



PHEP Programmatic Progress Report Guidance for Local Health Departments and Districts FY20 - BP1 July 1, 2019 – June 30, 2020

Definitions

Contractor: Regional CRI Planning Leads

Subcontractor: Local health departments and districts

OPHPR: DPH Office of Public Health Preparedness and Response

CGMS: DPH Contracts and Grants Management Section

PPR: Programmatic Progress Report

MYTEP: Multi-year Training and Exercise Plan

FSE: Full Scale Exercise

TTX: Tabletop Exercise

FE: Functional Exercise

MCM: medical countermeasures are life-saving medicines and medical supplies

MCM Plan: medical countermeasure plan

WebEOC: a web-based emergency management information system used in Connecticut

EI: essential elements of information

Contractor – Programmatic Progress Report (PPR)

- The contractor will submit the PPR according to the reporting schedule in the contract.
- OPHPR will review the PPR. If the PPR is lacking sufficient detail or there are questions, OPHPR will contact the contractor to resolve.
- Upon approval, OPHPR will submit a transmittal to the contractor approving payment according to the schedule in the contract.

Sub-Contractor - Programmatic Progress Report (PPR)

- The sub-contractor will submit the PPR to the contractor based on the sub-contractor reporting schedule in their contract.
- PPRs should be submitted by the sub-contractor to a place and in a format provided by the contractor.
- The contractor will review the PPR. If the PPR is complete, the contractor will collect all sub-contractors PPRs and submit to OPHPR per the contract.
- If the PPR is lacking detail, the contractor will return the PPR to the sub-contractor for correction, copying OPHPR.
- The sub-contractor should submit a revised PPR to the contractor within three business days. Delays in submission of a revised PPR may result in payment delays.

The first six boxes of the subcontractor's PPR pertain to section 5.a. of the contract: the Subcontractor shall strengthen medical countermeasures and non-pharmaceutical interventions preparedness as follows:

Per 5.a.i. **Collaborate with the Contractor on the development of a regional MCM Plan and MYTEP:**

Box #1: list of the dates of meetings attended this quarter and briefly describe your jurisdiction's contribution in the development of the Regional MCM Plan Dispensing and Distribution Plan and the region's MYTEP.

Per 5.a.ii. 1), 2) **If your jurisdiction conducted the 3 annual drills during this Quarter:**

Box #2: list the date of the drills and check the box indicating if the MCM ORR standardized forms were submitted to the contractor.

Per 5.a.ii 3), 4), 5) **Dates of meetings attended this quarter to discuss the Dispensing FSE, the two TTX, and the FE**

Box #3-5: list the dates of meetings attended this quarter to discuss the Dispensing FSE, TTX, and FE. Briefly describe your contributions and how the discussion impacts and/or improves local and regional operational readiness.

Per 5.a.ii. 6) **Respond to and support MCM distribution and dispensing for all hazards events.**

Box # 6: If an all-hazard event occurred in this quarter, describe your response or the support you provided during the event.

Per 5.b. **On an annual basis, review and complete the following MCM ORR forms:**

1. **POD form**
2. **Jurisdictional Data Sheet**

Box # 7: if you completed the above forms this quarter, list the date it was submitted to the contractor.

Per 5.c. **The subcontractor shall participate in the MCM ORR.**

Box 8: In order for the region to reach CDC "established" status, local jurisdictions that operate PODs must have up to date all-hazards plans that include MCM distribution and dispensing annexes. Jurisdictions must demonstrate operational readiness by completing MCM ORR required drills and participating in regional MCM ORR required exercises (TTXs, FEs, and FSEs).

Per 5.c (continued) **To meet this requirement your jurisdiction's local all hazards plan shall:**

- Be reviewed, updated as needed, and signed by the Director of Health or chief elected official every 2 years.
- Describe how your jurisdiction has integrated the access and functional needs of at-risk populations, , and list MOU or MOAs with the agencies serving these populations.

MCM Distribution Plan section of a local all- hazards plan shall include:

- Transportation agreements - describe how your jurisdiction will transport MCMs.
- Transportation security - describe how your jurisdiction secures MCMs during transportation
- Include a Standard Operating Procedure (SOP) for Emergency Operations Activation (EOC), identify staff assigned to fill Incident Command System positions (ICS)

MCM Dispensing Plan section of an all-hazards plan shall include:

- An estimate of the number of people planned for with functional or access needs resulting from economic disadvantage, communication barriers, medical issues or disability, and age (elderly and infants and children under age 18).
- A mechanism to identify the number of critical workforce and public health responders that will receive priority or initial MCM during an anthrax dispensing campaign. Include a communication plan or flow diagram.
- A mechanism to identify the number of critical workforce and public health responders that will receive vaccination according to CDC guidance for a pandemic influenza scenario.
- Procedures to notify critical workforce and public health responders and the primary and backup communications systems to be used. Describe how the list will be maintained and tested every 6 months.
- A section on POD security to include evacuation procedures, exterior and interior security, scalability, security breach procedures, and a security command or management plan.
- A description on how to request assistance from the state and/or region for MCM assets, including: 1) when there is a federal disaster declaration, 2) in the absence of a federal disaster declaration, 3) in response to an isolated, individual, or time-critical case.
- A protocol to address adverse event reporting for MCMs dispensed during a response.
- Procedures to notify volunteers and the primary and backup systems to be used. Describe how the list will be maintained and tested every 6 months.

Per 5.d. **The subcontractor shall participate in quarterly MCM Action Plan reviews and provide written or verbal feedback to inform the development of the region's quarterly MCM Action Plan**

Box # 9: describe the written or verbal feedback that was provided to the contractor this quarter.

Per 5.f.i.-iv. **Demonstrate the establishment of emergency operation coordination system as follows:**
i. Quarterly Call Down drill

Box #10: list the date you participated in a quarterly call down drill and the date the completed form was submitted to the contractor.

ii. WebEOC accounts

Box #11: list names of staff with WebEOC accounts and the date the system was last accessed. This is an annual requirement. A WebEOC Registration form can be found on the DPH OPHPR website.

iii. WebEOC utilized and integrated into local plans and exercises

Box #12: Has use of WebEOC been integrated into your plans? If yes, list the name of the plan(s). List the date(s) of any drills or exercises conducted this quarter that utilized WebEOC.

iv. Maintain and update a Public Health Emergency Response Plan (PHERP) and associated annexes. In order to reach CDC “established” status the PHERP and associated annexes must contain the detail outlined in section 5.c of this guidance.

Box # 13: list the date the PHERP and/or associated annexes were updated and signed by the DOH or chief elected official.

Per 5.g.i-ii **Demonstrate competence with responding and reporting essential elements (EEI) of information as follows:**

i. Participate in WebEOC

Box # 14: As requested by DPH, list the date WebEOC was used this quarter to report EEI.

ii. Comply with reporting directives requested by the DPH Commissioner or OPHPR relating to disasters, events, and emergencies occurring in their jurisdiction.

Box #15: list the dates and describe how your jurisdictions complied with a reporting directive this quarter.

Per 5.h **Subcontractor shall attend a minimum of 75% of their Region’s monthly meetings and annual statewide HCC meeting.**

Box # 16: List dates of regional meetings attended this quarter. (If a region holds monthly meetings related to the work associated with this contract then a subcontract must attend a minimum of 9 of them to meet this deliverable).

If the statewide annual HCC occurred in this quarter, please list the name(s) of staff who attended.

Per 5.i. i.-v. **When changes occur to the status of PODs or LDS sites, these changes shall be reported immediately to the DPH SNS Coordinator and the Contractor.**

Box # 17: Complete a DPH developed POD Point of Contact (POC)* Form and report changes to POD or LDS data to the SNS Coordinator and contractor. This is an annual deliverable.

The POD POC form requests information for the following:

- i. POD name, address, and status as primary or alternate.
- ii. Contact information for 3 staff authorized to initiate POD operations and sign for MCM.
- iii. Two 24/7 voice telephone numbers and a facsimile number for PODs.
- i.v. Updated population numbers served by PODs
- v. Changes to regional distribution site (RDS) information that may impact the receipt of SNS.**

* Because of the new regional CRI structure DPH is asking every jurisdiction operating a POD to complete a POD POC form. This information is reported to the SNS Coordinator and the contractor. While the POD data is similar to the data reported on the MCM ORR POD form, it also captures who within a jurisdiction can initiate POD operations and requests a primary and alternate POD phone number.

** If your jurisdiction operates one of the RDS sites that information will be reported on a form created by DPH and posted on the OPHPR website.

Per 5.j Box 18: list the date the 24/7 Coverage form was submitted to DPH. This is an annual requirement due within 30 days of execution of the subcontract.

Per 5.k. Box 19: list the date verbal or written feedback was provided to the contractor this quarter on the regional Jurisdictional Risk Assessment.