

Regional Public Health Work Plan



WORK PLAN PROGRESS REPORTS WILL BE SUBMITTED TO KDHE.PREPAREDNESS@KS.GOV

	Progress Quarter			Contact Information
				Region:
	Quarter 1 covers Jul	y 1, 2020 – September 30, 2020	due October 15, 2020	Fiscal Agent:
	Quarter 2 covers Oc	tober 1, 2020 – December 31, 2020	due January 15, 2021	
	Quarter 3 covers Jan	nuary 1, 2021 – March 31, 2021	due April 15, 2021	Contact Person:
	Quarter 4 covers Ap	ril 1, 2021– June 30, 2021	due July 15, 2021	Contact Email:
				Date Sent:
	Description of Tasks			Deliverables
1	 Regional coordinators or designated subject matter expert(s) for regions without a coordinator will: Assist local health department staff in the development, review and updating of all local plans Provide general technical assistance (TA) and training to local health department staff Work with local health departments and KDHE staff to identify training gaps at the local level Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc. If technical assistance was not provided during the quarter, a signed statement stating "No assistance provided" must be submitted with the quarterly reporting. 			Date TA report submitted to KDHE: Quarter 1: Quarter 2: Quarter 3: Quarter 4:
2	 Regional coordinators or designated subject matter expert(s) for regions without a coordinator will convene, at a minimum, quarterly meetings of all the local health departments within the region and maintain minutes of the meetings and attendee lists using the KDHE Meeting Report template. The 4th quarter meeting must take place no later than May 21, 2021. Meetings must be set up in KS-TRAIN at least 30 days prior to the scheduled date so the required registration requirement can be met. A draft of the meeting minutes must be provided to all members and KDHE within 10 business days. KDHE must be notified of any changes to meeting dates or formats as they occur. 			Date meeting minutes sent: Quarter 1: Quarter 2: Quarter 3: Quarter 4: KS-TRAIN #:



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3	Regions may send staff from their region to attend preparedness-related conferences, trainings or exercises to increase knowledge, skills and abilities to develop and maintain plans, conduct training and exercises and respond to public health threats and emergencies using a whole-community approach to preparedness management. (Examples include but are not limited to: 2021 Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.) Conferences and out of state training events must be pre-approved by KDHE. See guidance documents for instructions on pre-approval. Summary will include course name and date. Due by June 30, 2021	For in-state events: Date: Name: Number of staff attended: Name of attendees: For out-of-state events: Each person must submit a 1-page summary no later than 15 days after the conference
4	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will attend, in person or virtually, the Healthcare Coalition (HCC) meeting(s). Regional coordinators or designated subject matter expert(s) for regions without a coordinator whose region supports multiple HCCs must attend each HCC meeting within their region (in person or virtually) or send a designee. Designees are permitted if a letter is on file with KDHE prior to the meeting date. Register for the meeting on KS-TRAIN #: Attendee: HCC Region meeting(s) attended for this report:	1 date:
5	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will ensure each Readiness Response Coordinator (RRC, formerly HCC) has up-to-date email addresses for each member of the PHEP region so that the RRC can include them in the email distribution list for the HCC meeting minutes.	Q1 Updated Yes No Q2 Updated Yes No Q3 Updated Yes No Q4 Updated Y
6	In [November 2020 (Date to be determined)], regional coordinators or designated subject matter expert(s) for regions without a coordinator must attend the annual Training and Exercise Planning Workshop (TEPW) to update the KDHE Multi-Year Training and Exercise Plan (MYTEP) for inclusion in the grant application for the upcoming budget period.	Name of attendee(s):
7	[Dates TBD], Regional coordinators or designated subject matter expert(s) for regions without a coordinator must attend three Preparedness Regional Coordinator Meetings. One meeting will take place in Salina and two will take place virtually. KDHE Preparedness will have further meetings with the coordinators as needed. If the regional coordinator cannot attend, he/she will work with KDHE to send a proxy.	Date Attendee 1. 2. 3.



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	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at	
	least one annual exercise (e.g., full-scale exercise) as a facilitator, player or evaluator. Serving in an observer role does	Date of Exercise:
8	not meet the participation requirement. If COVID-19 prevents the completion of an exercise, the regional coordinator	County:
	must submit documentation on the TA how he/she supported the regional role during the pandemic response.	Role:
	Due April 30, 2021	
9	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will maintain accurate information for a 24/7 activation protocol, which details who will be called and what type of events will start the protocol for the region. Due by March 31, 2021	24/7 activation protocol is up to date and available? Yes \[\] No \[\]
	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will attend and/or monitor minutes of the regional Homeland Security Council meetings. This information will be discussed in the regional	Q 1 discussed Yes No
10	meetings for situational awareness.	Q 2 discussed Yes No
		Q 3 discussed Yes No
		Q 4 discussed Yes No
11	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will develop a summary report of their counties health department's needs and improvements from the April 2020 full-scale exercise (FSE) or real-world incident when approved by KDHE. This summary report will include a plan to meet the gaps revealed in the AAR/IP from the FSE or real-world incident approved by KDHE.	Date summary report sent:
	Due by <u>Oct 15, 2020</u>	
	PHEP-purchased inventory items will be maintained in the Comprehensive Resource Management and Credentialing System (CRMCS). Regional coordinators will annually:	Date cache was reviewed in CRMCS:
12	Complete a review of the actual inventory, removing expired items and adding new items to the hard copy and	
	 CRMCS listings. Note the responsible person for the cache and how the expired items were disposed of. Send in a screenshot of items entered with quarterly work plan. 	Name of person responsible for cache:
	Due by May 31, 2021	Screenshot:YesNo entry required



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The following represent administrative preparedness requirements that can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2019 - 2024):

- Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.
- Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years.
- ❖ Have available signed shared resource agreements, MOA, MOU and any maintenance contracts relating to PHEP grant funds.
- Regional coordinators will provide to KDHE Preparedness information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement.
- Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year.
- Regional coordinators within a CRI footprint will ensure work plans for the local health departments are completed as well as the CRI work plan.