



	Work Plan for Designated Small Counties			
	Quarter 1	July 1, 2023 – September 30, 2023	Quarterly Reporting due in KGMS October 15, 2023	
	Quarter 2	October 1, 2023 – December 31, 2023	Quarterly Reporting due in KGMS January 15, 2024	
	Quarter 3	January 1, 2024 – March 31, 2024	Quarterly Reporting due in KGMS April 15, 2024	
	Quarter 4	April 1, 2024 – June 30, 2024	Quarterly Reporting due in KGMS July 15, 2024	
		Descrip	tion of Tasks	
1	scheduled Healthcare LHD Administrator and	Coalition (HCC) meetings for their region. I the Designee/Proxy letter is received by a missed meeting will not be made retroa e entire year.	attend, in person, via conference call or webinar, the quarterly Designees/Proxies are permitted, provided they are designated by the KDHE and the HCC RRC prior to any meetings that will be missed. Active. It is recommended that letters be sent in at the beginning of the	
		Due quarterly or at t	he beginning of the grant year	
	knowledge, skills and a emergencies using a w	bilities to develop and maintain plans, co	erences, preparedness meetings, trainings or exercises to increase onduct trainings and exercises and respond to public health threats and ess management. (Examples include but are not limited to: National Kansas Public Health Association.)	
2	documents for instruct		oved by the KDHE Preparedness Program. See guidance ments. Each attendee must submit a summary report of the ee name and date attended.	
		Due within t	the quarter attended	





	LHD will have a staff member attend at least three (3) webinars developed by the KDHE Preparedness Program for the PHEP grant.
3	<ul> <li>Attendance is <u>required for the July 2023</u> Work Plan Guidance session.</li> <li>The LHD can choose the other two (2) webinars from the SFY 2024 KDHE Preparedness Webinar listing (found on KS TRAIN) to complete this activity.</li> </ul>
	Due within the quarter attended
4	LHD representative will participate in a local ESF 8 or LEPC planning meeting at least once per year to work with health and medical partners to strengthen community preparedness and response activities. The local ESF-8 or LEPC acts as an advisory committee of governmental and non-governmental partners to the local health department to integrate preparedness efforts across jurisdictions and to leverage funding streams.
	Due once, report within the quarter attended
	LHD <b>Administrator</b> will maintain their contact information in the Kansas Health Alert Network (KS-HAN) to ensure the ability of the LHD in receiving situational awareness information.
5	<ul> <li>Contact information should be checked no less than annually by the user. Users are expected to update their own user profiles.</li> <li>KDHE Preparedness Program will send LHD Administrator a KS-HAN registrant list, annually. LHD will provide a list of changes (add/remove registrants) to KS-HAN Administrator within the quarter the report was received.</li> </ul>
	Update list from KS HAN Admin, Due within the quarter received

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	HEALTH DEPARTMENTS
	LHD staff registered on KS-HAN will respond to one (1) KS-HAN drill to ensure and demonstrate the ability to receive and respond to
	situational awareness updates and common operating picture information, and to ensure that communications equipment is
	appropriately receiving health alerts and situational information.
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	Drill information due in quarter conducted
	LHD Administrator will ensure 24/7 epidemiological contact information is kept current and sent to the KDHE Bureau of Epidemiology &
7	Public Health Informatics through KDHE's Contact Management Community System (available at https://kansasct.force.com/cms/s/) at
	least quarterly. This supports the public health system by having access to personnel trained to manage and monitor routine
	jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.
	Due Quarterly
	LHD Administrators will work to ensure that priority communication services are available in an emergency. This should include
	maintaining an always-on, high-speed internet connection, email services, and a telephone and or cell phone that is available to LHD
8	preparedness personnel.
	Due September 30, 2023
	LHD will use community preparedness to build partnerships and address risks within their community. LHDs will aim to engage community partners who might otherwise not be involved with preparedness efforts.
	community partners who might otherwise not be involved with preparedness enorts.
	LHD will participate in the National Preparedness Month campaign in <u>September 2023</u> by posting:
9	,,,,,, _
	• At least two (2) different posts on one (1) social media platform and/or website each week during the month of September
	2023.
	Using the hashtag #KSPrepared to signify participation.
	Due September 30, 2023





10	LHD will maintain a website where information can be posted and accessed by members of the public to promote awareness of LHD preparedness activities and actions the public can take to improve personal preparedness. The LHD will also make regular use of social media channels (for example, Facebook, Twitter and/or Instagram). Due December 31, 2023
11	New LHD administrators, (those employed Six (6) months or less, new to the administrator position, or has not previously completed as a New Administrator in BP4) will take the <i>Preparedness - New LHD Administrator Training, Modules 1 through 5</i> , on KS-TRAIN for administration of the PHEP grant. KS-TRAIN Training Plan # 4137.
	Due December 31, 2023
	LHD administrators will ensure designated* staff complete the following online training:
	FEMA IS-100: An Introduction to the Incident Command System (ICS)
	<ul> <li>FEMA IS-200: Basic ICS</li> <li>FEMA IS-700: An Introduction to the National Incident Management System (NIMS)</li> </ul>
12	*Designated staff is a staff member determined by the LHD Administrator. *Training is only required once.
	Due December 31, 2023





	IMATS
	The LHD will ensure that a minimum of two (2) health department staff or volunteers are registered and active users of the Inventory
	Management Tracking System (IMATS) and:
13	<ul> <li>All new users have completed the appropriate training according to their designated role in IMATS.</li> <li>All users <u>must</u> login to IMATS a minimum of once every six (6) months to keep their account active and update their own user profiles.</li> <li>KDHE Preparedness Program will send LHD Administrators the list of IMATS registrants twice annually. LHD will provide a list of changes (add/remove registrants) back to the KDHE Preparedness Program within the quarter received.</li> <li>LHD will update Point of Dispensing (POD) location(s) and any other relevant POD information in IMATS, at least annually. If no updates are warranted, attest in KGMS verifying POD info is up-to-date and no updates are required this budget period.</li> </ul>
	Using KS-TRAIN, LHD will ensure appropriate staff members take or renew certification every two (2) years for:
14	• Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know ( <b>1092665).</b> KDHE will verify completion of the training in KS-TRAIN.
	Due June 30, 2024
	Narrative: How has PHEP made a difference for your local health department or community?
15	Provide a written summary of how PHEP funds received in BP5 assisted/improved your county. Include success stories, activities or items purchased that you would not have been able to do, without PHEP funding. Maximum length 1 page.
	Due March 31, 2024





	LHD will ensure annual fit testing for PPE (or PAPR annual training) for LHD staff is completed in compliance with the revised OSHA					
16	respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.					
	Due June 30, 2024					
	LHD can purchase equipment and supplies to maintain PHEP readiness based on their county plans, risk assessments and AAR/IPs. These items must be included in the KDHE approved PHEP KGMS budget. LHD Administrator or designee will:					
	<ul> <li>Use CRMCS for deployable/non-consumable items (items purchased with PHEP funds that cost \$5,000 or more are required to be in CRMCS). Track other items in any inventory tracking system(s).</li> </ul>					
	<ul> <li>Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.</li> </ul>					
	<ul> <li>Note the responsible person for the cache and how the expired items were disposed.</li> </ul>					
17						
	Due June 30, 2024					
	LHD will review and update the following plan and submit the completed plan to the KDHE Preparedness Program:					
	Infectious disease response plan or equivalent plan.					
18	Due June 30, 2024					



19



Participate in an annual exercise during Budget Period 5 (2023-2024) at the local - level as defined below:

## Infectious disease response plan – (Workshop)

- At a minimum, exercise Capabilities 11-Nonpharmaceutical Interventions, 12-Public Health Laboratory Testing, and 14-Responder Safety and Health.
- Exercise must utilize the following local Plan
- Infectious Disease Response plan or equivalent plan

Exercise options:

- Hold a workshop to complete/update the required plan and assure it contains up-to-date information and discuss its strengths and weaknesses as well as identify any gaps in the plan.
   OR
- Hold a tabletop exercise to test a local plan of the local health departments choice. Alternative PHEP capabilities may be identified for the exercise with this option.

Other Requirements:

- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. This must be included in the narrative of the AAR/IP.
- Exercise activity will be aligned with the HSEEP principles and test/validate current local plans and procedures.
- Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e. CMS, NPG, etc.).
- Ensure that specific exercise role(s)/responsibilities and improvement plan tasks are outlined for your individual health department.
- Each capability tested must outline at least one (1) strength and one (1) area for improvement.

Serving in an observer role does not meet the participation requirement.

Exercise to be held by April 30, 2024 AAR/IP due within 60 days of exercise completion or no later than June 30, 2024





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 directly related to preparedness.
- Retain copies or transcripts of all certificates and/or proof of attendance for trainings completed during the entire project period for at least five (5) years.
- Have available signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and any maintenance contracts relating to PHEP grant funds.
- LHD Administrators will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Hospital Preparedness Program (HPP) and/or the Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
- Retain copies of expenditure reports, including but not limited to invoices for each capital equipment purchase, for a period of at least five (5) years. Capital equipment includes purchases of \$5,000.00 and above and/or with a lifespan of greater than a year.
- LHD Administrators within a Cities Readiness Initiative (CRI) footprint will ensure work plans for the local health department are completed as well as the CRI work plan items.

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