e.</i> , a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).
<input type="checkbox"/>	<input type="checkbox"/>	 Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. <i>Follow the monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>.</i>
<input type="checkbox"/>	<input type="checkbox"/>	 If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures ( <i>i.e.</i> , between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). <i>If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.</i>
<input type="checkbox"/>	<input type="checkbox"/>	 If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close as possible to the vaccines, and temperatures are being read and recorded <u>at least once an hour</u> . The container is being kept closed as much as possible.
<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.
<b>VACCINE PREPARATION</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	 Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. <i>(Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
<input type="checkbox"/>	<input type="checkbox"/>	 If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared at the time of administration.
<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are predrawn from a multidose vial, <b>only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).</b>
<input type="checkbox"/>	<input type="checkbox"/>	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	 Once drawn up, vaccines are being kept in the recommended temperature range. <i>(Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.)</i>
<b>VACCINE ADMINISTRATION</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	 Vaccine information statements (VISS or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
<input type="checkbox"/>	<input type="checkbox"/>	 All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).

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

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

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. <a href="http://www.cdc.gov/handhygiene/providers/index.html">www.cdc.gov/handhygiene/providers/index.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before administering vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each staff member is administering only the vaccines they have prepared.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered using aseptic technique.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccine to the correct patient (e.g., if a parent/guardian and child or two siblings are at the vaccination station at the same time, patient's name and date of birth are verified prior to vaccination).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccines using the correct route per manufacturer instructions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering the correct dosage (volume) of vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval. <i>Follow the recommended guidelines in Table 3-1 of the General Best Practice Guidelines for Immunization: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01</a>.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccine administration errors are observed, corrective action is being taken immediately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events. <b>This is especially critical at drive-through or curbside clinics where drivers are being vaccinated.</b>

**ADMINISTRATION OF INJECTABLE VACCINES** (In this section, N.A. is *ONLY* an option if the clinic is **EXCLUSIVELY** using non-injectable vaccines, such as live, attenuated influenza vaccine.)

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered following safe injection practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For walk-through clinics, seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged $\geq 3$ years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1–2 years; vastus lateralis muscle of anterolateral thigh for infants aged $\leq 12$ months. For subcutaneous route: thigh for infants aged $<12$ months; upper outer triceps of arm for children aged $\geq 1$ year and adults [can be used for infants if necessary].)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multidose vials are being used only for the number of doses approved by the manufacturer.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are never being transferred from one syringe to another.

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

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

YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)		
<b>VACCINE DOCUMENTATION</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	
Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of vaccine information statement (VISs or Emergency Use Authorization [EUA] form), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your state's immunization information system (IIS) was used to document vaccinations administered. (CDC recommends using your state's IIS to document vaccinations.)		
<input type="checkbox"/>	<input type="checkbox"/>	
Patients are receiving documentation for their personal records and to share with their medical providers.		
<b>PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	
All staff and patients have their temperature checked before entering the clinic and are answering the COVID screening questions before <a href="#">entering the clinic</a> .		
<input type="checkbox"/>	<input type="checkbox"/>	
All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.		
<input type="checkbox"/>	<input type="checkbox"/>	
All staff is wearing recommended personal protective equipment (PPE), including face masks, gloves (optional for subcutaneous and intramuscular injections, required for intranasal and oral vaccinations), and eye protection (based on level of community transmission). See <a href="http://www.cdc.gov/vaccines/pandemic-guidance/index.html">www.cdc.gov/vaccines/pandemic-guidance/index.html</a> for current guidance.		
<input type="checkbox"/>	<input type="checkbox"/>	
Social distancing guidance is being followed, including signs, banners, and floor markers to instruct staff and patients where to stand, shields as appropriate when the 6-foot minimum distance cannot be observed, and one-way traffic flow.		
<input type="checkbox"/>	<input type="checkbox"/>	
All areas are being wiped down and cleaned more frequently than normal cleaning that takes place during vaccine preparation and administration and between patients.		
<b>AFTER THE CLINIC (Please complete each item after the clinic is over.)</b>		
<b>POST-CLINIC ACTIONS</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines), follow your organization's protocols and/or contact your state or local health department for guidance.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider, as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines or returned to the supplier for credit.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any vaccine administration errors were reported to all appropriate entities.		
<input type="checkbox"/>	<input type="checkbox"/>	
All biohazardous material was disposed of properly.		
<b>POST-CLINIC DOCUMENTATION</b>		
YES	NO	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations were recorded in the jurisdiction's immunization information system (IIS) where available.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not submitted to an IIS, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): <a href="http://vaers.hhs.gov/index">vaers.hhs.gov/index</a> .		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All patient medical information was placed in a secured storage location for privacy protection.		
<input type="checkbox"/>	<input type="checkbox"/>	
The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).		

N.A. means Not Applicable.

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

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

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

### ADDITIONAL INFORMATION AND RESOURCES

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

COVID-19 information can be found at:

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

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

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

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

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

# **Appendix B**

**Plan Checklists**

**Communicable Disease**

**Pandemic Influenza**

**Sample Concurrence/Promulgation**

# Checklist: Communicable Disease Response Protocol/Plan

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

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

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

# Pandemic Influenza Plan Review Checklist

Plan Version/Date Under Review:

Review Completion Date:

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

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

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

# Sample Promulgation Document

(Pandemic Influenza/Communicable Disease)

## Emergency Response Plan

### Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in (Jurisdiction) against communicable diseases.

(Authorizing document/rule/governing body) acknowledges that (Jurisdiction Public Health Agency) has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. (Jurisdiction Public Health Agency), in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health Emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising the (Public Health Agency) of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.

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Board of Health Chair  
(Print Name)

(Title)

---

Medical Officer  
(Sign)

(Date)

# Pandemic Influenza Resources

## TRACIE resources for Pan Flu Planning

<https://asprtracie.hhs.gov/technical-resources/42/influenza-epidemic-pandemic/27#general-information>

- [Antiviral Treatment](#)
- [Epidemiology and Surveillance](#)
- [General Information](#)
- [Guidance](#)
- [Guidelines](#)
- [Lessons Learned](#)
- [Non-Pharmaceutical Strategies](#)
- [Pediatric Issues](#)
- [Personal Protective Equipment and Worker Safety](#)
- [Plans, Tools, and Templates: EMS](#)
- [Plans, Tools, and Templates: Hospitals](#)
- [Plans, Tools, and Templates: Long Term Care/Assisted Living/Home Health](#)
- [Plans, Tools, and Templates: Modeling Tools](#)
- [Plans, Tools, and Templates: Other](#)
- [Plans, Tools, and Templates: Physician Offices](#)
- [Research](#)
- [Resource Allocation and Management](#)
- [Vaccines](#)
- [Agencies and Organizations](#)

ATTACHMENT A2 To Task Order No. 23-07-6-11-049-0

DPHHS PHEP Cooperative Agreement Deliverables  
(Historical Record 2007 – Present)



# DPHHS Public Health Emergency Preparedness Cooperative Agreement Deliverable Requirements Historical Record 2007 - Present

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<a href="#"><u>Budget</u></a>	<a href="#"><u>7</u></a>	<a href="#"><u>Immunization</u></a>	<a href="#"><u>52</u></a>
<a href="#"><u>Community Resilience/Planning</u></a>	<a href="#"><u>13</u></a>	<a href="#"><u>Laboratory</u></a>	<a href="#"><u>56</u></a>
<a href="#"><u>Continuity of Operations Planning</u></a>	<a href="#"><u>19</u></a>	<a href="#"><u>Risk Communications</u></a>	<a href="#"><u>57</u></a>
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<a href="#"><u>Epidemiology</u></a>	<a href="#"><u>26</u></a>	<a href="#"><u>Training</u></a>	<a href="#"><u>61</u></a>
<a href="#"><u>Exercises</u></a>	<a href="#"><u>37</u></a>		

Note: Requirements that are under 2020-2021C are requirements for an emergency grant by the CDC in response to the COVID-19 pandemic and are separate from the annual cooperative agreement.

## Administration

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[2021-2022](#)

### **2011-2012**

#### **A1 Review and Update**

Please confirm that the information below was reviewed or reviewed & updated this quarter.

#### **A2 After-Hours (24/7) EPI Reporting Number**

Please provide the local DIRECT number furnished to your reporting sources for after-hour reports and indicate the managing entity. Contact the CD Epidemiology program if clarification is needed.

#### **A3 Point of Receipt/Address for SNS Shipment**

The street address above will be the single point of receipt identified in your local SNS plan in the event of an emergency.

#### **A4 Local Staffing Summary**

How many staff does PHEP funding support either fully, partially, or by contract?

#### **A5 Key Staff Contacts**

- Primary Preparedness Contact
- Back-up Preparedness Contact
- SNS Coordinator
- Preparedness Pub Info Officer
- Lead Local Sanitarian
- Back-up Local Sanitarian
- Lead CD/Epi Contact
- Back-up CD/Epi Contact
- Volunteer Registry Manager

#### **A6 Laboratory Contacts (if applicable - list for each local laboratory)**

Surveillance Laboratory Contact

**A7 HAN Contacts**

List direct number and email. Avoid using central office numbers.

- Primary HAN Coordinator
- Back-up HAN Coordinator
- Third HAN Contact

**2012-2013****A1 REVIEW & UPDATE**

Was the information below reviewed or updated this quarter?

**A2 AFTER-HOURS (24/7) EPI REPORTING NUMBER**

Please provide the local DIRECT number furnished to your reporting sources for after-hour reports and indicate the managing entity. Contact the CD Epidemiology program if clarification is needed.

**A3 POINT OF RECEIPT/ADDRESS FOR SNS SHIPMENT:**

The street address above will be the single point of receipt identified in your local Emergency Medical Countermeasure (formerly SNS) plan in the event of an emergency.

**A4 LOCAL STAFFING SUMMARY**

How many staff does PHEP funding support either fully, partially, or by contract?

**A5 KEY STAFF CONTACTS**

Position

- Primary Preparedness Contact
- Back-up Preparedness Contact
- SNS Coordinator
- Preparedness Pub Info Officer
- Lead Local Sanitarian
- Back-up Local Sanitarian
- Lead CD/Epi Contact
- Back-up CD/Epi Contact
- Volunteer Registry Manager

**A6 HAN CONTACTS (List direct number and email. Avoid using central office numbers)**

- Primary HAN Coordinator
- Back-up HAN Coordinator
- Third HAN Contact

**A7 COUNTY/JURISDICTION WEBSITE**

(if applicable)

**2013-2014****A1 REVIEW & UPDATE**

Was the information below reviewed or updated this quarter?

**A2 AFTER-HOURS (24/7) EPI REPORTING NUMBER**

Please provide the local DIRECT number furnished to your reporting sources for after-hour reports and indicate the managing entity. Contact the CD Epidemiology program if clarification is needed.

**A3 POINT OF RECEIPT/ADDRESS FOR SNS SHIPMENT:**

The street address above will be the single point of receipt identified in your local Emergency Medical

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Countermeasure (formerly SNS) plan in the event of an emergency.

#### **A4 LOCAL STAFFING SUMMARY**

How many staff does PHEP funding support either fully, partially, or by contract?

#### **A5 KEY STAFF CONTACTS**

Position

- Primary Preparedness Contact
- Back-up Preparedness Contact
- SNS Coordinator
- Preparedness Pub Info Officer
- Lead Local Sanitarian
- Back-up Local Sanitarian
- Lead CD/Epi Contact
- Back-up CD/Epi Contact
- Volunteer Registry Manager

#### **A6 HAN CONTACTS (List direct number and email. Avoid using central office numbers)**

- Primary HAN Coordinator
- Back-up HAN Coordinator
- Third HAN Contact

#### **A7 COUNTY/JURISDICTION WEBSITE**

(if applicable)

### **2014-2015**

#### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

### **2015-2016**

#### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

### **2016-2017**

#### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

### **2017-2018**

#### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

### **2018-2019**

#### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

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## **2019-2020**

### **A1 Maintain the Montana Public Health Directory**

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

## **2020-2021**

### **A1 Maintain the Montana Public Health Directory**

Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.

## **2021-2022**

### **A1 Maintain the Montana Public Health Directory**

Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.

### **A2 End of Year Report**

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

### **A3 Designate Two Individuals to Report ORR Data**

Your public health jurisdiction must designate two individuals (a primary and a secondary) to be responsible for entering data for the Operational Readiness Review (ORR).

### **~~A4 Register Two Individuals in SAMS to Report ORR Data~~ (Suspended)**

Register the two people designated to enter ORR data into the Federal Security Access Management Services (SAMS).

## **Access & Functional Needs**

This category has changed names twice due to evolving definitions and capability requirements. It was first known as At Risk & Special Populations and then Functional Need Populations.

[2009-2010](#) [2010-2011](#) [2011-2012](#) [2012-2013](#) [2013-2014](#) [2014-2015](#) [2015-2016](#) [2016-2017](#) [2017-2018](#)  
[2018-2019](#) [2019-2020](#) [2020-2021](#) [2020-2021C](#) [2021-2022](#)

## **2008-2009**

### **ARSP Qtr. 1**

Identify the community service organizations for at-risk/special populations within your jurisdiction.

### **ARSP Qtr. 2**

Schedule and attend meetings for each quarter with community service organizations for at-risk/special populations and other local agencies within your jurisdiction to discuss collaboration for promoting personal emergency preparedness to these populations.

### **ARSP Qtr. 4**

Consult with local service organizations and agencies on how they plan for or encourage emergency preparedness among the populations they serve.

## **2009-2010**

### **ARSP1 Training**

- A. In the first quarter identify and commit personnel for at-risk/special populations emergency preparedness or awareness training for the grant period.

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B. Select and attend an at-risk/special populations related training during one of these quarters. Only one training is required during the funding period.

#### **ARSP2 Outreach**

- A. Work with local organizations to participate and register in the Montana Volunteer Registry to assist in service to at-risk/special populations during a public health emergency. Develop and use and Memorandums of Understanding if necessary.
- B. Maintain/update the community service organizations for at-risk/special populations within your jurisdiction.
- C. Identify the DPHHS Area Agency on Aging representative for your community, county or region and develop a collaborative partnership with them

#### **ARSP3 Planning**

Review your local Emergency Response Plan(s) to ensure a description of how your local/tribal health department will serve ARSP individuals in the event of a health emergency is included and develop if necessary.

### **2010-2011**

#### **ARSP 1 Outreach**

- A. Office of Aging - Identify the DPHHS Area Agency on Aging representative for your community, county or region and develop a collaborative partnership with them.
- B. Volunteer Registry - Work with local organizations to participate and register in the Montana Volunteer Registry to assist in service to at-risk/special populations during a public health emergency. Develop and use Memorandums of Understanding if necessary.

#### **ARSP 2 Planning**

- A. Maintain/update the community service organization list or database for at-risk/special populations within your jurisdiction.
- B. Review your local Point of Dispensing plans to ensure how your local/tribal health department will conduct through-put for at-risk or special population individuals.

### **2011-2012**

#### **FN1 Notification Structure for Functional Needs Populations**

Work with community partners to outline a method or protocol (step-by-step instructions) for notifying those organizations that serve functional need populations in the event of an emergency. Complete this deliverable by the end of the grant year but note progress each quarter in the narrative box to the right.

#### **FN2 Volunteer Registry Manager Training**

Have one Volunteer Registry administrator (or back-up administrator) for your jurisdiction identified and attend a training or refresher course. Provide the name and date of training in the narrative box to the right. This task needs to be completed only ONCE during the grant year.

#### **FN3 Volunteer Registry Recruitment**

Recruit volunteers to self-register on the Volunteer Registry. These volunteers should be able to serve special populations in the event of a health emergency. List groups you have given materials to in the narrative box to the right.

#### **FN4 POD ADA Compliance**

Ensure that POD locations meet the federal 2010 Standards for Public Accommodations for the Americans with Disabilities Act (located in the ARSP room of the TCC) by presenting the facility with the standards and creating a Memo of Understanding with the facility if necessary. Complete this deliverable once during the grant year, but note progress each quarter in the narrative box to the right. This deliverable can be applied towards completion of S2 in the SNS deliverables.

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### **2012-2013**

**FN1 Communications Plan Review** - (Crossover Deliverable with RC3)

Go to the RC tab to complete this deliverable

**FN2 Care Facility Planning Inclusion**

Encourage local childcare and long-term care facilities to develop emergency response plans. Offer information about resources for planning (available on the TCC). Invite them to share written plans with you and with your local DES coordinator.

**FN3 Volunteer Registry Promotion**

Encourage potential health event volunteers to self-register on the Volunteer Registry. These volunteers should be able to serve vulnerable populations in the event of a health emergency.

**FN4 Functional Needs Population Service Organizations**

Maintain/update the list or database of community service organizations in your jurisdiction that serve vulnerable and functional need populations within your community. Upload the list/database to your PHEP Emergency Preparedness team room on the TCC. Name as '2013 *(jurisdiction) Service Organization List*'.

## **2013-2014**

**FN1 Identify FN Population Service Organizations**

Maintain/update the list or database of community service organizations in your jurisdiction that serve vulnerable and functional need populations within your community.

## **2014-2015**

**FN1 Identify FN Service Organizations**

Maintain and update the list or database of community service organizations in your jurisdiction that serve vulnerable and functional need populations within your community. The list or database should include the name of the organization, the populations it serves, name of the contact person, and relevant contact information.

**FN2 Share Whole Community County Profiles**

Share your jurisdictions County Profile with your LEPC, including Hospital partners (if applicable). Send additions or corrections to the DPHHS Functional Needs Coordinator.

## **2015-2016**

**FN1 Identify FN Service Organizations**

Maintain and update the list or database of community service organizations serving in your jurisdiction that serve access and functional need populations within your community.

## **2016-2017**

**AFN1 Identify A&FN Service Organizations**

Maintain and update the list or database of community service organizations that serve access and functional need populations within your community.

**AFN2 Identify Crisis Counseling Training Needs**

Request the mental and behavioral health specialists who provide services to your community to take the Crisis Counseling Training Needs Survey.

## **2017-2018**

**AFN1 Establish a Jurisdictional A&FN Partners Group**

Using your A&FN list/database (former AFN1) to establish a standing meeting among A&FN partner organizations serving your community. These organizations might be outside of your jurisdiction.

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#### **AFN2 Distribute Community Profiles to Partners**

Distribute your jurisdiction's Whole Community Profile and Community Health Data sheets to your emergency management partners.

### **2018-2019**

#### **AFN1 Jurisdictional A&FN Partners Group Meeting**

Conduct or attend the jurisdictional A&FN group meeting established last budget period.

#### **AFN2 Use Community Profiles to Review Emergency Preparedness Plans**

Use the Community Profiles to review and update your jurisdiction's public health emergency preparedness plans to ensure that A&FN elements are adequately addressed.

### **2019-2020**

No AFN deliverable requirements for this budget period

### **2020-2021**

#### **AFN1 Engage AFN Stakeholders**

Meet with AFN stakeholders to discuss the need for emergency preparedness.

#### **AFN2 Assess Key Mass Care and Emergency Assistance Facilities**

Assess key mass care and emergency assistance facilities for accessibility.

### **2021-2022**

#### **AFN1 Engage AFN Stakeholders**

Meet with AFN stakeholders to build relationships and discuss AFN within an incident management context.

#### **AFN2 Assess Key Mass Care and Emergency Assistance Facilities**

Assess key mass care and emergency assistance facilities for accessibility.

## **Budget**

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[2018-2019](#) [2019-2020](#) [2019-2020](#) [2020-2021](#) [2020-2021C](#) [2021-2022](#)

### **2007-2008**

#### **Requested Funding Information**

- Staff/Program:
- Contracted Services:
- Equipment Purchases/Reserve for future purchases:
- Emergency Fund Reserve (Communicable Disease Events)
- Other
- In Kind Estimate (list types of services included below):
- Direct support (list type of services supported below):

### **2008-2009**

#### **Requested Funding Information**

- Staff/Program:
- Contracted Services:
- Equipment Purchases/Reserve for future purchases:
- Emergency Fund Reserve (Communicable Disease Events)
- Workshop travel

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- Continuing Education
- Other
- In Kind Estimate (list types of services included below):
- Direct support (list type of services supported below):

## **2009-2010**

### **Requested Funding Information**

- Staff/Program:
- Contracted Services:
- Equipment Purchases/Reserve for future purchases:
- Emergency Fund Reserve (Communicable Disease Events)
- Workshop travel
- Continuing Education
- Other
- In Kind Estimate (list types of services included below):
- Direct support (list type of services supported below):

## **2010-2011**

### **Budget Detail:**

#### **Category Amount**

Staff/Program:

Contracted Services:

Equipment Purchases/Reserve for future purchases:

Emergency Fund Reserve (Communicable Disease Events)

Rent

Supplies/Printer

Advertising/Marketing/Media

**TOTAL:**

### **In Kind Estimate:**

#### **Category Amount**

#### **In-Kind Estimate (list types of services included below):**

Payroll:

Utilities:

Rent:

Other (please list):

Total In-Kind - \$

#### **Direct Support (list types of services included below):**

Payroll:

Utilities:

Rent:

Other (please list):

Total Direct

## **2011-2012**

### **B1 Review and Update**

Please confirm that the information below was reviewed or reviewed & updated this quarter.

### **B2 Budget Detail**

Staff

Contractual

Equipment

Emergency Fund (Communicable Disease Events)

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Other (please list): Includes printing, postage, internet/phones, travel, training, utilities, answering service, etc.  
TOTAL

### **B3 In-Kind and Direct Estimates**

The Federal Department of Health and Human Services is requiring DPHHS to provide a 10% match this period. In-kind or direct financial support at the state and local level may be used to meet this requirement. Please provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Estimates may include rent, staff time, phone support and/or any other costs that are related to this grant.

#### In-Kind Estimates

- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

#### Direct Estimates

- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

### **B4 Equipment Inventory List**

The Federal Department of Health and Human Services is requiring DPHHS to maintain a list of all major equipment acquired by state and local Public Health Emergency Preparedness Programs with a unit acquisition cost of \$5,000 or more.

- Item
- Serial #
- Acquisition Date
- Cost
- Percentage of PHEP funds used for acquisition

## **2012-2013**

### **B1 REVIEW & UPDATE:**

Was the information below reviewed or updated this quarter?

### **B2 BUDGET DETAIL**

#### CATEGORY

- Staff
- Contractual
- Equipment
- Emergency Fund (Communicable Disease Events)
- Other (please list):
- TOTAL

### **B3 IN-KIND AND DIRECT ESTIMATES**

The Federal Department of Health and Human Services is requiring DPHHS to provide a 10% match this period. In-kind or direct financial support at the state and local level may be used to meet this requirement. Please provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant.

Estimates may include rent, staff time, phone support and/or any other costs that are related to this grant.

#### IN-KIND ESTIMATES

- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

#### DIRECT ESTIMATES

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- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

#### **B4 EQUIPMENT INVENTORY LIST**

The Federal Department of Health and Human Services is requiring DPHHS to maintain a list of all major equipment acquired by state and local Public Health Emergency Preparedness Programs with a unit acquisition cost of \$5,000 or more.

- Item
- Serial #
- Acquisition Date
- Cost
- Percentage of PHEP funds used for acquisition

### **2013-2014**

#### **B1 REVIEW & UPDATE:**

Was the information below reviewed or updated this quarter?

#### **B2 BUDGET DETAIL**

##### CATEGORY

- Staff
- Contractual
- Equipment
- Emergency Fund (Communicable Disease Events)
- Other (please list):
- TOTAL

#### **B3 IN-KIND AND DIRECT ESTIMATES**

The Federal Department of Health and Human Services is requiring DPHHS to provide a 10% match this period. In-kind or direct financial support at the state and local level may be used to meet this requirement. Please provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Estimates may include rent, staff time, phone support and/or any other costs that are related to this grant.

##### IN-KIND ESTIMATES

- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

##### DIRECT ESTIMATES

- Payroll
- Utilities
- Rent
- Other (please list):
- TOTAL

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#### **B4 EQUIPMENT INVENTORY LIST**

The Federal Department of Health and Human Services is requiring DPHHS to maintain a list of all major equipment acquired by state and local Public Health Emergency Preparedness Programs with a unit acquisition cost of \$5,000 or more.

- Item
- Serial #
- Acquisition Date
- Cost
- Percentage of PHEP funds used for acquisition

### **2014-2015**

#### **B1 Local Staffing Summa**

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.  
(example: If two half-time staff work on PHEP, report: 2 STAFF, 1 FTE)

#### **B2 Budget Estimate**

Provide a budget estimate in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.  
The categories must total your total contract amount.

#### **B3 Actual Budget**

Provide the actual budget in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.  
The categories must total your total contract amount.

#### **B4 In-Kind and Direct Estimates**

Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

#### **B5 Single Item Purchase**

If your program purchased a single item (or contributed to the purchase of a single item) that cost \$5000 or more, please provide the following information: 1) Item, 2) Serial #, 3) Acquisition Date, 4) Cost, 5) Percentage of PHEP funds used for purchase.

### **2015-2016**

#### **B1 Local Staffing Summary**

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

#### **B2 Budget Estimate**

Provide a budget estimate in the following categories: 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

#### **B3 PHEP Supplemental Budget Estimate**

Provide a budget estimate for the PHEP supplemental funding in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

#### **B4 Actual Budget**

Provide the actual budget in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

#### **B5 PHEP Supplemental Actual Budget**

Provide the actual budget for the PHEP supplemental funding in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

#### **B6 In-Kind and Direct Estimates**

Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

#### **B7 Equipment Inventory List**

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Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.

## **2016-2017**

### **B1 Local Staffing Summary**

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

### **B2 Budget Estimate**

Provide a budget estimate in the following categories: 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

### **B3 Actual Budget**

Provide the actual budget in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

### **B4 In-Kind and Direct Estimates**

Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

### **B5 Equipment Inventory List**

Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.

## **2017-2018**

### **B1 Local Staffing Summary**

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

### **B2 In-Kind and Direct Estimates**

Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

### **B3 Actual Budget**

Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

### **B4 Single Item Purchase Report**

Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.

## **2018-2019**

### **B1 In-Kind and Direct Estimates**

Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

### **B2 Local Staffing Summary**

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

### **B3 Actual Budget**

Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

### **B4 Single Item Purchase Report**

Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.

## **2019-2020**

### **B1: Actual Line-Item Expenses**

Provide the actual expenses in the following line item categories: 1) Staff salary (list each employee's salary), 2) Staff Benefits (list each employee's benefits), 3) Office space rent, 4) Utilities (Electric/Heat/Water), 5) Phone [Office/Cell/Satellite], 6) Internet service, 7) Auto mileage, 8) Airline travel, 9) Lodging/business related meals, 10) Employee tuition/training, 11) Consultant fees, 12)

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Contractual office services, 13) Contractual PHEP services, 14) Meeting expenses, 15) Office equipment, 16) PHEP equipment, 17) Office supplies, 18) Fax/Copier/Printing, 19) Additional Overhead.

## **2020-2021**

### **B1: Actual Line-Item Expenses**

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

## **2020-2021C**

### **CVD-8: Report COVID-19 funding expenses.**

## **2021-2022**

### **B1 Actual Line-Item Expenses**

Provide the actual expenses in the listed line-item categories.

### **B2 Workforce Development Crisis Supplemental Funding**

Submit the required information at the end of the 2nd and 4th quarters as a condition to receive funding from the Workforce Development Crisis Supplemental Funding grant.

### **B3 Supplemental Funding - Disease Intervention Specialist**

Submit the required information at the end of the quarter as a condition to receive funding to support this position in your jurisdiction.

### **B4 Supplemental Funding - Congregate Living Coordinator**

Submit the required information at the end of the quarter as a condition to receive funding to support this position in your jurisdiction.

## **Community Resilience/Planning**

[2008-2009](#) [2009-2010](#) [2010-2011](#) [2011-2012](#) [2012-2013](#) [2013-2014](#) [2014-2015](#) [2015-2016](#)

[2016-2017](#) [2017-2018](#) [2018-2019](#) [2019-2020](#) [2020-2021](#) [2020-2021C](#) [2021-2022](#)

PHEP slowly began categorizing deliverable requirements by the domains defined by the CDC's National Standard Preparedness Capabilities starting at the 2019-2020 budget period. The Community Resilience Domain encompasses most of the planning deliverable requirements but might incorporate more as the recategorization continues beyond 2020.

## **2007-2008**

### **P1 Mutual Aid**

In this quarter, has your health department executed any new mutual aid agreements, MOUs, or other similar agreements? *If yes:* list agreements.

### **P2 Mutual Aid**

In this period, have you reviewed and discussed, with your LEPC/TERC, the INTRASTATE MUTUAL AID (IMAS) and the Montana Healthcare Mutual Aid System (MHMAS)? *If yes:* Provide an overview of how health department would request mutual aid using the IMAS.

### **P3 Mitigation**

Participate in an annual review and prioritization/reprioritization of health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, and retail establishments with chemical/pesticide supplies). Provide a brief summary,

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the human health hazards identified and any steps taken to decrease the threat to human health.

**P4 Preparedness**

Provide a brief summary of efforts to maintain and increase the number of public health experts to support incident command or unified command. Please include the number exercising ICS during each quarter.

**P5: EXERCISE** \*(See Exercise)

**P6 SNS** \*(See Emergency Medical Countermeasures/Strategic National Stockpile)

**P7 Pandemic Influenza**

*Quarter 1:* Provide a brief update of the progress made addressing the priority issues identified by your committee since the last year's final report. *This can be accomplished by submitting the DPHHS supplied template or another narrative to the deliverable team room on TCC.*

*Quarter 2:* Begin working on an inventory of critical resources that would be useful during a pandemic using the Agency for Healthcare and Research and Quality (AHRQ) Emergency Preparedness Resource Inventory (EPRI) tool. This can be found on TCC in the DPHHS PHEP Planning Room.

*Quarter 3:* Provide the final report of critical resources using the EPRI tool for your jurisdiction. Submit a copy of the assessment to the deliverable team room of the TCC.

*Quarter 4:* Submit a year-end report detailing the progress made by your committee addressing priorities during the past grant year. This can be accomplished by submitting the DPHHS supplied template or another narrative to the deliverable team room on TCC.

**P8: CHEMPACK & Pharm Cache**

During this year, provide information to your LEPC/TERC related to the Chempack/Pharm/Antiviral Plans.

**P9: Local Response & COOP Plan**

Upload your reviewed and updated Public Health All Hazards Response Plan (including your updated Pan Flu and Isolation and Quarantine Annexes) to the TCC. In addition, a copy of your Continuity of Operations (COOP) plan to the jurisdiction's deliverable team room on the TCC is requested.

## **2008-2009**

**P1: Mutual Aid**

In this quarter, has your health department executed any new mutual aid agreements, MOUs, or other similar agreements?

**P2: Mutual Aid**

In this period, have you had either a real event or exercise that executed the Intrastate Mutual Aid System (IMAS), a MOU/MOA, or the Montana Healthcare Mutual Aid System (MHMAS)?

**P3: Planning: Pandemic Influenza**

In this quarter did you complete any activities related to Planning as part of your Pan Flu Part III Workplan? If so, please update the reporting template showing the completed tasks to the TCC Medical Surge Team Room created for your jurisdiction.

**P4: Planning**

During quarter one, complete the DPHHS provided checklist providing us detail on your local Health Emergency Operations Plan. Post a copy of the check sheet showing the completed tasks to the TCC.

**P5: Planning: Emergency Operation Plan**

In this quarter did you complete any revisions/improvements related to the local Public Health Emergency Operations Plan? If so, please post a copy of the check sheet showing the completed tasks to the TCC.

## **2009-2010**

**P1: Mutual Aid**

In this quarter, has your health department executed any new mutual aid agreements, MOUs, or other similar agreements?

**P2: Mutual Aid**

In this period, have you had either a real event or exercise that the need to execute: Intrastate Mutual Aid System (IMAS), a MOU/MOA?

**P3: Planning PANDEMIC INFLUENZA**

During quarter one, complete the DPHHS provided Pandemic Influenza Planning Self-Assessment checklist. Post a copy of the completed Assessment to the TCC in your deliverable team room.

**P4: Planning PANDEMIC INFLUENZA (2nd, 3rd, 4th quarters)**

In this quarter did you complete any revisions/improvements to your Pandemic Influenza Plan?

## **2010-2011**

**P1: Mutual Aid**

In this quarter, has your health department executed any new mutual aid agreements, MOUs, or other similar agreements?

**P2: Pandemic Influenza Plan**

In this quarter did you complete any revisions/improvements to your Pandemic Influenza Plan?

**P3: Improving Pandemic Influenza Preparations**

During quarter four, post a completed copy of your jurisdiction's self-assessment of your Pandemic Influenza Plan to the TCC in your deliverable team room.

**P4: All Hazards Plan**

In this quarter did you complete any revisions/improvements to your All Hazard Plan?

**P5: All Hazards Plan**

Is your city/county/tribe emergency response plan using the Emergency Support Functions (ESFs) format?

## **2011-2012**

**P1 Community Preparedness - Planning**

In this quarter, has your health department executed any new mutual aid agreements, MOUs, or other similar agreements?

**P2 Pandemic Influenza Plan**

Review and/or update your jurisdiction's Pandemic Influenza Plan. Upload a current copy to your TCC team room as you

**P3 All Hazards Plan**

Review and/or update the public health portions in your jurisdiction's All Hazards Plan. Upload a current copy to your TCC team room as you revise and/or update your plans.

**P5 Fatality Management**

Written plans should include processes and protocols for jurisdictional all-hazards fatality management including addressing public health roles in fatality management.

**P6 Gap Analysis**

Assist DPHHS in a state-wide public health preparedness gap analysis. An assessment tool will be provided by DPHHS PHEP.

## **2012-2013**

**P1 Community Preparedness - Planning**

Post any new or renewed any mutual aid agreements, MOUs, or other similar agreements your health department executed during the quarter.

**P2 Pandemic Influenza Plan**

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Review and/or update your jurisdiction's Pandemic Influenza Plan. Upload a current copy to your TCC team room as you revise and/or update your plans.

#### **P3 All Hazards Plan**

Review and/or update the public health portions in your jurisdiction's All Hazards Plan. Upload a current copy to your TCC team room as you revise and/or update your plans.

**P4** – This is a COOP deliverable. Please see the Continuity of Operations Plan section

#### **P5 Fatality Management**

Review your jurisdiction's All Hazards Plan to assure public health roles are clearly outlined. In the Quarterly Progress Narrative, please note if the fatality management plan is in jurisdictional plans or public health department plans. Include the date of the review.

#### **P6 Gap Analysis**

Complete the state-wide public health preparedness gap analysis. This will assessment tool will be provided by DPHHS PHEP.

#### **P7 Hazards Vulnerability Analysis**

Participate in an annual review and prioritization/reprioritization of human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, and retail establishments with chemical/pesticide supplies).

### **2013-2014**

#### **P1 Plan Assessment**

Conduct a self-assessment of critical public health components of your jurisdictions all hazard plan. Post Public Health plan(s) to your SharePoint Library.

#### **P2 Plan Sharing**

Share public health preparedness plans with key community partners. Select from the list of community sectors that were able to provide feedback on your public health plan.

#### **P3 Pandemic Influenza Plan**

Review and/or update your jurisdiction's Pandemic Influenza Plan. Upload a current copy to your SharePoint Library.

#### **P4 Roles & Responsibilities**

In coordination with community planning partners (i.e., TERC/LEPC), review the roles and responsibilities of public health in the areas of 1) Mass Care, 2) Volunteer Management, and 3) Mass Fatality.

#### **P5 Volunteer Registry Promotion**

Encourage groups and individuals to self-register on the Volunteer Registry by distributing promotional materials.

#### **P6 Public Health Risk Priorities**

Partner with emergency service representatives, such as the LEPC or TERC, to participate in an annual review and prioritization/reprioritization of human health threats associated with identified community risks and vulnerabilities.

### **2014-2015**

#### **P1 Plan Review**

Participate with your LEPC or TERC, or your local DES partner, to review your jurisdiction's annual hazard vulnerability assessment (HVA) for critical public health components.

#### **P2 Plan Sharing**

Share public health preparedness plans with key community partners that were able to provide feedback on your public health plan

#### **P3 Pandemic Influenza Plan**

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Review and update your jurisdiction's Pandemic Influenza Plan. Upload a current copy to your SharePoint Library. Use the assessment tool provided in the deliverable resources folder in SharePoint.

#### **P4 Community Preparedness**

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

#### **P5 Volunteer Registry Promotion**

Introduce the Volunteer Registry to your LEPC or TERC. Encourage groups and individuals to self-register on the Volunteer Registry by distributing promotional materials or other public information methods.

#### **P6 Surge Planning Survey**

Complete a self-assessment planning survey related to volunteer and donations management, mass fatality, and mass care.

#### **P7 Share DPHHS & ARC Shelter Notification Procedure**

Share the shelter notification procedure with your LEPS and determine what, if any, local communications procedures need to be developed.

### **2015-2016**

#### **P1 Review Public Health Risks & Hazards**

Engage the LEPC, TERC, or your local DES partner to review your jurisdiction's risk assessment (JRA) for hazards that might have critical public health effects.

#### **P2 Plan Sharing**

Share public health preparedness plans with key community partners.

#### **P3 Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan to your SharePoint Library.

#### **P4 Community Preparedness**

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

#### **P5 Identify Key Community Emergency Locations**

Participate with your LEPC, TERC, or equivalent community planning group to identify the facilities or locations that are designated for emergency use.

#### **P6 Report Resource Request Procedures**

Describe or outline the procedure you need to use to request supplies, equipment, or personnel during an incident response.

#### **P7 Volunteer Coordinator and Shelter Coordinator Contacts**

Provide the name and contact information for people responsible for coordinating volunteers and for coordinating shelter operations in your community.

### **2016-2017**

#### **P1 Review Public Health Risks & Hazards**

Complete the public health capabilities gap analysis.

#### **P2 Plan Sharing**

Share public health preparedness plans with key community partners.

#### **P3 Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan to your SharePoint Library.

#### **P4 Community Preparedness**

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

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## **P5 Update Shelter Locations List**

Participate with your LEPC, TERC, or equivalent community planning group to update your jurisdictions disaster shelter facilities list in support to the Shelter 2020 project.

## **2017-2018**

### **P1 Public Health Preparedness Plan**

List all community organizations with roles and responsibilities in your community's preparedness, response, and recovery plans related to public health.

### **P2 Community Preparedness**

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

### **P3 Determine Public Health Support Role for Fatality Events**

Working with your local emergency manager, LEPC, or TERC, determine a role for public health, if any, for a local mass fatality incident. If possible or necessary, discuss any planning implications.

### **P4 Update Shelter Locations List**

Participate with your LEPC, TERC, or equivalent community planning group to update your jurisdictions emergency facilities lists for Disaster Shelters and Points of Dispensing (mPOD).

## **2018-2019**

### **P1 Participation in Regional Healthcare Coalitions**

Participate in an organized regional working group meeting of public health jurisdictions within a Healthcare Coalition area to select the necessary executive committee public health representatives.

### **P2 Medical Surge Planning Preparedness**

Assist development of HCC response plans, predominantly focusing on surge operations.

### **P3 Responder Safety & Health**

Identify public health emergency responders' safety and health risks and personal protective needs.

## **2019-2020**

### **Capability Assessments**

Complete the online Capability Assessments due for each quarter

#### *1st Quarter*

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 14: Responder Safety and Health

#### *2nd Quarter*

- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing

#### *3rd Quarter*

- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Intervention
- Capability 15: Volunteer Management

#### *4th Quarter*

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution

### **P1 Participation in Regional Healthcare Coalitions**

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Participate in regional Healthcare Coalition activities.

## **2020-2021**

### **CR1 Gap Assessment Workbook**

Complete the workbook developed from the 2019-2020 Capabilities Assessment.

### **CR2 Gap Assessment Work Plan**

Create a three-year work plan to address the prioritized gaps identified from your jurisdictional workbook.

### **CR3 Contribute to Growth of Regional Healthcare Coalitions**

Participate in Regional Healthcare Coalition (RHCC) activities.

### **CR4 Public Health Recovery Plan**

Create a framework plan for providing public health services in community recovery scenarios.

## **2020-2021C**

### **CVD-2: Emergency Operations Survey**

### **CVD-10: Community Intervention Implementation Plan**

## **2021-2022**

### **CR1 Capability Workplan Progress**

Each quarter write a synopsis of the progress made on your jurisdiction's PHEP Capabilities Gap workplan.

### **CR2 Contribute to Growth of Regional Healthcare Coalitions**

Participate in Regional Healthcare Coalition (RHCC) activities.

## **Continuity of Operations**

[2018-2019](#) [2019-2020](#) [2020-2022](#) [2020-2021C](#) [2021-2022](#)

## **2010-2011**

### **P4 Community Recovery - Public Health Continuity of Operations**

Written plans should include a Public Health Continuity of Operation Plan or be a component of another jurisdictional plan.

### **P6: Personnel Backup (Public Health Nurse)**

Has your jurisdiction developed a written agreement and/or protocol to provide a backup for the lead public health nurse in the event of an extended absence of regular staff?

### **P7: Personnel Backup (Sanitarian)**

Has your jurisdiction developed a written agreement and/or protocol to provide a backup for the lead Sanitarian in the event of an extended absence of regular staff?

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## **2012-2013**

### **P4 Community Recovery - Public Health Continuity of Operations**

Submit written plans that include a Public Health Continuity of Operation Plan or be a component of another jurisdictional plan. Upload your plan to your TCC team room. Please

[COOP Plan \(jurisdiction name\) 2012-2013.](#)

## **2017-2018**

### **C1 Identify Continuity of Operations Gaps**

Complete the short questionnaire on the quarterly progress report to identify your jurisdiction's current COOP capabilities.

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## **C2 Continuity of Operations Training**

Complete one of the provided Continuity of Operations trainings in person or online within the budget period and report in the fourth quarter.

### **2018-2019**

#### **C1 Transfer of Authority and Successor Responsibilities Guidelines**

Develop and update Transfer of Authority and Successor Responsibilities Guidelines. Attached is a sample of the state plan. We will post a template on the PDR.

## **C2 Continuity of Operations Training**

Complete one of the provided Continuity of Operations trainings in person or online within the budget period and report in the fourth quarter.

### **2019-2020**

#### **C1: Update Your Continuity of Operations Plan**

Review and update your Continuity of Operations Plan and upload a copy of your plan to the progress report. If you do not have a completed plan, upload your current progress.

### **2020-2021**

No COOP deliverable requirements for this budget period.

### **2020-2021C**

#### **CVD-1: Engaging the COOP Plan**

### **2021-2022**

No COOP deliverable requirements for this budget period.

## **Emergency Medical Countermeasures/Strategic National Stockpile**

[2009-2010](#) [2010-2011](#) [2011-2012](#) [2012-2013](#) [2013-2014](#) [2014-2015](#) [2015-2016](#) [2016-2017](#) [2017-2018](#)

[2018-2019](#) [2019-2020](#) [2020-2021](#) [2020-2021C](#) [2021-2022](#)

### **2007-2008**

#### **P6 SNS**

Quarter 4: Review and update local SNS annex using DPHHS developed and distributed checklist and technical review from prior year. DPHHS anticipates distributing the checklist via email and TCC by mid-November.

Quarter 4: Complete the DPHHS supplied worksheet detailing potential POD sites and projected clients to be served by each. Submit as an attachment to your SNS annex. DPHHS anticipates distributing the spreadsheet via email and TCC by mid-November.

### **2008-2009**

#### **S1 Plans**

By the end of the period each jurisdiction must evaluate and update their SNS annex using the checklist and technical review supplied by DPHHS. Along with your plan, submit your Local Planner's Checklist, POD Throughput Worksheet, POD Security Template (or equivalent security plan), and POD Facility Worksheets for each potential POD location.

#### **S2 CRI (Yellowstone only)**

Conduct at least three POD drills from the DSNS POD drill manual. Additionally, conduct at least one full-scale or functional mass prophylaxis dispensing exercise that includes pertinent jurisdictional leadership, planning and operational staff, and all applicable personnel. Submit an AAR and improvement plan to DPHHS by the end of the 4th quarter.

#### **S3 CHEMPACK**

Host sites will complete their jurisdictions Chempack SOP and submit an electronic copy to the SNS Coordinator by the end of the second quarter of the grant cycle. All other jurisdictions must complete their Chempack SOP by the end of the 4th quarter.

#### **S4 Training**

Participate in one of the State endorsed hands-on POD training opportunities available this grant cycle. Additionally, participate in one SNS specific training endorsed by DPHHS. Local training conducted will be accepted on a case-by-case bases.

### **2009-2010**

#### **S1: SNS Plan**

By the end of the period each jurisdiction must review, evaluate, and update their SNS annex as needed using the 2010 Local Planner's Checklist and technical review supplied by DPHHS.

#### **S2: 2010 Local Planner's Checklist**

Complete and upload the 2010 Local Planner's Checklist to your deliverable team room on the TCC by the end of the 4th quarter

#### **S3: POD Throughput Worksheet**

Review and revise your POD Throughput worksheets as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter

#### **S4: POD Security Assessment**

Review and revise your POD Security Assessment as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter

#### **S5: POD Facility Worksheet(s)**

Review and revise your POD Facility Worksheets as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter

#### **S6: CHEMPACK Plan**

By the end of the period each jurisdiction must review, evaluate, and update their Chempack Plan as needed. The review should include feedback from key partners and reflect lessons learned from any drills or exercises conducted in the grant period.

### **2010-2011**

#### **S1: SNS Plan**

By the end of the 4th Quarter each jurisdiction must review, evaluate, and update their SNS annex as needed using the 2011 Local Planner's Checklist.

#### **S2: 2011 Local Planner's Checklist**

Complete and upload the 2011 Local Planner's Checklist to your deliverable team room on the TCC by the end of the 4th quarter.

#### **S3: POD Throughput Worksheet**

Review and revise your POD Throughput worksheets as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter.

#### **S4: POD Security Assessment**

Review and revise your POD Security Assessment as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter.

#### **S5: POD Facility Worksheet(s)**

Review and revise your POD Facility Worksheets as needed and upload the most current copy to your deliverable team room on the TCC by the end of the 4th quarter

#### **S6: Tracking Dispensing Exercises**

If you conducted or participated in any level of a dispensing exercise please indicate the name of the exercise, the quarter it was conducted, and the type of exercise performed. Complete an AAR and Corrective Action Plan.

#### **S7: Chempack Plan**

By the end of the period each jurisdiction must review, evaluate, and update their Chempack Plan as needed. The review should include feedback from key partners and reflect lessons learned from any drills or exercises conducted in the grant period.

## **2011-2012**

### **S 1 Updated and Shared SNS Plan**

Ensure that your SNS plan has been annually reviewed to assure it is up to date to include (but not limited to) accurate contact individuals and contact methods, updated SNS information, and appropriate local response plans. It should be shared with your LEPC/TERC and local authorities.

### **S 2 SNS Planners Checklist**

Complete the SNS Planners Checklist to assist in assuring that specific SNS planning areas are addressed in the SNS plan.

### **S 3 POD Facility Throughput Worksheet**

Review and update the POD Facility Throughput Worksheet.

### **S 4 POD Security Assessment**

A security assessment needs to be reviewed and completed for each POD facility identified.

### **S 5 POD Facility Worksheet**

A reviewed and updated worksheet should be submitted for each POD site.

### **S 6 Updated and Shared CHEMPACK Plan**

A reviewed and updated CHEMPACK plan should be submitted to the TCC. The CHEMPACK plan should be shared with local leadership, the LEPC/TERC, and appropriate response agencies.

## **2012-2013**

### **EMC1 Updated and Shared EMC Plan**

Ensure that your Emergency Medical Countermeasure Dispensing plan is reviewed and updated for the grant year. Be sure it includes accurate contact information & methods for individuals. Plans should include updated planning information, be integrated with the local all-hazards emergency response plans, and follow the State of Montana Intrastate Mutual Aid System Implementation Guide.

### **EMC2 EMC & CHEMPACK Planners Self-Assessment**

Complete the Emergency Medical Countermeasure and the CHEMPACK planner's self-assessment to assist in identifying specific planning areas are addressed and weaknesses identified.

### **EMC3 Points of Dispensing Standards Data Collection Sheet**

Using the POD throughput worksheet from last year's S3 deliverable and your POD plans, review and complete the Points of Dispensing Standards Data Collection Sheet for your jurisdiction.

### **EMC4 POD Security Assessment**

With your security/law enforcement representative, review and update all existing POD security worksheets, and fill security assessment worksheets for any new POD facilities identified.

### **EMC5 POD Facility Worksheet**

Review and update the LHJ POD facility worksheet. Upload the completed form for each POD site to your Deliverable Team Room.

### **EMC6 Updated and Shared CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to your PHEP Deliverables Team. All potential response partners (LEPC/TERC, Fire, EMS, DES, Dispatch, etc.) should receive copies and be included in the plan review process.

## **2013-2014**

### **EMC1 Updated and Shared CHEMPACK Plan**

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Upload a reviewed and updated CHEMPACK plan to your deliverables Library on SharePoint. Provide the date reviewed by community planning partners (preferably an LEPC/TERC).

#### **EMC2 POD Security Assessment**

In coordination with security/law enforcement, update and submit all POD security worksheets to your jurisdiction's deliverable library.

#### **EMC3 Points of Dispensing Data Collection Sheet**

Using SharePoint, review, complete and submit the Points of Dispensing (POD) Data Collection Sheet for your jurisdiction.

#### **EMC4 Updated and Shared EMC Plan**

Review and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing plan to your deliverable Library on SharePoint. Provide the date reviewed by community planning partners (preferably an LEPC/TERC).

### **2014-2015**

#### **EMC1 Updated and Shared CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to your deliverables library on SharePoint. Provide the date reviewed by community planning partners (preferably the jurisdiction's Local Emergency Preparedness Committee (LEPC) or Tribal Emergency Response Committee (TERC). The plan should have a current reviewed date documented.

#### **EMC2 POD Security Assessment**

Working with your security or law enforcement representative, review and update all existing POD security worksheets and fill out new security assessment worksheets for any new POD facilities identified.

#### **EMC3 Points of Dispensing Data Collection Sheet**

Using SharePoint, review, complete and submit the Points of Dispensing (POD) Data Collection Sheet for your jurisdiction. Please your jurisdiction's data collection sheet from the previous year.

#### **EMC4 Emergency Medical Countermeasure (EMC) Plan**

Review and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing plan to your deliverable library on SharePoint. Provide the date reviewed by community planning partners, preferably the LEPC or TERC in the deliverable report.

### **2015-2016**

#### **EMC1 Updated and Shared CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to your deliverables library on SharePoint. Provide the date reviewed by community planning partners (preferably the jurisdiction's Local Emergency Preparedness Committee (LEPC) or Tribal Emergency Response Committee (TERC). The plan should have a current reviewed date documented.

#### **EMC2 POD Security Assessment**

Working with your security or law enforcement representative, review and update all existing POD security worksheets and fill out new security assessment worksheets for any new POD facilities identified.

#### **EMC3 Points of Dispensing Data Collection Sheet**

Using SharePoint, review, complete and submit the POD Data Collection Sheet for your jurisdiction.

#### **EMC4 POD Facility Setup and Inventory**

Using your POD supplies (i.e., the POD Box) Set-up at least one (1) of your selected POD

#### **EMC5 Emergency Medical Countermeasure (EMC) Plan**

Review, update, and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing Plan to your deliverable library on SharePoint. Provide the date reviewed by community planning partners, preferably the LEPC or TERC in the deliverable report.

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facilities

## 2016-2017

### **EMC1 Update and Share CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to your deliverables library on SharePoint. Provide the date reviewed, signed, and dated by all identified response partners.

### **EMC2 POD Security Assessment**

Working with your security or law enforcement representative, review and update all existing POD security worksheets and fill out new security assessment worksheets for any new POD facilities identified.

### **EMC3 Emergency Medical Countermeasure (EMC) Plan**

Review, update, and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing Plan to your deliverable library on SharePoint. Provide the date reviewed by community planning partners, preferably the LEPC or TERC in the deliverable report.

## 2017-2018

### **EMC1 Update and Share CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to the progress report. Provide the date reviewed, signed, and dated by all identified response partners.

### **EMC2 POD Security Assessment**

Working with your security or law enforcement representative complete POD security worksheets for each identified POD location and complete security assessment worksheets for any new POD facilities identified.

### **EMC3 Emergency Medical Countermeasure (EMC) Plan**

Review, update, and post your jurisdiction's Emergency Medical Countermeasure Dispensing Plan to the progress report.

## 2018-2019

### **EMC1 Update and Share CHEMPACK Plan**

Review, update, and share your jurisdiction's CHEMPACK Plan.

### **EMC2 Emergency Medical Countermeasure (EMC) Plan**

Review, update, and distribute your jurisdiction's Emergency Medical Countermeasure Dispensing Plan.

### **EMC3 Emergency Medical Countermeasure (EMC) Inventory Management**

Describe your inventory tracking process.

## 2019-2020

Capability Assessments 8 and 9 substituted deliverable requirements for this budget period.

## 2020-2021

### **EMC1 Update and Share CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to the reviewed, signed, and dated by all identified response

progress report. Provide the partners.

date

### **EMC2 POD Security Assessment**

Work with your security or law enforcement representative security worksheets for each POD location.

to complete

POD

identified

### **EMC3 Emergency Medical Countermeasure (EMC)**

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Plan

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Review, update, and post your jurisdiction's Emergency Medical Countermeasure Dispensing Plan to the progress report.

## **2020-2021C**

### **CVD-4: Jurisdictional PPE Optimization Plan**

## **2021-2022**

### **EMC1 Update and Share CHEMPACK Plan**

Upload a reviewed and updated CHEMPACK plan to the progress report. Provide the date reviewed, signed, and dated by all identified response partners.

### **EMC2 POD Facility Setup and Inventory (Combine with EX3)**

Using your POD supplies (i.e., the POD Box) Set-up at least one (1) of your selected POD Facilities.

### **EMC3 Update and Share POD Plan**

Upload a reviewed and updated POD Plan to the progress report. Provide the date reviewed, signed, and dated by all identified partners.

## **Epidemiology**

[2008-2009](#) [2009-2010](#) [2010-2011](#) [2011-2012](#) [2012-2013](#) [2013-2014](#) [2014-2015](#) [2015-2016](#)

[2016-2017](#) [2017-2018](#) [2018-2019](#) [2019-2020](#) [2020-2021](#) [2020-2021C](#) [2021-2022](#)

## **2007-2008**

### **E1 Distribution of Information**

Distribute disease reporting materials (blue folders supplied by DPHHS or equivalent) to local reporting sources *annually*.

### **E2 Distribution of Information**

Distributed disease summaries prepared by DPHHS and/or adapted by your agency to providers through local HAN or other method at least quarterly.

### **E3 Distribution of Information**

Conduct a minimum of two presentations annually focusing on disease reporting to local reporting sources and health care providers.

### **E4 Distribution of Information**

Annually review and update electronic registry of local reporting sources and relevant partners and designate those most likely to diagnose a communicable disease as a "key" provider.

### **E5 Ongoing Evaluation of Disease Reporting**

What was the average number of days between diagnosis or lab test and receipt of reportable condition by your agency?

### **E6 Ongoing Evaluation of Disease Reporting**

What was the average number of days between local receipt/review and submission to DPHHS of the above?

### **E7 Ongoing Evaluation of Disease Reporting**

What percentage of reports were considered complete (e.g., had complete demographic information AND had sufficient information to allow immediate follow-up with provider and/or patient)?

### **E8 Ongoing Evaluation of Disease Reporting**

Were matches with DPHHS statistics or line listings conducted this quarter?

### **E9 Maintain an Active Surveillance Network by Contacting Key Providers and Laboratories on a Regular Basis**

Number of surveillance sites identified for active surveillance (AS) for each quarter?

### **E10 Maintain an Active Surveillance Network by Contacting Key Providers and Laboratories on a Regular Basis**

Number of key surveillance sites (above) that are laboratories?

**E11 Maintain an Active Surveillance Network by Contacting Key Providers and Laboratories on a Regular Basis**

Percentage of above sites contacted weekly?

**E12 Maintain an Active Surveillance Network by Contacting Key Providers and Laboratories on a Regular Basis**

Review / revise and obtain approvals from local health officer and board for existing communicable disease surveillance and 24/7 availability procedures.

**E13 Maintain an Active Surveillance Network by Contacting Key Providers and Laboratories on a Regular Basis**

Number of schools submitting data on absenteeism to public health?

## **2008-2009**

**E1 Distribution of Information**

Distribute disease reporting materials (blue folders supplied by DPHHS or equivalent) to local reporting sources *annually*.

**E2 Distribution of Information**

Distributed disease summaries prepared by DPHHS and/or adapted by your agency to providers through local HAN or other method at least quarterly.

**E3 Distribution of Information**

Conduct a minimum of two presentations annually focusing on disease reporting to local reporting sources and health care providers.

**E4 Distribution of Information**

*Annually* review and update electronic registry of local reporting sources (healthcare providers, laboratories, schools) and relevant partners and designate those most likely to diagnose a communicable disease as a "key" provider. *If yes*, were any new reporting sources designated as key providers?

**E5 Ongoing Evaluation of Disease Reporting**

What was the average number of days between diagnosis or lab test and receipt of reportable condition by your agency?

**E6 Ongoing Evaluation of Disease Reporting**

What was the average number of days between local receipt/review and submission to DPHHS of the above?

**E7 Ongoing Evaluation of Disease Reporting**

What percentage of reports were considered complete (e.g., had complete demographic information AND had sufficient information to allow immediate follow-up with provider and/or patient)?

**E8 Ongoing Evaluation of Disease Reporting**

Were matches with DPHHS statistics or line listings conducted this quarter?

**E9 Maintain an Active Surveillance Network by Contacting Key Providers, Laboratories and Schools on a Regular Basis**

Number of surveillance sites identified for active surveillance (AS) for each quarter?

Basis

**E10 Maintain an Active Surveillance Network by Contacting Key Providers, Laboratories and Schools on a Regular Basis**

Key surveillance site types:      Key Providers?      Laboratories?      Schools?

Regular

**E11 Maintain an Active Surveillance Network by Contacting Key Providers, Laboratories and Schools on a Regular Basis**

Percentage of sites contacted weekly?      Key Providers?  
Laboratories?      Schools?

**E12 Annual Communication with Local Health Jurisdiction Leadership**

Review / revise and obtain approvals from local health officer and board for communicable disease surveillance and 24/7 availability procedures.

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existing

## **2009-2010**

### **E1 Distribution of Information and Designation of Reporting Partners**

Distribute disease reporting materials (blue folders supplied by DPHHS or equivalent) to local reporting sources annually.

### **E2 Distribution of Information and Designation of Reporting Partners**

Distributed disease summaries prepared by DPHHS and/or adapted by your agency to providers through local HAN or other method at least quarterly.

### **E3 Distribution of Information and Designation of Reporting Partners**

Conduct a minimum of two presentations annually focusing on disease reporting to local reporting sources and health care providers.

### **E4 Distribution of Information and Designation of Reporting Partners**

Annually review and update electronic registry of local communicable disease reporting sources (healthcare providers, laboratories, schools) and relevant partners. Designate those most likely to know about and/or report a communicable disease as a KEY SURVEILLANCE PARTNER.

### **E5 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What was the average number of business days between date of diagnosis or laboratory test order and date of initial notification of reportable condition to LHJ? This requires calculating how many days elapsed between date of diagnosis/lab test and date of initial notification to LHJ and then calculating the overall average for all communicable disease cases for the quarter.

### **E6 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What was the average number of business days between date of initial notification to LHJ and date of initial notification to DPHHS? This requires calculating how many days elapsed between date of initial notification to LHJ and date of initial notification to DPHHS and then calculating the overall average for all communicable disease cases for the quarter.

### **E7 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What percentage of written case reports sent to DPHHS were considered complete? Complete is defined as containing data for all the following variables: date of birth, race, sex, city of residence and date of onset of illness. Calculate the percentage of written case reports sent to DPHHS that were considered complete. Complete is defined as containing data for all the following variables: date of birth, race, sex, city of residence and date of onset of illness.

### **E8 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

Were matches with DPHHS communicable disease line listings conducted this quarter using the ePASS tool? To ensure complete reporting, periodic "matches" with DPHHS line listings of reported communicable diseases are required. ePASS will be used to share protected health information contained in line listings between LHJ and CD Epi.

### **E9 Maintain an Active Surveillance Network by Contacting Key Surveillance Partners on Regular Basis**

Number of key surveillance partners identified for active surveillance (AS) for each quarter?

Provide the number of health care providers, laboratories and schools targeted for weekly active surveillance contact delineated in E4). Key surveillance partners should be contacted *weekly* to solicit reports and share relevant information.

(as

of key category.

### **E10 Maintain an Active Surveillance Network by Contacting Key Surveillance Partners on Regular Basis**

Number of key surveillance partners contacted weekly? Health Care Providers (HPC)? Provide the number partners contacted of the total number of key partners identified for active surveillance in each LHJ should have partner(s) in all categories and contact them on a weekly basis.

## **2010-2011**

### **E1 Distribution of Information and Designation of Reporting Partners**

Provide reporting tools, including forms and disease lists, to reporting annually.

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partners

**E2 Distribution of Information and Designation of Reporting Partners**

Distributed disease summaries prepared by DPHHS and/or adapted by your agency to providers through local HAN or other method at least quarterly.

**E3 Distribution of Information and Designation of Reporting Partners**

Conduct a minimum of two presentations annually focusing on disease reporting to local reporting sources and health care providers. *Provide the number of presentations each quarter in the boxes to the right.*

**E4 Distribution of Information and Designation of Reporting Partners**

Annually review and update electronic registry of local communicable disease reporting sources (healthcare providers, laboratories, schools) and relevant partners. Designate those most likely to know about and/or report a communicable disease as a KEY SURVEILLANCE PARTNER.

**E5 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What was the average number of **days** between date of diagnosis or laboratory test order and date of initial notification of reportable condition to LHD?

**E6 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What was the average number of **days** between date of initial notification to LHD and date of initial notification to DPHHS?

**E7 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

What percentage of written case reports sent to DPHHS were considered complete? Complete is defined as containing data for ALL the following variables: date of birth, race, sex, city of residence and date of onset of illness.

**E8 Ongoing Evaluation of CD Reporting Processes - Timeliness and Completeness**

Were matches with DPHHS communicable disease line listings conducted this quarter?

**E9 Maintain an Active Surveillance Network by Contacting Key Surveillance Partners**

Number of key surveillance partners identified for active surveillance (AS) for each quarter?

**E10 Maintain an Active Surveillance Network by Contacting Key Surveillance Partners**

Number of key surveillance partners contacted regularly?

- Health Care Providers
- Laboratories
- Schools

**E11 Develop and Maintain Plans, Procedures, Programs, and Systems**

Review / revise and obtain approvals from local health officer and board for existing communicable disease surveillance and 24/7 availability procedures to include:

**E12 Develop and Maintain Plans, Procedures, Programs, and Systems**

Submit a current copy of the communicable disease surveillance and response annex of your LHD emergency response plan that includes the components in E11 above.

**E13 Develop and Maintain Plans, Procedures, Programs, and Systems**

Achieve 15-minute response time to 24/7 LHD contact drill conducted by CDEpi Program staff.

**2011-2012****E1 Evaluation of Timeliness - Local to DPHHS Reporting**

Maintain an average reporting lag from your local health jurisdiction to DPHHS of seven calendar days as reported to you from CDEpi in the quarterly reconciliation reports? ARM 37.114.204 (2) (b) requires that initial reports of reportable diseases noted be submitted to DPHHS within seven calendar

**E2 Dissemination of Information on Reportable Conditions in your Jurisdiction**

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for the  
days

Provide statistical data and reports to public health and other applicable jurisdictional leadership in order to identify potential populations.

**E3 Maintenance of electronic registry of local communicable disease reporting sources (Key Partners)**

Engage and retain stakeholders, which are defined by the LHJ, who can provide health data to support routine surveillance, including daily activities outside of a communicable disease incident, and to support response to identified public health threat or incidence.

**E4 Conduct routine and incident-specific communicable disease surveillance as indicated by the situation. (Part 1)**

- Part 1: Conduct routine and incident specific communicable disease surveillance using inputs such as reportable disease surveillance, hospital discharge abstracts, disease registries, and active case finding.
- Part 2: Conduct routine and incident specific communicable disease surveillance using inputs such as reportable disease surveillance, hospital discharge abstracts, disease registries, and active case finding.

**E5 Maintain 24/7 contacts for reportable disease notification**

Maintain surveillance systems that can identify public health issues or communicable disease outbreaks/ clusters and receive and respond to (or investigate) reports 24/7.

**E6 Conduct public health and epidemiological investigations (Part 1: Reporting of Outbreaks/Clusters to DPHHS)**

Conduct investigation of disease in response to natural or man-made threats or incidents and ensure coordination of investigation with DPHHS.

**E7 Conduct public health and epidemiological investigations (Part 2: Completeness of Reports sent to DPHHS)**

Conduct investigation of disease in response to natural or man-made threats or incidents and ensure coordination of investigation with DPHHS. Review percentage of reports submitted to DPHHS containing complete data elements establish local objective for completeness with improvement plan

**E8 Evaluation of reporting & response: Improve public health surveillance and epidemiological investigation systems**

Assess internal agency surveillance and epidemiologic investigation both during and after an incident and implement quality improvement measures that are within jurisdictional public health agency control. Complete this deliverable by no later than 01 August 2012.

## **2012-2013**

**E1 Evaluation of Timeliness - Local to DPHHS Reporting**

Review reconciliation reports provided by DPHHS quarterly to determine how timely you are reporting to DPHHS. Confirm your review each quarter and indicate what you are doing to improve the process if the seven-day goals are not met.

**E2 Disseminating and Information Sharing on Reportable Conditions in your Jurisdiction**

Provide a short description each quarter detailing communications and trainings that the LHJs have had with their reporting partners. This can be accomplished through the dissemination of reporting packets, local or forwarded state Communicable Disease Weekly Updates, HAN messages, reportable disease related presentations, etc.

**E3 Attend training and enroll as a user in the Montana Infectious Disease Information System (MIDIS).**

By the end of the 3rd Quarter (March 31, 2013), have at least one staff person trained and using MIDIS, the state's communicable disease surveillance system. (DPHHS will schedule and conduct several webinars during the period)

**E4 Reconcile reportable disease data with DPHHS staff**

LHJs must review their reconciliation reports provided by DPHHS each quarter to maintain accurate case for communicable diseases and sexually transmitted diseases. These reports are provided approximately before the quarterly PHEP progress reports are due and will be sent to you via ePass. Review and update the document and submit the file to CDEpi via ePass.

**E5 Engage and retain stakeholders who can provide health data to support surveillance (1)**

Each quarter, update your list of local surveillance partners and provide number of KEY SURVEILLANCE PARTNERS targeted for weekly active surveillance. These partners should be contacted weekly to solicit reports share relevant information.

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**E6 Engage and retain stakeholders who can provide health data to support routine surveillance (2)**

Each quarter, conduct weekly active surveillance calls of the pre-identified key surveillance partners. Maintain a log of active surveillance efforts, an example will be provided by DPHHS.

**E7 Maintain 24/7 contact system for reportable disease notification**

Maintain a 24/7 communication system and participate in the quarterly testing of the Public Health Emergency Notifications System (PHENS).

**E8 Conduct public health surveillance and epidemiological investigations**

Review quarterly the percentage of final reports submitted to DPHHS that contain complete data elements. (Complete elements are defined as onset date, date of birth, race, ethnicity, and zip code of city and county of residence.)

**E9 Maintain and Improve public health surveillance and epidemiological investigations systems that can identify health problems and threats.**

Completion of this deliverable is accomplished through reviewing and updating a local communicable disease response plan and submission of a signed and dated Communicable Disease Reporting Protocol Checklist to the CDEpi Program by July 15, 2013. Fax signed checklist to 1-800-616-7460.

**E10 Evaluation of reporting & response: Improve public health surveillance and epidemiological investigation systems**

Completion of this deliverable is to perform and submit one after action report on actions taken in relation to a communicable disease case investigation or outbreak investigation during the grant year. Utilize at a minimum the new state "short" after action review template. Post completed AAR to your deliverable team room in the TCC.

## 2013-2014

**E1 Identify Key Surveillance Partners**

Identify and provide the total number of KEY SURVEILLANCE PARTNERS (KSP). Report how many of those partners are labs.

**E2 Engage and Retain Key Surveillance Partners (KSP)**

Conduct and maintain a log of weekly surveillance call with key reporting partners.

**E3 Routinely Disseminate Epi Information**

Disseminate the revised list of reportable conditions, reporting guidance, and other key information to KSPs

**E4 Reconcile Reportable Disease Data**

Review & reconcile the most recent case listing report provided by DPHHS via ePass.

**E5 Evaluation of Local Disease Surveillance Data**

Meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

**E6 Maintain Proficiency in MIDIS**

Each quarter enter at least one complete case report (investigation) into MIDIS, then generate and share a summarized case count report.

**E7 Maintain 24/7 Communication System**

Successfully participate in the quarterly testing of the 24/7 notification system initiated by DPHHS.

**E8 Maintain Communicable Disease Response Plan**

Review and update a local communicable disease response plan. Fax a signed and dated Communicable Disease Reporting Protocol Checklist to the CDEpi Program by July

15, 2014.

## 2014-2015

**E1 Identify Key Surveillance Partners (KSP)**

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS you have identified within your jurisdiction for active surveillance purposes quarter. Record the number of KSPs that are laboratories.

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(KSP) that every

## **E2 Engage KEY SURVEILLANCE PARTNERS (KSP)**

Conduct “active” weekly surveillance calls with key surveillance partners. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1. Keep this system available for future reference in case of transition, retirement, or unforeseen circumstances.

## **E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributed to KSPs each quarter. This includes items such as DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

## **E4 Disseminate Disease Reporting Instructions to KSP**

Annually, disseminate the list of reportable conditions and reporting instructions to KSPs. Please record the date that this was accomplished. The objective is to ensure that 100% of your *key reporting partners* have the most up to date information regarding communicable disease reporting.

## **E5 Reconcile Cases with DPHHS Staff**

For **CDEpi**: Generate a report of cases in MIDIS and review that the number and types of cases are accurate. Record the date that the report was reviewed and reconciled with DPHHS.

## **E6 Evaluation of local disease surveillance data**

Meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

## **E7 Maintain 24/7 Communication System**

Participate in the quarterly testing of the 24/7 notification system initiated by DPHHS. Response is required within 15 minutes of the test call.

## **E8 Maintain Communicable Disease Response Plan**

Review and update a local communicable disease response plan. Fax a signed and dated Communicable Disease Reporting Protocol Checklist to the CDEpi Program by July 15, 2015. Provide the date that the plan was reviewed and the date that the checklist was faxed to DPHHS

## **2015-2016**

### **E1 Identify Key Surveillance Partners (KSP)**

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS (KSP) that you have identified within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, sanitarians).

### **E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)**

Engage your key surveillance partners through “active” weekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1. Document the procedure used for future reference. A request to view this might occur under some circumstances.

### **E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributed to KSPs each quarter.

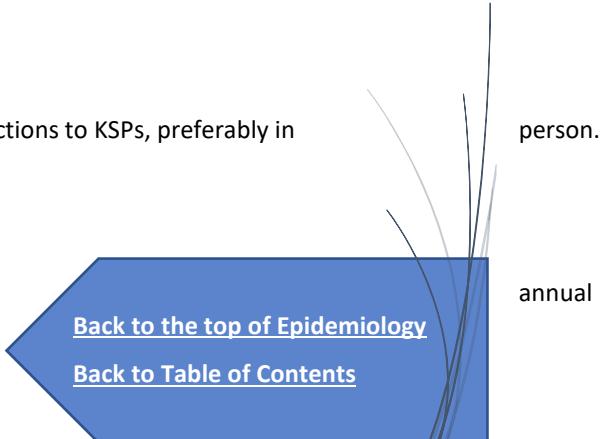
### **E4 Disseminate Disease Reporting Instructions to KSP**

Annually, disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person. Please record the date(s) that this was accomplished.

### **E5 Reconcile Cases with DPHHS Staff**

Each quarter, reconcile your jurisdiction’s cases with DPHHS staff. This deliverable ensures the maintenance of accurate numbers for the state’s report to the CDC.

### **E6 Evaluation of local disease surveillance data**



Meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

#### **E7 Maintain 24/7 Communication System**

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

#### **E8 Maintain Communicable Disease Response Plan**

Review and update a local communicable disease response plan.

#### **E9 Non-Pharmaceutical Intervention (NPI) Plan**

As part of an all-hazards planning approach, review and revise (if necessary) your Isolation & Quarantine Plan to address potentially communicable diseases with an appropriate level of response (including other non-pharmaceutical strategies) based upon best practices and the nature of diseases that could present a threat to the population.

#### **E10 Healthcare Outbreak Reporting & Infection Prevention Assessment**

Work closely with the DPHHS CDEpi program and Hospital Preparedness to include state- contracted staff to assess local healthcare facilities' capacity to identify and report outbreaks and to implement infection control protocols.

### **2016-2017**

#### **E1 Identify Key Surveillance Partners**

Identify and provide the *total* number of Key Surveillance Partners (KSP) that you have identified within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, sanitarians).

#### **E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)**

Engage your key surveillance partners through active weekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1. Document the procedure used for future reference. A request to view this might occur under some circumstances.

#### **E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributed to KSPs each quarter.

#### **E4 Disseminate Disease Reporting Instructions to KSP**

Annually, disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person. Please record the date(s) that this was accomplished.

#### **E5 Reconcile Cases with DPHHS Staff**

Each quarter, reconcile your jurisdiction's cases with DPHHS staff. This deliverable ensures the maintenance of accurate numbers for the state's annual report to the CDC.

#### **E6 Evaluation of local disease surveillance data**

Meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

#### **E7 Maintain 24/7 Communication System**

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

#### **E8 Maintain Communicable Disease Response Plan**

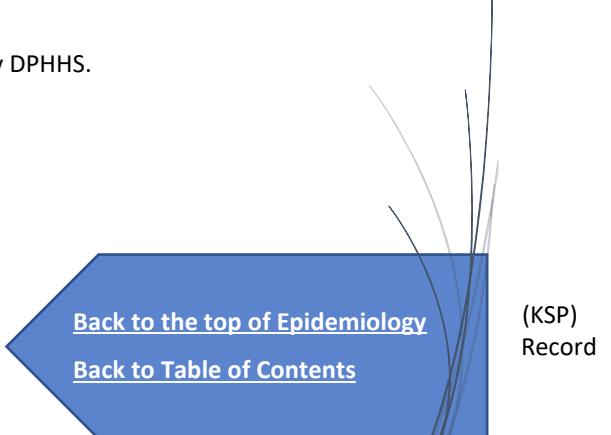
Review and update a local communicable disease response plan.

### **2017-2018**

#### **E1 Identify Key Surveillance Partners**

Identify and provide the total number of KEY SURVEILLANCE PARTNERS within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

#### **E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)**



Engage your key surveillance partners through “active” weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

**E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributes to KSPs each quarter.

**E4 Disseminate Disease Reporting Instructions to KSP**

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

**E5 Reconcile Cases with DPHHS Staff**

Reconcile your jurisdiction’s cases with DPHHS staff each quarter.

**E6 Evaluation of Local Disease Surveillance Data**

Meet the timeliness and completeness standards set forth by the CDEpi section and the Administrative Rules of Montana. Provide an improvement plan if the standards are not met.

**E7 Maintain 24/7 Communication System**

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

**E8 Maintain Communicable Disease Response Plan**

Review and update a local communicable disease response plan.

**E9 Pandemic Influenza Plan**

Review and update your jurisdiction’s Pandemic Influenza Plan. Upload the current updated flu plan and your plan review worksheet to the progress report.

**2018-2019**

**E1 Identify Key Surveillance Partners**

Identify and provide the total number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

**E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)**

Engage your key surveillance partners through “active” weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

**E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributes to KSPs each quarter.

**E4 Disseminate Disease Reporting Instructions to KSP**

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

**E5 Reconcile Cases with DPHHS Staff**

Reconcile all communicable disease investigations performed in the past quarter to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

**E6 Maintain 24/7 Communication System**

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

**E7 Exercise the Communicable Disease Response Plan**

Conduct a tabletop exercise with your local communicable disease partners utilizing one of three communicable disease scenarios developed by DPHHS or substituting a suitable exercise with prior

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response  
approval.

**E8 Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan and your plan review worksheet to the progress report.

## **2019-2020**

### **E1: Identify Key Surveillance Partners (KSP)**

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

### **E2: Conduct Active Surveillance with Key Surveillance Partners (KSP)**

Engage your key surveillance partners through "active" weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

### **E3: Routinely Disseminate Information**

Report on the materials your jurisdiction distributes to KSPs each quarter.

### **E4: Disseminate Disease Reporting Instructions to Key Surveillance Partners (KSP)**

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

### **E5: Reconcile Communicable Disease Cases with DPHHS Staff**

Reconcile all communicable disease investigations performed in the past quarter to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

### **E6: Maintain 24/7 Communication System**

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

### **E7: Review the Communicable Disease Response Plan**

Utilize the provided assessment tool to review your jurisdiction's communicable disease plan.

### **E8: Review the Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload your plan review worksheet to the progress report and upload your latest version of your plan if edits were made over the previous year.

### **E9: Non-Pharmaceutical Interventions (NPI) Plan**

As a part of an all-hazards planning approach, review, and revise (if necessary) your Non-Pharmaceutical Interventions Plan (known as NPI, or an Isolation and Quarantine Plan) to address control measures implemented to prevent secondary spread of a communicable disease in a populace.

## **2020-2021**

### **E1 Identify Key Surveillance Partners (KSP)**

Identify and provide the total number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

### **E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)**

Engage your key surveillance partners through "active" weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

### **E3 Routinely Disseminate Information**

Report on the materials your jurisdiction distributes to KSPs each quarter.

### **E5 Reconcile Communicable Disease Cases with DPHHS Staff**

Reconcile all communicable disease investigations performed in the past to meet the timeliness and completeness standards set forth by DPHHS Administrative Rules of Montana.

### **E6 Maintain 24/7 Communication System**

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quarter

and the

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

**E4 Disseminate Disease Reporting Instructions to KSPs**

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

**E7 Review Your Local Communicable Disease Response Plan**

Utilize the assessment tool provided in the deliverable resources folder in CDCB Resource Page or in the PDR page at for your review. Communicable disease response plans should consider all components stated on the checklist or have a reference to another portion of your plan or a separate protocol that covers the listed component.

**E8 Review the Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload your plan review worksheet to the progress report and upload your latest version of your plan if edits were made over the previous year.

**E9 Attend Communicable Disease and Public Health Law Training (Suspended due to COVID-19 response)**

Participate in a webinar from Montana DPHHS and Communicable Disease Epidemiology for updated guidance on public health law and how it relates to communicable disease event response. The webinar will cover local and state powers and duties, local and state command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

**2020-2021C**

**CVD-5: COVID-19 Epidemiology Performance Report Period 1**

**CVD-13: COVID-19 Epidemiology Performance Report Period 2**

**2021-2022**

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

Identify, engage, and report activities with your jurisdiction's Key Surveillance Partners.

**E2 Disseminate Disease Reporting Instructions to KSPs**

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

**E3 Reconcile Communicable Disease Cases with DPHHS (Suspended due to COVID-19 response)**

Reconcile all communicable disease investigations performed in the past quarter to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

**E4 Maintain 24/7 Communication System (Suspended due to COVID-19 response)**

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

**E5 Review Your Local Communicable Disease Response Plan**

**E6 Review the Pandemic Influenza Plan**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload your plan review worksheet to the progress report and upload your latest version of your plan if edits were made over the previous year.

**E7 Attend Communicable Disease and Public Health Law Training**

Participate in a webinar from Montana DPHHS and Communicable Disease Epidemiology for updated guidance on public health law and how it relates to communicable disease event response. The webinar will cover local and state powers and duties, local and state command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

## Exercises

Early Exercise deliverables were not categorized alone. They were included in other categories, such as Planning and Training. We have moved those exercise related deliverables to this section for ease of reference.

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### **2007-2008**

#### **P5: EXERCISE**

Completion of exercise requirements – Completion of one local exercise and retesting of your plan, participation in any state led exercise. Submit a: 1) formal after action report, 2) documentation of re-testing items of concern to the TCC Deliverable team room.

#### **T3 Required Activities**

Conduct a minimum of one tabletop or functional exercise with a human health focus during the grant period and participate in the DPHHS statewide exercise (planned for late summer 08). Document the date of the exercise and the number of health staff involved below.

### **2008-2009**

#### **T3 Exercise Planning**

Jurisdiction's must exercise public health plans to meet CDC requirements. Exercises are conducted to train, strengthen, and develop readiness capabilities. Please plan the deliverable exercise activities below. Insert the month and day (if possible) the exercise will be conducted. This deliverable will allow DPHHS review the dates you plan to exercise a deliverable. Please note that given sufficient planning, you may consolidate exercise deliverables into one exercise. This deliverable must be completed by the end of the 1st quarter!

**T4 State-Wide Exercise Participation – (This deliverable was cancelled due to the H1N1 Disease response)** Participate in the State Full Scale Exercise. An After-Action Report must be completed and submitted for approval before credit given for this activity.

#### **T5 Emergency Operations Center Set-Up Drill / Exercise**

During the grant period, each jurisdiction is expected to conduct an Emergency Operations Center (EOC) Set-Up drill. If your jurisdiction does not employ a dedicated health department EOC, you must participate in a local EOC drill. If this is the case, you should coordinate this activity with your local DES Representative. In lieu of completing the State of Montana After-Action Report, you must document the results of the drill in the EOC Set-Up Drill Workbook. The workbook can be accessed and copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the EOC Set-Up Drill Workbook. Upload completed workbooks to the TCC Emergency Preparedness Team Rooms. Credit will not be awarded until the workbook has been submitted.

#### **T6 EOC Call-Down Drill**

During the grant period, each jurisdiction is expected to conduct an EOC Call Down Drill. In lieu of completing a Montana After-Action Report, jurisdictions will record results in the EOC Call-Down Drill Workbook. The Workbook will also provide details regarding how to conduct the drill. The workbook can be accessed and copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the EOC Call - Down Drill Workbook.

Completed workbooks must be uploaded to the TCC Emergency Preparedness Team Rooms within 30 days. Credit will not be awarded until the workbook has been submitted.

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#### **T7 SNS Drill Options**

Conduct at least one POD drill from the options listed below. In lieu of completing a Montana State After-Report, drill results will be documented in the appropriate POD Drill Workbook (based upon the option The Workbook will also provide details regarding how to conduct the drill. The workbook can be accessed copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the appropriate POD Drill Workbook. Upload completed workbooks to the Emergency Preparedness Team Rooms within 30 days. Credit will not be until the workbook has been submitted.

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### **2009-2010**

### **T3 Exercise Planning**

Jurisdiction's must exercise public health plans to meet CDC requirements. Exercises are conducted to train, strengthen, and develop readiness capabilities. Please plan the deliverable exercise activities below. Insert the month and day (if possible) the exercise will be conducted. This deliverable will allow DPHHS review the dates you plan to exercise a deliverable. Please note that given sufficient planning, you may consolidate exercise deliverables into one exercise. This deliverable must be completed by the end of the 1st quarter!

### **T4 Statewide Exercise Participation**

Participate in the State Full Scale Exercise. An After-Action Report must be completed and submitted for approval before credit given for this activity. Completion of T4 will follow the state-wide exercise in June/July of 2010- no response is required until the exercise is completed.

### **T5 Emergency Operations Center Set-Up Drill / Exercise**

During the grant period, each jurisdiction is expected to conduct an Emergency Operations Center (EOC) Set-Up drill. If your jurisdiction does not employ a dedicated health department EOC, you must participate in a local EOC drill. If this is the case, you should coordinate this activity with your local DES Representative. In lieu of completing the State of Montana After-Action Report, you must document the results of the drill in the EOC Set-Up Drill Workbook. The workbook can be accessed and copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the EOC Set-Up Drill Workbook. Upload all completed workbooks to the Jurisdiction's Deliverable Team Room using the established naming conventions. Credit will not be awarded until the workbook has been submitted.

### **T6 EOC Call-Down Drill**

During the grant period, each jurisdiction is expected to conduct an EOC Call Down Drill. In lieu of completing a Montana After-Action Report, jurisdictions will record results in the EOC Call-Down Drill Workbook. The Workbook will also provide details regarding how to conduct the drill. The workbook can be accessed and copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the EOC Call - Down Drill Workbook. Completed workbooks must be uploaded to Jurisdiction's Deliverable Team Room within 30 days using the established naming convention. Credit will not be awarded until the workbook has been submitted.

### **T7 SNS Drill Options**

Conduct at least one POD drill from the options listed below. In lieu of completing a Montana State After-Action Report, drill results will be documented in the appropriate POD Drill Workbook (based upon the option selected). The Workbook will also provide details regarding how to conduct the drill. The workbook can be accessed and copied from the TCC; go to Emergency Preparedness Center > Emergency Preparedness Team Rooms > DPHHS Exercise Resources > select the appropriate POD Drill Workbook. Upload completed workbooks to the Jurisdiction's Deliverable Team Room within 30 days.

### **T8 CRI Exercise (Applies only to Yellowstone and Carbon County)**

Conduct at least one full-scale or functional mass prophylaxis dispensing exercise that includes pertinent jurisdictional leadership, planning and operational staff, and all applicable personnel. Submit an AAR and improvement plan to DPHHS by the end of the 4th quarter. One or more drill may be used as a component of the full-scale exercise.

## **2010-2011**

### **T4 Exercise Planning**

Jurisdictions must exercise public health plans to meet CDC requirements. Exercises are conducted to train, strengthen, and develop readiness capabilities. Please plan the deliverable exercise activities below

### **T5 State-Wide Exercise Participation**

In an effort to collaborate and build State and Local readiness to respond to a Public Health related disaster, jurisdictions are required to participate in the State-Wide full-scale exercise. DPHHS will be responsible for developing the Exercise Plan and objectives. You will be provided regarding the exercise as the planning team develops the exercise. Local jurisdictions will be required to submit an After-Action Report based on involvement. Keep in mind that a public health jurisdiction may consolidate another exercise deliverable within the state exercise, a workbook will need to be completed in addition to the Public Health

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### **T6 EOC (or Equivalent) Call-Down Drill**

- Directions for LHD with a dedicated EOC or Equivalent - During the grant period, each jurisdiction with a dedicated public health EOC or equivalent is expected to conduct a Call Down Drill. In lieu of completing a Montana After-Action Report, jurisdictions will record results in the Call-Down Drill Workbook.
- Directions for LHD WITHOUT a dedicated EOC or Equivalent - During the grant period, those LHD's without a dedicated EOC or equivalent are asked to document any participation in a local DES EOC drill - or – document any service within an EOC during an actual event. In the event a local drill or activation was not conducted, please indicate this in the space provided.

## **2011-2012**

### **T1 Local Exercise/Actual Event Participation**

Jurisdictions must exercise/evaluate public health plans to meet CDC requirements. Jurisdictions can utilize an actual event to evaluate plans.

### **T2 Statewide Exercise Participation**

Local jurisdictions must participate as requested and necessary in the planning, facilitation, and evaluation of the statewide exercise scheduled for June 2012.

## **2012-2013**

### **T1 Local Exercise/Actual Event Participation**

Jurisdictions must exercise/evaluate public health plans to meet CDC requirements. Jurisdictions can utilize an actual event to evaluate plans. Record your progress each quarter by selecting “Complete” or “Incomplete” in the drop-down menu. Submit an after-action report/improvement plan to DPHHS within 60 days of an event.

### **T2 Statewide Exercise Participation**

Local jurisdictions must participate as requested and necessary in the planning, facilitation, and evaluation of the statewide exercise scheduled for June 2013.

### **T3 Local Training and Exercise Planning Workshop**

Local health jurisdictions must participate in local/regional training & exercise planning workshops (T&EPW) sponsored by local or state DES. Participants should include healthcare, EMS, public health, first responders, community administration, volunteer organizations and other interested parties.

## **2013-2014**

### **T1 Multi-Jurisdictional Exercise/Actual Event Participation**

Participate in the planning, facilitation, and evaluation of a statewide/multijurisdictional exercise related to a public health event during the grant year. Submit AAR to your SharePoint Deliverable Library.

### **T2 Local Training and Exercise Planning Workshop**

Participate in local/regional training & exercise planning workshops (T&EPW) sponsored by local or state DES.

## **2014-2015**

### **EX1 Exercise/Actual Event Participation**

Local Health Jurisdictions (LHJ) must participate in a drill, functional, or full-scale exercise as defined by the Security Exercise and Evaluation Program involving at least two local or state organizations during the year.

## **2015-2016**

### **EX1 Exercise/Actual Event Participation**

LHJs must conduct or participate in an operations-based drill, functional, or Homeland Security Exercise and Evaluation Program compliant exercise at least two local or state organizations during the grant year. LHJs may conduct an actual event in lieu of an exercise.

### **EX2 Training and Exercise Planning Workshop**

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Local Health Jurisdictions (LHJ) must conduct or participate in an annual Training and Exercise Planning Workshop (TEPW) and maintain or contribute to a Multiyear Training and Exercise Plan (TEP) (see training deliverable T1 for the Multiyear TEP requirements).

## **2016-2017**

### **EX1 Training and Exercise Planning Workshop**

Conduct or participate in a Training and Exercise Planning Workshop (TEPW) at a minimum of once per year. Local Health Jurisdictions (LHJ) will also maintain or contribute to a multi-year Training and Exercise Plan (TEP) (see training deliverable T1 for the multi-year TEP requirements).

### **EX2 Exercise/Actual Event Participation**

Conduct or participate in an exercise or drill at minimum of once per year. LHJs may use an actual event in lieu of an exercise.

### **EX3 Volunteer Registry Exercise**

Test the Volunteer Registry by completing a volunteer search for your jurisdiction.

## **2017-2018**

### **EX1 Training & Exercise Planning Workshop (TEPW) & Multi-Year Training & Exercise Plan (TEP)**

Conduct a Training & Exercise Planning Workshop and produce a Multi-Year Training & Exercise Plan.

### **EX2 Influenza Point-of-Dispensing (POD) Clinic**

Conduct an Influenza POD Clinic involving at least two local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan and POD Box materiel and complete an After-Action Report/Improvement Plan (AAR/IP).

## **2018-2019**

### **EX1 Training & Exercise Planning**

Conduct a Training & Exercise Planning Workshop and produce a Multi-Year Training & Exercise Plan.

### **EX2 Influenza Point-of-Dispensing (POD) Clinic**

Conduct an Influenza POD Clinic involving at least two local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan and POD Box materiel and complete an After-Action Report/Improvement Plan (AAR/IP).

## **2019-2020**

### **EX1 Training & Exercise Planning**

Conduct a Training & Exercise Planning Workshop (TEPW) and produce a Multi-Year Training & Exercise Plan (TEP).

### **EX2 (*Rescinded*) Unknown Substance Plan Tabletop Exercise (TTX)**

Conduct a TTX with your local response partners to exercise your jurisdiction's Unknown Substance (Suspicious Substance, White Powder etc.) response plans with focus on transportation. Along with the TTX, 10 LHJ's will be selected to perform an additional packaging & transportation functional exercise (FE) that MUST be conducted the week prior to the Statewide Exercise ((Oro Y Plata Armis FSE (Sep 16 thru Oct 4, 2019)).

### **EX3 Participate in State-wide Full-Scale Exercise**

Participate in *Operation Oro Y Plata Armis*, the Statewide Strategic National Stockpile (SNS) Receipt, Stage (RSS) Full Scale Exercise (FSE), September 23 – 18 October 2019.

## **2020-2021**

### **EX1 Training & Exercise Planning**

Conduct a Training & Exercise Planning Workshop (TEPW) and produce a Training & Exercise Plan (TEP).

### **EX2 After Action Report & Improvement Plan (AAR/IP) Plan**

Answer yes/no question asking if your organization currently has an AAR/IP yes, upload to the progress report.

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**EX3 Influenza Point-of-Dispensing (POD) Clinic**

Conduct an Influenza POD Clinic involving at least two local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan and complete an After-Action Report/Improvement Plan (AAR/IP).

**EX4 Submit After Action Report & Improvement Plan (AAR/IP) Procedures**

Update or create new AAR/IP Plan for your organization.

**2020-2021C****CVD-9: After-Action Report/Improvement Plan****2021-2022****EX1 COVID-19 AAR/IP**

Complete an After-Action Review/Improvement Plan (AAR/IP), to include at a minimum 10 findings, for your organizations COVID-19 response operations for the 2020-2021 grant year.

**EX2 Training & Exercise Planning**

Conduct an Integrated Preparedness Planning Workshop (IPPW) and produce a multi-year plan for training and exercise.

**EX3 Influenza Point-of-Dispensing (POD) Clinic (Combine with EMC2)**

Conduct an Influenza (or COVID-19) POD Clinic involving at least two local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan and complete an After-Action Report/Improvement Plan (AAR/IP).

## **Food & Water Safety**

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**2007-2008****F1 Security/Training**

Did your agency discuss food security with any manufacturing and/or retail establishments this quarter?

**F2 Security/Training**

Local Sanitarian(s) attended training course provided about the web-based inspection system.

**F3 Exercises and Actual Food borne events leading to and After-Action Report.**

Local Sanitarian(s) participate in any preparedness related exercises or actual event (i.e., outbreak) during the quarter that resulted in an after-action report.

**F4 Exercises and Actual Food borne events leading to and After- Action Report.**

Local Sanitarian(s) attended training course related to food security offered during the grant period.

**2008-2009****F1 Provided Education**

Did the local Sanitarian(s) discuss food security or provide any educational materials to any licensed establishment(s)?

**F2 Training**

Did local Sanitarian(s) participate in any preparedness related training and/or exercises?

**F3 Training**

Local Sanitarian(s) participate in any preparedness related exercises or actual event (i.e., outbreak) during the quarter that resulted in an after-action report.

**2009-2010**

**F1 Provided Education**

Did the local Sanitarian(s) provide any food defense preparedness educational materials to any licensed establishment(s)? Describe type of educational materials provided.

**F2 Actual Event**

Did local Sanitarian(s) participate in any preparedness related training and/or exercises?

**F3 Training**

Did local Sanitarian(s) participate in any actual event (i.e., outbreak) during the quarter that resulted in an after-action report?

**F4 Partner Communications**

Has your jurisdiction added or begun to add email addresses and/or fax numbers of licensed establishments to HAN (or similar system) to allow rapid notification in the event of recalls or public health events?

**F5 Planning or Protocol**

Have Environmental Health Staff participated in the review and approval of the jurisdiction's "Epi-Team" protocol?

**2010-2011****F1 Provided Education**

Did local RS(s) provide 2010 FCS handout to any licensed establishment(s)?

**F2 Training**

Did local RS(s) participate in any preparedness related training and/or exercises? (At least one is required within this contract year).

**F3 Actual Event**

Did local RS(s) participate in any actual event during the quarter that resulted in an after-action report?

**F4 HAN Contact Info**

Did your jurisdiction review and update any contact information of licensed establishments for HAN or similar notification system?

**F5 HAN Testing**

Did local RS(s) receive and acknowledge the local quarterly test HAN message?

**F6 Epi-Team Protocol**

Did local RS(s) participate in the review and approval of the jurisdiction's "Epi-Team" protocol (indicated by signature)?

**F7 Truck Wreck Protocol**

Did local RS(s) adopt a local protocol for truck wrecks?

**F8 DWES Kits**

Did local RS(s) verify access information for each Drinking Water Emergency Sampling (DWES) kit before the end of Quarter 1?

**2011-2012****F1 Providing Education through Handouts**

RS provides "Food Safety in an Emergency" [dated 2011] to all licensed establishments serving food.

**F2 Training**

RS attends at least one training or exercise within this contract year. This must be emergency preparedness related, not only food safety.

**F3 Maintaining HAN Communication**

Include your RS with other inter-agency partner HAN communication tests.

**F4 Maintaining Truck Wreck Protocol**

Ensure the RS reviews and updates the local truck wreck/ food transportation protocol once this year.

## **2012-2013**

### **F1 Providing Education through Handouts**

RS provides "Hygiene in an Emergency" [dated 2012] to all licensed establishments serving food.

### **F2 Training**

RS attends at least one training or exercise within this contract year related to emergency preparedness.

### **F3 Maintaining HAN Communication**

Include your RS with other inter-agency partner HAN communication tests.

### **F4 Maintaining Truck Wreck Protocol**

Ensure the RS reviews and updates the **local truck wreck protocol** in the first quarter. Fill in the date it is reviewed and the date it is uploaded to your jurisdiction's TCC Team Room.

## **2013-2014**

### **F1 Training**

RS attend one training offered by DPHHS related to emergency congregate locations (shelters).

### **F2 Maintaining Truck Wreck Protocol**

Ensure the RS reviews and updates the local truck wreck protocol in the first quarter.

## **2014-2015**

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

RS attends Local Emergency Planning Committee (LEPC) or Tribal Emergency Response Committee (TERC) every quarter.

### **F2 Maintaining Transportation Accident Protocol (Truck Wrecks)**

The RS will work with the local Board of Health to create an approved procedure to respond to Truck Wrecks under MCA 50-2-118.

## **2015-2016**

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

The jurisdiction's registered sanitarian (RS) attends at least one LEPC or TERC meeting.

### **F2 Maintaining Transportation Accident Protocol (Truck Wrecks)**

The RS for your jurisdiction works with the local Board of Health to create an approved procedure to respond to truck wrecks under MCA 50-2-118.

### **F3 Contact Information for Sanitarian during Emergencies**

Maintain and update contact information for after-hours phone numbers for the sanitarian and backup (secondary) sanitarian (i.e., dispatch, cell phone, etc.).

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

Fill in the contact information in the Licensed Establishment Database.

## **2016-2017**

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

A registered sanitarian (RS) from your jurisdiction's least one LEPC or TERC meeting annually.

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### **F2 Review Truck and Train**

The RS for your jurisdiction with the local Board of create an approved procedure to respond to truck under MCA 50-2-118.

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**F3 After-hours contact information for Sanitarians**

Maintain and update contact information for after-hours phone numbers for the sanitarian and backup (secondary) sanitarian (i.e., dispatch, cell phone, etc.).

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

Fill in the contact information in the Licensed Establishment Database.

**F5 Confirm Back-Up Sanitarian for Emergency Situations**

Make sure that the secondary sanitarian listed in the Montana Public Health Directory is the individual that should be contacted in emergencies if the primary sanitarian is unavailable.

## **2017-2018**

**F1 Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

**F2 Review Truck and Train Wreck Protocol**

The RS for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

**F3 After-Hours Contact Information for Sanitarians Integrated into 24/7 System**

Ensure that environmental health Sanitarians are integrated into your jurisdictions 24/7 communication system (see E7).

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

Fill in the contact information in the Licensed Establishment Database.

**F5 Written Procedure for Investigating Foodborne Illness & Food-Related Injury**

Provide a written procedure that outlines the procedure for investigating Foodborne Illnesses and Food-related Injuries.

## **2018-2019**

**F1 Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

**F2 Review Truck and Train Wreck Protocol**

The RS for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

**F3 After-Hours Contact Information for Sanitarians Integrated into 24/7 System**

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

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

Fill in the contact information in the Licensed Establishment Database.

**F5 Written Procedure for Investigating Foodborne Illness & Food-Related Injury**

Provide a written procedure that outlines the procedure for investigating Foodborne Illnesses and Food-related Injuries.

## **2019-2020**

**F1: Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

**F2: Review Truck and Train Wreck Protocol**

The Registered Sanitarian (RS) for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

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**F3: After-Hours Contact Information for Sanitarians Integrated into 24/7 System**

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

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

Fill in the contact information in the Licensed Establishment Database.

**F5: Written Procedure for Investigating Foodborne Illness & Food-Related Injury (Phase 3)**

Provide a written process that outlines the procedure for investigating foodborne illnesses and food-related Injuries.

## **2020-2021**

**F1: Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

**F2: Review Truck and Train Wreck Protocol**

The Registered Sanitarian (RS) for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

**F3 After Hours Contact Information for Sanitarians Integrated into 24/7 System (Suspended due to COVID-19 response)**

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

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

Fill in the contact information in the Licensed Establishment Database.

**F5: Written Procedure for Investigating Foodborne Illness & Food-Related Injury (Phase 4)**

Provide a written process that outlines the procedure for investigating foodborne illnesses and food-related Injuries.

## **2020-2021C**

**CVD-6: Distribution of COVID-19 Specific Sanitization Information**

**CVD-14: Distribution of COVID-19 Specific Sanitization Information**

**CVD-15: Tracking Closures and Restrictions of Licensed Establishments**

## **2021-2022**

**F1 Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

**F2: Review Truck and Train Wreck Protocol**

The Registered Sanitarian (RS) for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118.

**F3 After Hours Contact Information for Sanitarians Integrated into 24/7 System (Suspended due to COVID-19 response)**

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E4).

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

Fill in the contact information in the Licensed Establishment Database.

**F5: Tabletop Exercise for Written Investigative Procedure for Foodborne Illness & Food-Related Injury (Part 2 from BP-02)**

Conduct a TTX for the written procedure for investigating foodborne and food-related injuries.

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system

illnesses

# Health Alert Network

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## **2007-2008**

### **H1 HAN System Testing**

Test of Health Jurisdictions Local HAN System using various methods of Communications and technology.

### **H2 Learning Management System Utilization - Montana Public Health Training and Communications Center (TCC)**

Local Health Jurisdictions are to update their 1) HAN Plans/Protocols 2) Policies on Computer Use and 3) Han Contacts in their Emergency Preparedness Team Rooms in the TCC each quarter.

### **H3 HAN Communications**

Before the end of the 2007-2008 grant, Local Health Jurisdictions (LHJ's) are to add the following contacts to their local HAN Contact Lists and also add this information to their HAN Contact Lists in their Emergency Preparedness Team Rooms.

### **H4 HAN Communications**

Briefly explain how your Local Health Jurisdiction (LHJ) will communicate with its main local public health partners when electrical power, land line and cell phone services are not available or are not accessible. [Main local public health partners would include local DES, local hospitals, local dispatch centers, HAN Contacts and DPHHS. There is no expectation for you to have the ability to communicate with neighboring health jurisdictions, but if that capability exists in your health jurisdiction, please include it in your response.

### **H5 HAN Communications**

Local Health Jurisdictions are to submit to the State HAN Coordinator a paper copy of a letter from the jurisdiction's Local Telephone Company indicating that Telecommunications Service Priority Restoration (TSP) service is established on at least 2 phone lines, one Voice line and one Fax line.

## **2008-2009**

### **H1 HAN System Testing**

Test of Local Health Jurisdiction's HAN System using various methods of communications and technology. Record the Date and Time the test was initiated by typing in the date and time of the test.

### **H2 Learning Management System Utilization**

Local Health Jurisdictions are to update their 1) HAN Plans/Protocols 2) Policies on Computer Use and 3) HAN Contacts in their Emergency Preparedness Team Rooms in the TCC each quarter.

### **H-3 HAN Communications Contact Method**

List the number of Health Alert Network (HAN) Contacts in your Health Jurisdiction and the best way to reach them with important health information from you, DPHHS or CDC.

### **H4 HAN Communications - Satellite Phone Base Station Assessment**

- a) Does your Health Jurisdiction have a Dispatch Center or Hospital facility that is monitored 24 hours a day, 7 days a week, 365 days a year?
- b) If you answered "Yes" to H4a, then does your Dispatch Center or Hospital facility have an electrical backup system in the event of a power outage that can power the Dispatch Center for an extended amount of time?
- c) Does the Dispatch Center or Hospital facility in your Health Jurisdiction have a satellite phone base station that is monitored 24/7/365? d) Would the Dispatch Center, Hospital or other suitable location in your Health Jurisdiction be interested in a satellite phone base station?

## **2009-2010**

### **H1 HAN System Testing**

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Test of the local health jurisdictions HAN System using various methods of communications and technology.

## **H2 Communications - Additional HAN Contacts**

Local health jurisdictions are to work with their local sanitarian(s) to develop HAN (or equivalent) distribution lists for notifying local retail food establishments and restaurants of possible food-related outbreaks and other food related issues.

## **H3 Learning Management System Utilization Montana Public Health Training and Communications Center (TCC)**

Local health jurisdictions are to update their 1) HAN Plans/Protocols 2) Policies on Computer Use and 3) Han Contacts in their Emergency Preparedness Team Rooms in the TCC each quarter.

## **H4 HAN Communications - Internet Connection Speed**

Local health jurisdictions will use the bandwidth speed tool at the Internet address below to perform the test. Run the bandwidth test 3 times and record the results for "Download" and "Upload" speeds. Your average "Download" and "Upload" speeds will be calculated automatically.

## **H5 HAN Communications - HAN Contacts**

Local health jurisdictions are to record the total number of HAN contacts in their health jurisdiction that they routinely send HAN messages too. Include all HAN contacts regardless of how you notify them.

## **H6 HAN Communications - E-mail Software**

Local health jurisdictions are to select the brand name of the E-mail client that they use at the local level to receive Health Alert Network (HAN) messages from DPHHS.

## **2010-2011**

### **H1 HAN System Testing**

Test of the local health jurisdictions HAN System using various methods of communications and technology. See Quick Guidance for additional details

### **H2 H1 HAN System Testing**

Local health jurisdictions are to review/update their 1) HAN Plans/Protocols 2) Policies on Computer Use and 3) HAN Contacts in their Emergency Preparedness Team Rooms in the TCC each quarter.

### **H3 HAN Communications - HAN Contacts**

Local health jurisdictions are to record the total number of HAN contacts in their health jurisdiction that they routinely send HAN messages too. Include all HAN contacts regardless of how you notify them. Total Number of all HAN Contacts in the local health jurisdiction.

### **H4 HAN Communications – HAN Capabilities**

LHJ's are to complete the following statement to describe their local HAN System.

"My local HAN System has the capability of....."

- Operating (receiving and reviewing messages) 24/7/365.
- Sending a HAN message to my local HAN contacts and have 90% of them acknowledge receiving it within 2 hrs.
- Reaching 90% percent of local HAN Contacts within 2 hours of receiving a State or Federal HAN message.
- Forwarding HAN messages to my (lead HAN contact) Mobile or Cellular device i.e., Blackberry, Cell Phone, Pager, etc.
- Sending HAN messages to my local sanitarian.
- Sending HAN messages to select groups or individuals.

## **2011-2012**

### **H1 HAN SYSTEM TESTING**

Test the local health jurisdictions HAN System using various methods of communications and technology.

### **H2 HAN COMMUNICATIONS**

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Local health jurisdictions are to 1) Review/update their Local HAN Plans/Protocols and upload them to their TCC DPHHS PHEP Deliverable Team Room by mid-4th Quarter for review 2) Review/update their Policies on Computer and Internet Use and 3) Review/update their HAN Contacts in their Emergency Preparedness Team Rooms in the TCC by mid-4th Quarter.

### **H3 HAN CONTACTS**

Local health jurisdictions are to record the total number of HAN contacts in their health jurisdiction that they routinely send HAN messages too. Include all HAN contacts regardless of how you notify them.

## **2012-2013**

### **H1 HAN System Testing**

Test the local health jurisdictions HAN System using various methods of communications and technology.

### **H2 HAN Communications**

Local health jurisdictions are to 1) Review/update their Local HAN plans/protocols and upload them to their TCC DPHHS PHEP Deliverable Team Room for review 2) review/update their policies on computer and internet use and 3) review/update their HAN Contacts in their Emergency Preparedness Team Rooms in the TCC.

### **H3 HAN Contacts**

Local health jurisdictions are to record the total number of HAN contacts in their health jurisdiction that they send HAN messages too. Include all HAN contacts regardless of how you notify them.

### **H4 HAN Email List Update**

Add [hhshan@mt.gov](mailto:hhshan@mt.gov) to your local HAN e-mail distribution list to allow DPHHS to receive local and tribal health department originated and forwarded HANs. The HAN list must be a separate distribution list from your general email list and exclusive to HAN distribution. When the address is added to your HAN distribution list, email your HAN coversheet to the above address to indicate completion of this task. If you do not have a HAN coversheet, you must create one following the guidelines.

### **H5 Redundant Tactical Communications**

Conduct TWO tests of non-traditional communications EACH quarter. One of the tests must be to the DPHHS Department Operations Center (DOC). Pick a local Command and Management site from the drop-down list for the second test. For each site, pick a method of communication from the corresponding drop-down list. Write the date of your test in the narrative comment box to the right.

- Those jurisdictions with a satellite phone (hand-held and/or base) must test those devices at least once during the grant period to call the DPHHS DOC at (406)-444-3075.
- Complete the short-form AAR provided to document the test and post it in your TCC PHEP team room. Title it (county)(quarter) 2013 TacCom AAR.

## **2013-2014**

### **H1 HAN System Response**

Test the local health jurisdiction's HAN System using various methods of communications and technology.

### **H2 HAN Plans & Protocols**

Local health jurisdictions are to review and update their local HAN plans and protocols and upload them to their SharePoint Deliverable Library.

### **H3 Local HAN Contacts**

Include the following contacts in your LOCAL HAN distribution lists, 1) DPHHS at [hhshan@mt.gov](mailto:hhshan@mt.gov), 2) Registered County Sanitarian(s), 3) Key Laboratory Contacts.

### **H4 Redundant Tactical Communications Tests**

Conduct one communications test EACH quarter using different devices. during the year, the test must be to the DPHHS Department Operations (DOC).

## **2014-2015**

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Once  
Center

## **H1 HAN Distribution**

Provide a list of HANs distributed locally. Include the HAN title, date received from DPHHS (if applicable), date locally distributed, and the audience it was sent to.

## **H2 HAN Plans & Protocols**

Local Health Jurisdictions are to review and update the information in their HAN Plans/Protocols and upload them to their SharePoint Library for review. Please provide the date most recently reviewed in the quarterly report.

## **H3 Local HAN Contacts**

Provide the total number of HAN contacts by audience type. Estimate what percentage of each audience prefers to be communicated by email, fax, or hard-copy delivery.

## **H4 Redundant Tactical Communications Tests**

Conduct one communications test EACH quarter using different devices. Once during the year, the test must be to the DPHHS Department Operations Center (DOC) at (406) 444-3075.

## **2015-2016**

### **H1 HAN Distribution**

Provide the dates that you disseminated DPHHS HANs marked for distribution to your local partners.

### **H2 HAN Plans & Protocols**

Review and update HAN plans and protocols.

### **H3 Local HAN Contacts**

Provide the total number of HAN contacts by audience type.

### **H4 Redundant Tactical Communications Tests**

Conduct one (1) communications test EACH quarter using different devices.

### **H5 Local HAN System Capabilities**

Provide information that describes the capabilities of your local HAN system.

## **2016-2017**

### **H1 HAN Distribution**

Provide the dates that you disseminated DPHHS HANs marked for distribution to your local partners.

### **H2 HAN Plans & Protocols**

Review and update HAN plans and protocols.

### **H3 Local HAN Contacts**

Provide the total number of HAN contacts by audience type.

### **H4 Redundant Tactical Communications Tests**

Conduct one (1) communications test EACH quarter using different devices.

## **2017-2018**

### **H1 HAN Distribution**

Test your local HAN system at least once each quarter.

### **H2 HAN Plans & Protocols**

Review and upload your jurisdiction's HAN plans/protocols to the progress

### **H3 Local HAN Contacts**

Provide the total number of HAN contacts by audience type.

### **H4 Redundant Tactical Communications Satellite Phone(s)**

Locate and test your satellite phone(s) if your jurisdiction has them.

report.

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## **H5 Redundant Tactical Communications to Local Facilities**

LHJs must conduct a communications test every quarter by contacting one of their local emergency operations sites.

## **H6 Redundant Tactical Communications to State DOC**

Contact the DPHHS Duty Officer and provide him or her with your name and jurisdiction and the device you are using (i.e., Phone, Cell Phone, Satellite Phone, etc.)

## **2018-2019**

### **H1 HAN Distribution**

Test your local HAN system at least once each quarter.

### **H2 HAN Plans & Protocols**

Review and upload your jurisdiction's HAN plans/protocols to the progress report.

### **H3 Local HAN Contacts**

Provide the total number of HAN contacts by audience type.

### **H4 Tactical Communications**

Inventory modes of tactical communications for your jurisdiction.

## **H5 Redundant Tactical Communications Test**

Contact the DPHHS Duty Officer and provide him or her with your name and jurisdiction and the device you are using (i.e., Phone, Cell Phone, Satellite Phone, etc.)

## **2019-2020**

### **H1: HAN Distribution**

Test your Local HAN System once each quarter.

### **H2: Local HAN Contacts**

Provide the total number of HAN contacts.

## **2020-2021**

### **H1: HAN Distribution**

Test your Local HAN System once each quarter.

### **H2: Local HAN Contacts**

Provide the total number of HAN contacts.

## **2020-2021C**

**CVD-3: Indicate New HAN Contacts for Period 1**

**CVD-11: Indicate new HAN contacts for Period 2**

## **2021-2022**

### **H1 HAN Distribution**

Test your HAN System once each quarter.

### **H2 Local HAN Contacts**

Provide the total number of HAN contacts.

### **H3 Redundant Tactical Communications Test**

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Conduct a communications test to maintain connectivity with PHEP.

#### **H4 DPHHS HAN Coordinators**

List direct number and email for primary, secondary, and tertiary HAN coordinators in the Public Health Directory.

## **Immunization**

Early Immunization deliverable requirements were written into the HAN category. These deliverables included requirements for local health jurisdictions to manage their use of WIZRD, an immunization registry. WIZRD, maintained by the Immunization Section, was replaced by imMTrax. The early deliverables for WIZRD are found here for ease of reference.

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### **2007-2008**

#### **H6 Clinician Access to WIZRD**

Does your public health agency currently use WIZRD to access the Montana State Immunization Registry?

#### **H7 Clinician Access to WIZRD**

Number of clinicians and/or clinical facilities in jurisdiction expressing, for the first time, an interest in using/accessing WIZRD during the quarter?

#### **H8 Clinician Access to WIZRD**

Number of clinicians and/or clinical facilities using WIZRD this quarter?

#### **H9 Enrolling responders in WIZRD**

The LHJ is to maintain and update existing first responders/health care provider "groups" in WIZRD.

#### **H10 Entering Vaccinations in WIZRD**

In addition to routinely given vaccinations, the LHJ is to record all influenza vaccinations for children up to age 9 in WIZRD or other tribal/IHS information systems.

### **2008-2009**

#### **H5 Clinician Access to WIZRD**

Does your public health agency currently use WIZRD to access the Montana State Immunization Registry?

#### **H6 Clinician Access**

Number of clinicians and/or clinical facilities using WIZRD this quarter?

#### **H7 Enrolling responders in WIZRD**

The LHJ is to maintain and update existing first responders/health care provider "groups" in WIZRD.

#### **H8 Enrolling responders in WIZRD**

What percentage of first responders are fully protected with Tdap and Hepatitis B vaccines?

#### **H9 Entering Vaccinations in WIZRD**

In addition to routinely given vaccinations, the LHJ is to record all influenza vaccinations for children up to age 9 in WIZRD or other tribal/IHS information systems.

### **2009-2010**

#### **H7 Entering Vaccinations in WIZRD**

In addition to routinely given vaccinations, the LHJ is to record all influenza vaccinations for children up to age 9 in WIZRD or other tribal/IHS information systems.

#### **H8 Entering Vaccinations in WIZRD Annually or as Required**

In the event there is a vaccine available for a novel strain of influenza, i.e., a strain other than the seasonal influenza, those doses must be entered into WIZRD in accordance with the requirements of a federal campaign.

## **2010-2011**

### **H5 Entering Vaccinations in WIZRD**

The objective would be to review the "missing immunization" report quarterly, then report on action taken. Review of the report was completed.

- How many individual records were updated in the registry?
- How many children were identified as not up to date and brought up to date?
- How many children were moved or gone elsewhere (MOGE)?

## **2011-2012**

### **IZ1 Immunization Tracking Record**

Review missing immunization reports each quarter and report action taken.

## **2012-2013**

### **IZ1 Immunization Tracking Record**

Review missing immunization reports each quarter and report action taken.

## **2013-2014**

### **IZ1 Immunization Tracking Record**

Report the number of clinics conducted, the location/setting, number of individuals vaccinated, type of vaccines administered, and the target population.

### **IZ2 Vaccine Partners & Communication**

Provide a list of partner agencies or groups determining the need and location for vaccination clinics. If promotional material or activities were used, list those efforts and the target audience.

## **2014-2015**

### **IZ1 Immunization Tracking Record**

Report the number of clinics conducted, the location or setting, number of individuals vaccinated, type of vaccines administered, and the target population.

### **IZ2 Vaccine Partners & Communication**

Provide a list of partner agencies or groups determining the need and location for vaccination clinics. If promotional material or activities were used, list those efforts and the target audience.

## **2015-2016**

### **IZ1 Immunization Tracking Record**

Report the number of clinics conducted, the location or setting, number of individuals vaccinated, type of vaccines administered, and the target population.

### **IZ2 Vaccine Partners & Communication**

Provide a list of partner agencies or groups determining the need and location for vaccination clinics. If promotional material or activities were used, list those efforts and the target audience.

## **2016-2017**

### **IZ1 Immunization Tracking Record**

Report the number of non-routine immunization clinics conducted by type (i.e., Adult, School Located, Daycare, Community, Walk-in or Other), population, number of individuals vaccinated, and number of doses administered.

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Immunization](#)

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clinic  
target

## **IZ2 Vaccine Partners & Communication**

Report promotional material or media outreach conducted, list the media type, and add comments. Provide a list of your jurisdiction's partner agencies or groups (see partner list above) that you have communicated with each quarter.

## **IZ3 Complementary Immunization Providers Administering Influenza Vaccines**

Identify and report the number of individual pharmacies, by type, in your jurisdiction that offer influenza vaccine to adults.

### **2017-2018**

#### **IZ1 Immunization Off-Site Influenza Clinics**

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

#### **IZ2 Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups each quarter.

#### **IZ3 Influenza POD Exercise**

Report the immunization information from the influenza POD exercise.

### **2018-2019**

#### **IZ1 Off-Site Influenza Clinics**

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

#### **IZ2 Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

#### **IZ3 Influenza POD Exercise**

Complete the Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations.

### **2019-2020**

#### **IZ1 Off-Site Influenza Clinics**

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

#### **IZ2 Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

#### **IZ3 Influenza Checklist; Full Scale Exercise, Off-Site Influenza POD Exercise**

Complete the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* for site influenza clinic, in conjunction with the full-scale exercise in October 2019.

#### **IZ4 Report Vaccination Population Groups; Full Scale Exercise, Off-Site Influenza POD Exercise**

Submit aggregate totals for each vaccination age group identified (see below, under Vaccination Population Screening Question). This data should be collected during the patient intake process of the off-site clinic, held in conjunction with the full-scale exercise in October 2019.

### **2020-2021**

#### **IZ1 Off-Site Influenza Clinics**

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

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an off-

Group influenza

total

#### **I22 Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

#### **I23 Influenza Checklist, Off-Site Influenza Clinic**

Complete the *Checklist for Best Practices for Vaccination Clinics Held at one Satellite, Temporary, or Off-Site Locations*.

#### **I24 Report Vaccination Population Groups, Off-Site Influenza Clinic**

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

### **2020-2021C**

#### **CVD-12: Training for the New imMTrax Mass Immunization Module**

### **2021-2022**

#### **I21 Off-Site Influenza Clinics**

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

#### **I22 Influenza Partners & Communication**

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

#### **I23 Influenza Checklist, Off-Site Influenza Clinic**

Complete the *Checklist for Best Practices for Vaccination Clinics Held at one Satellite, Temporary, or Off-Site Locations*.

#### **I24 Report Vaccination Population Groups, Off-Site Influenza Clinic**

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

## **Laboratory**

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### **2011-2012**

#### **L1 DWES Kit**

Complete the requested information in the worksheet included in this progress report (click the link in the narrative section to the right). Also attend Public Health Laboratory DWES Kit training at Regional Meeting(s).

#### **L2 Transportation Plan**

Provide updated specimen transport plan section of existing Communicable Disease Surveillance and Response annex of your Emergency Response Plan for review and approval.

### **2012-2013**

#### **L1 Sample Collection Kits (DWES, CBAT, and Clinical Sample (Rapid Toxic Screen))**

Complete the requested information in the worksheet included in this progress report.

#### **L2 Awareness Training for Sample Collection Kits (DWES, CBAT, and Clinical Sample (Rapid Toxic Screen))**

Attend Sample Collection Kit Training provided by DPHHS Laboratory. Documentation TBD.

#### **L3 "All Hazards" Sample Transportation Plan**

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Revise your specimen transport plan to create an "All Hazards" Sample Transport Plan, which will be separate from your Communicable Disease Surveillance and Response annex.

## **2013-2014**

### **L1 All Hazards Sample Transportation Plan (Review)**

Annual review (i.e., checklist signed off by BOH) of sample transport plan. Post the checklist and provide the date signed.

## **2014-2015**

### **L1 All Hazards Sample Transportation Plan (Review)**

Annual review of sample transport plan and post the checklist and provide the date signed.

### **L2 Rapid Toxic Screening Procedure**

Collaborate with hospitals/clinics to ensure their understanding of their role in the event of chemical exposure needing Rapid Toxic Screening. This should be documented in the All-Hazards Sample Transportation Plan.

## **2015-2016**

### **L1 Category A Shipping Containers**

Update information regarding the location of facilities, either within or closest to your jurisdiction, that house Category A containers (these may be PHEP or facility-purchased). Include those facilities that have containers not provided by DPHHS

### **L2 Trained and Certified Category A Shipping Personnel**

Determine the name of personnel, either within or closest to your jurisdiction, who are trained and certified to ship Category A infectious materials

### **L3 All Hazards Sample Transportation Plan (Review)**

Annual review of sample transport plan and post the checklist and provide the date signed.

## **2016-2017**

### **L1 Suspicious Substance (CBAT) Plan**

Develop or update your Suspicious Substance (CBAT) plan and submit it to LSB for feedback.

### **L2 Drinking Water Emergency Sampling (DWES) Plan**

Develop or update your Drinking Water Emergency Sampling (DWES) plan and submit it to LSB for feedback.

### **L3 Rapid Toxic Screening Plan**

Develop or update your Rapid Toxic Screening plan and submit it to LSB for feedback.

### **L4 Category A Shipping Plan**

Develop or update your Category A Shipping plan and submit it to LSB for feedback.

## **2017-2018**

### **L1 CBAT Kit Inspection**

Inspect CBAT kit contents, using the provided checklist, and replace expired sample swab.

### **L2 All-Hazards Transport Plan Checklist**

Review the All-Hazards Transport plan at the LEPC meeting to ensure all components are understood and agreed upon.

## **2018-2019**

### **L1 Exercise the Laboratory Sample Transport Plan**

Utilizing one of the three disease scenarios developed by DPHHS, as part of the tabletop exercise, discuss how you would get samples to the Public Health Laboratory in the event that the Montana Public Health Laboratory (MTPHL) courier service is not available.

## **2019-2020**

### **L1 Participate in a Laboratory Sample Packaging/Transport Plan Webinar and Complete the DPHHS Checklist**

Participate in a webinar from Montana Public Health Laboratory (MTPHL) and Communicable Disease/Epidemiology for updated guidance on evaluating and updating your jurisdiction's Laboratory Sample Packaging and Transport Plan. The webinar will cover activation of the plan, consultation prior to submission, required plan components, packaging considerations, and transport partners.

## **2020-2021**

No deliverable requirement for this budget period

## **2021-2022**

No deliverable requirement for this budget period

## **Risk Communications**

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## **2007-2008**

### **RC1 General Activities**

Coordinate among responders to plan and conduct a promotional event with information about psychosocial consequences to emergencies. *This activity can be performed at any time during the grant period. Please provide a brief summary below of activities conducted.*

### **RC2 General Activities**

Issue news release regarding risk and protective actions during annual influenza season.

### **RC3 General Activities**

Complete at least one new Emergency Risk Communication course offered during the grant period.

### **RC4 General Activities**

Participate in development and implementation of a working, statewide public health information coalition of public health and healthcare professionals and partners who have routine public and partner communication responsibilities or are designated to serve as Public Information Officer (PIO) for their agency or jurisdiction in an emergency. *Please indicate whether or not a staff member from your agency has participated regularly during this period.*

### **RC5 General Activities**

Work in partnership with the DPHHS emergency risk com coordinator to develop, conduct and evaluate a multi-pronged, paid, pro-bono and earned media and public information and education campaign, during the spring and summer of 2008.

## **2008-2009**

### **RC1 Training**

- Qtr. 1: Identify and commit personnel (those with primary and secondary public information for communications training for the grant period).
- Qtr. 2 – 4: Select and attend a communications related training during one of these quarters. Only training is required

duties)

one

partners  
Identify  
current

illnesses.

### **RC2 Outreach**

- Qtr. 1 – 2: Distribute initial communication pieces to community and public regarding seasonal flu. subjects and prepare public information release statements for seasonal public health illnesses.
- Qtr. 3: Continue to identify subjects and prepare public information release statements for current seasonal public health

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- Qtr. 4: Develop and distribute a public information piece promoting personal and community emergency preparedness.

### **RC3 Planning**

- Qtr. 1: List emergency risk communications plans and key contacts in your jurisdiction. (checklist supplied by DPHHS)
- Qtr. 2: Meet with jurisdictional partners to discuss integration of emergency risk communication plans.
- Qtr. 3 – 4: Outline any plans for integrating public health department emergency risk communications plans with other local partner plans. Include major objectives, who is responsible and approximate date of completion.

## **2009-2010**

### **RC1 Training**

- A. In the first quarter identify and commit personnel for risk communications training for the grant period.
- B. Select and attend a risk communication related training during this funding period. Only one training is required during the period.

### **RC2 Outreach**

Distribute initial communication pieces to community partners and public regarding influenza. Identify subjects and prepare public information release statements for current public health illnesses, including influenza type illnesses. Create and maintain list of media outlets.

Task: Post to your TCC team room a list of public information release statements and the entities to which the pieces were offered each quarter.

Task: Create and maintain list of partners for risk communications messaging

### **RC3 Planning**

Integrate risk communications procedures into your health department's all-hazards and pandemic influenza plans.

Task: Review/develop protocols for when and how to release public information. Post these protocols to the TCC Risk Communications team room with the naming convention "(your jurisdiction name) RC protocols."

Task: Prepare templates for messages in advance of any public health emergency.

## **2010-2011**

### **RC1 Outreach**

Distribute communication pieces to community partners and public regarding public health issues. Identify subjects and prepare public information release statements.

### **RC2 Planning**

Integrate risk communications procedures into your health department's all-hazards and pandemic influenza plans.

## **2011-2012**

### **RC1 Public Information Distribution**

Distribute communication pieces to community partners and public regarding public health issues. Complete the checklist each quarter to report your progress. List a few relevant examples of each activity.

### **RC2 Public Information Release Evaluation**

Evaluate each public information effort in each quarter using the provided tool (in the TCC Risk Communications room) or your own. Post evaluations in your jurisdiction team room on the TCC.

## **2012-2013**

### **RC1 Public Information Distribution**

Distribute communication pieces to community partners and public regarding public health issues. Complete the checklist each quarter to report your progress.

### **RC2 Public Information Officer**

Report/Identify your jurisdiction's Public Information Officer (PIO) on the administration page. That person must complete the National Incident Management System (NIMS) Public Information Systems IS-702.a course online or in-person. Mark the

appropriate status each quarter and provide the date of the training in the comment box. Upload your certificate of completion to your transcript record on the TCC.

### **RC3 Risk Communication Plan Review** (Crossover Deliverable with FN1)

Self-evaluate your jurisdiction's plans for risk communications by completing the review form provided on the TCC. Examine your abilities to respond to the public's need for information, addressing each of the elements listed on the form. Submit the report to your PHEP deliverables team room on the TCC. Please label with '2013 (jurisdiction name) RC Plan Eval.'

## **2013-2014**

### **RC1 Risk Communication Plan Review**

Self-evaluate your jurisdiction's plans for risk communications by completing the review form.

## **2014-2015**

### **RC1 Risk Communication Plan Review**

Self-evaluate your jurisdiction's plans for risk communications by completing the review form.

Your public information plan may be specific to your health department, a general document for your county or tribal jurisdiction, or part of its Emergency Operations Plan, or part of your Public Information Campaign in your SNS plan.

## **2015-2016**

### **RC1 Risk Communication Plan Review**

Self-evaluate your jurisdiction's plans for risk communications by completing the online survey.

## **2016-2017**

### **RC1 Risk Communication Plan Review**

Self-evaluate your jurisdiction's plans for risk communications by completing the online survey.

## **2017-2018**

### **RC1 Risk Communication Plan Review**

Self-evaluate your jurisdiction's plans for risk communications by completing the online survey.

## **2018-2019**

### **RC1 Crisis and Emergency Risk Communication Plan Review**

Self-evaluate your jurisdiction's risk communications plan by completing the online survey.

### **RC2 Public Information Communication Exercise**

Exercise a public information component in conjunction with the E7 Communicable Disease Response Plan Exercise.

## **2019-2020**

Capability Assessments 4 and 6 substituted deliverable requirements for this budget period.

## **2020-2021**

No deliverable requirements for this budget period.

## **2021-2022**

### **RC1 COVID-19 Risk Communications After Action Review**

Include Risk Communications observations in COVID-19 After Action (EX1)

### **RC2 COVID-19 Risk Communications Improvement Plan**

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Review

Include risk communications observations from your COVID-19 After Action Review in your COVID-19 Improvement Plan

#### **RC3 CERC Training**

Complete a Crisis and Emergency Risk Communications training or refresher training.

## **Surge Management**

PHEP gradually began categorizing deliverable requirements by the domains defined by the CDC's National Standard Preparedness Capabilities starting at the 2019-2020 budget period. The Surge Management Domain encompasses several of the previous deliverable requirements, including training, exercises, and parts of others related to capabilities in Volunteer Management, Medical Surge, Mass Care, and Fatality Management as the recategorization continues beyond 2020.

### **2020-2021**

#### **SM1 Volunteer Registry Administrator Training**

Selected Primary and Back-up local volunteer registry managers must be trained on the new Volunteer Registry.

### **2021-2022**

#### **SM1 Volunteer Registry Administrator Training**

Selected Primary and Back-up local volunteer registry managers must be trained on the new Volunteer Registry.

#### **SM2 Volunteer Registry Promotion and Recruitment**

Introduce and promote the new version of the Volunteer Registry.

#### **SM3 Volunteer Activation Plan**

Develop a plan on how you will activate your volunteers using the following guidance.

## **Training**

Early Training deliverables were combined with Exercise deliverables. Those are moved to the Exercise section in this document.

The Training category was discontinued in the 2020-2021 budget period. Training required deliverables became related to the Domain or categorical topics.

[2008-2009](#) [2009-2010](#) [2010-2011](#) [2011-2012](#) [2012-2013](#) [2013-2014](#) [2014-2015](#) [2015-2016](#) [2016-2017](#)

[2017-2018](#) [2018-2019](#) [2019-2020](#) [2020-2021](#) [2021-2022](#)

### **2007-2008**

#### **T1 Required Activities**

Public health staff (at a minimum, those with a direct role in public health preparedness) are registered on the TCC (LMS) and TCC users check and update their User Profile, and learner transcript. Local jurisdictions must determine who, in addition to preparedness staff, would benefit from TCC.

#### **T2 Required Activities**

Public health staff with a direct role in emergency preparedness, incident management or response must basic ICS and NIMS related trainings. New and existing public health staff must be assessed for preparedness related training needs, specifically in the area of WMD, HAZMAT and ICS. The role the individual is expected to assume during an event will govern whether and what training is needed. Please document your efforts to assess and provide these trainings.

#### **T3 Required Activities \*(See Exercise)**

#### **T4 Required Activities**

Participate in state sponsored trainings related to the Homeland Security Evaluation Program (HSEEP) during the grant period. Key public health staff

complete

Exercise  
are asked

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to take the basic online and/or distance learning courses to be developed by DPHHS and DES during the period.

#### **T5 Required Activities**

Participate in state sponsored trainings related to the Montana Intrastate Mutual Aid System (IMAS) during the grant period. Key public health staff are asked to take the basic online and/or distance learning courses to be developed by DPHHS and DES during the period.

### **2008-2009**

#### **T1 TCC Maintenance**

It is expected that each local public health jurisdiction will ensure public health staff are registered on the TCC (LMS). It is expected that TCC users will keep their User Profile and learner transcripts up to date on a quarterly basis. You must check yes or no each quarter.

#### **T2 Conduct Local Training Needs Assessment**

Public Health staff that would be called upon to respond to an emergency or disaster should have awareness level HAZMAT and WMD training and have taken ICS 100 -200 & 700 courses. Training may be provided as needed by using distance learning technologies; classroom instruction; FEMA, DES, or CDC courses posted on the TCC, and/or contracted trainers. As courses are developed / added to the TCC, we will promote their availability.

### **2009-2010**

#### **T1 TCC Maintenance**

It is expected that each local public health jurisdiction will ensure public health staff are registered on the TCC (LMS). It is expected that TCC users will keep their User Profile and learner transcripts up to date on a quarterly basis.

#### **T2 Conduct Local Training Needs Assessment**

During this quarter, has this jurisdiction assessed existing and new Public Health employees to determine if required training in the above areas have been assessed?

### **2010-2011**

#### **T1 TCC Maintenance**

1. Ensure public health staff with a direct role in emergency preparedness are registered on the TCC.
2. Ensure all users have checked and updated their User Profile and learner transcript

#### **T2a Training Requirements**

It is expected that Public Health staff that would be called upon to respond to an emergency or disaster will have awareness level HAZMAT and WMD training and have taken ICS 100 -200 & 700 courses. Each jurisdiction must conduct a review to determine if existing and new Public Health employees have received required ICS/NIMS, WMD and HazMat training. Only check one box for Q2 and Q4.

#### **T2a Numbers of Trained Staff**

Enter numbers trained within each area for the 1st and 2nd quarter combined. For the 4th quarter, enter the numbers trained during the 3rd and 4th quarter.

#### **T3 Continuing Education: Exercise and Evaluation Training**

Staff responsible for the health departments emergency preparedness exercise program are required to least one training course relating to the Homeland Security Exercise and Evaluation Program sometime during grant period. The purpose of this deliverable is to enhance knowledge, skills, and abilities relating to program management, development, design, conduct and evaluation.

take at the exercise

### **2011-2012**

#### **T3 ICS Training**

It is expected that Public Health staff that would be called upon to respond to an emergency or disaster will have awareness level HAZMAT and WMD training and have taken ICS 100 -200 & 700 courses.

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#### **T4 Position/Hazard Specific Training**

Key staff in your jurisdiction must attend hazard or ICS position specific courses either in person or on-line in coordination with DPHHS that improve core skills and facilitate response.

### **2012-2013**

#### **T4 ICS Training**

Public Health staff that would be called upon to respond to an emergency or disaster must train to awareness level HAZMAT and WMD training and have taken ICS 100 -200 & 700 courses.

#### **T5 Position/Hazard Specific Training**

Key preparedness staff should review their hazard specific training needs and attend courses either in person or on-line that improve core skills and facilitate response.

### **2013-2014**

#### **T3 ICS Training**

Public Health staff that would be called upon to respond to an emergency or disaster must train to awareness level HAZMAT and WMD training and have taken ICS 100 -200, and 700

### **2014-2015**

#### **T1 Training & Exercise Calendar**

Create a public health training and exercise calendar, a minimum of two years out, that includes exercises and instruction-based learning events. Include proposed training dates (or a date range), who will participate, and the purpose of the event. Include any activities associated with fulfilling your 2014-15 deliverables.

#### **T2 ICS Training**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700. Those already trained to that level must take at least one other FEMA ICS course. Verification of training can be achieved by uploading FEMA transcripts or certificates into your county library in SharePoint.

### **2015-2016**

#### **T1 Training & Exercise Calendar**

Update your current public health training and exercise calendar, a minimum of two years out, that includes exercises and instruction-based learning events.

#### **T2 ICS/IS Training**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or independent study course.

#### **T3 Training Needs Survey**

Complete the emergency preparedness training needs survey for your public health department.

#### **T4 Local Volunteer Administrator Training**

Have one Volunteer Registry administrator (or back-up administrator) for your jurisdiction identified and attend a training or refresher course.

### **2016-2017**

#### **T1 Training & Exercise Calendar**

Update your current public health training and exercise calendar, a minimum of two years out, that includes exercises and instruction-based learning

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minimum events.

#### **T2 ICS/IS Training**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or independent study course.

### **T3 Local Volunteer Registry Manager**

Maintain one Volunteer Registry manager (or back-up manager) for your jurisdiction. If a new person is identified, they must attend a training offered by PHEP.

## **2017-2018**

### **T1 ICS/IS Training**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700. One public health employee must be trained in ICS 300. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or independent study course.

### **T2 Identify Training Needs**

Identify one training gap from an AAR of an exercise or real event this year.

## **2018-2019**

### **T1 Update Trainings**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700.

### **T2 Training to an Identified Gap (Part 1)**

Choose one gap that was identified in an earlier AAR/IP and identify how this gap will be addressed.

### **T3 Training to an Identified Gap (Part 2)**

Demonstrate that you have addressed the gap identified in T2 (Part 1).

### **T4 Attend One ESF#8 Meeting**

Attend one ESF#8 meeting in your jurisdiction during the budget period to learn of any training needs related to emergency operations.

## **2019-2020**

No deliverable requirements for this budget period.

## **2020-2021**

No deliverable requirements for this budget period.

## **2021-2022**

### **T1 ICS/IS Training**

Ensure public health staff have passed FEMA training courses for the incident command structure, at a minimum, in ICS 100, 200, and 700.

ATTACHMENT A3 To Task Order No. 23-07-6-11-049-0

PHEP Deliverable Requirements Calendar for 2022-2023

## PHEP Deliverable Requirements for 2022-2023

Requirement	Title		Description	Qtr. Due
Budget	B1	Quarterly Budget Report	Provide the required budget information on an online form located at <a href="https://PHEP.formstack.com/forms/phep_quarterly_expense_report">https://PHEP.formstack.com/forms/phep_quarterly_expense_report</a> .	Every
Community Resilience	CR1	ORR Preparation / Capability Workplan Progress	Write a synopsis each quarter about the progress made on your jurisdiction's PHEP Capabilities Gap workplan.	Every
	CR2	Contribute to Growth of Regional Healthcare Coalitions	Participate in Regional Healthcare Coalition (RHCC) activities.	Every
	CR3	End of Year Report	Write a brief description of your jurisdiction's public health preparedness activities.	4th

	C1	<b>Continuity of Operations (COOP) Training</b>	Successfully complete FEMA's independent studies course <u>IS 1300: Introduction to Continuity of Operations</u> .	Any
<b>Countermeasures &amp; Mitigation</b>	CM1	<b>Off-Site Influenza Point-of-Dispensing (POD) Vaccination Clinic</b>	Conduct an off-site influenza vaccination clinic as a POD exercise following your emergency medical countermeasures plan.	2nd
<b>Immunization</b>	I1	<b>Immunization Off-Site Influenza Clinics</b>	Report the total number of off-site influenza immunization clinics and the total number of influenza vaccine doses administered at the off-site clinics.	Every
	I2	<b>Influenza Partners &amp; Communication</b>	Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.	Every
<b>Information Management</b>	IM1	<b>Maintain the Montana Public Health Directory</b>	Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.	Every
	IM2	<b>Redundant Tactical Communications Test</b>	Conduct a redundant communications test to maintain connectivity with PHEP	Any
	IM3/ T2	<b>New Health Alert Network System</b>	Attend training in person or virtually to for the new HAN system <u>at the Summer Institute</u> .	1st
	IM4	<b>Register Two Individuals in SAMS to Report ORR Data</b>	Register the two people designated to enter ORR data into the Federal Security Access Management Services (SAMS).	4th Cancelled
	IM5	<b>HAN Response Rate</b>	Adjust your jurisdiction's HAN message response protocols to answer notifications from DPHHS to the updated parameters.	Every (Beginning 3rd Q.)
<b>Epidemiology</b>	E1	<b>Identify Key Surveillance Partners</b>	Identify and provide the total number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).	2nd
<b>Food &amp; Water Safety</b>	F1	<b>Sanitarian Participation in LEPC</b>	A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one LEPC or TERC meeting during the budget period.	Any
	F2	<b>Review Truck and Train Wreck Protocol</b>	The Registered Sanitarian (RS) for works with your jurisdiction's Board of Health to maintain an approved truck wreck response procedure under MCA 50-2-118.	1st

<b>F</b>	<b>F3</b>	<b>Sanitarian Training Requirements</b>	1. A registered sanitarian (RS) for your jurisdiction conducting pool inspections must demonstrate completion of training in swimming pool inspection techniques 2. A registered sanitarian (RS) for your jurisdiction conducting retail food inspections must demonstrate completion of a food safety training program	<b>Any</b>
	<b>F4</b>	<b>Update Contact Information for All Licensed Establishments</b>	Fill in the contact information in the Licensed Establishment Database.	<b>2nd</b>
	<b>F5</b>	<b>Regional HCC TTX for Foodborne Illness &amp; Food-Related Injury</b>	Host a TTX for the written procedure for investigating foodborne illnesses and food-related injuries.	<b>Every Suspended</b>
<b>Planning</b>	<b>P1</b>	<b>Communicable Disease Response Plan</b>	Review and update, if necessary, your jurisdiction's response plan for communicable disease.	<b>Any</b>
	<b>P2</b>	<b>Review the Pandemic Influenza Plan</b>	Review and update your jurisdiction's Pandemic Influenza Plan.	<b>Any</b>
<b>Public Health Laboratory</b>	<b>L1</b>	<b>Sample Transport Plan Review</b>	Review use of the jurisdiction sample transport plans and activities during COVID-19 pandemic response.	<b>2nd</b>
	<b>L2</b>	<b>DWES Kit Inventory</b>	The environmental health staff responsible for safe community water supply will inventory the contents of the Drinking Water Emergency Sampling Kit supplied by the Montana Public Health Lab.	<b>1st</b>
<b>Risk Comm</b>	<b>RC1</b>	<b>CERC Training</b>	Complete a Crisis and Emergency Risk Communications training or refresher training.	<b>Any</b>
<b>Training</b>	<b>T1</b>	<b>IS/ICS Training</b>	Ensure public health staff have passed FEMA training courses for the incident command structure, at a minimum, in ICS 100, 200, and 700.	<b>Any</b>