

PUBLIC HEALTH EMERGENCY RESPONSE (PHER)

Program Boundary Statements

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Program Objectives

2010 Program Boundary Statement Public Health Emergency Response (PHER)

For each performance-based contract program, the Wisconsin Division of Public Health (DPH) has identified a boundary statement. The boundary statement sets the parameters of the program with which the local public health agency (LPHA), Tribal Health Center, Public Health Preparedness Consortium, or other agency will set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider, those are included in the boundary statement.

Program Boundary Statement:

Public Health Preparedness funds must be utilized to develop state, regional and local emergency-ready public health agencies and Tribes (hereafter referred to as LPHA) by upgrading, integrating and evaluating preparedness for and response to an influenza pandemic. This will be done through coordination with federal, state, local, and tribal governments, the private sector, and non-governmental organizations. These emergency preparedness efforts are intended to support the National Response Framework, and comply with the National Incident Management System (NIMS), Homeland Security Exercise and Evaluation Program (HSEEP), and utilize the Incident Command System (ICS).

Purpose:

The purpose of the PHER grant is to support and enhance the state and local public health infrastructure that is critical to public health preparedness and response, such as strengthening and sustaining the public health workforce; planning and implementing possible large scale mass vaccination activities; developing effective public and risk communication guidance; developing effective community mitigation guidance; purchasing and procuring personal protective equipment, antivirals, and other pandemic related purchases for protecting the public health workforce; training and education of the public health workforce; community and personal preparedness activities; and addressing gaps and other public health preparedness challenges related to public health preparedness and response to an influenza pandemic. Implementation of a vaccination program will be assessed in early September; therefore, flexibility should be built into the planning and mobilization process.

Contractees are expected to utilize this funding to assess their current capabilities in pandemic influenza response and address remaining gaps in the following area:

Focus Area 1: Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities. The purpose of Focus Area 1 is to conduct accelerated planning activities to identify and address gaps in existing plans and to initiate implementation of activities in preparation for a possible mass vaccination campaign. In a pandemic, reducing transmission could be accomplished by increasing immunity to the virus

through vaccination and reducing exposure to the virus. Community mitigation measures could also reduce people's exposure to the virus throughout all phases of the vaccine campaign. LPHA should plan for both vaccination and community mitigation activities, which can be complemented by use of antiviral drugs. Costs for training and education of the public health workforce to support these activities will be approved if they are within the scope of the grant.

Relationship to State Health Plan: *Healthiest Wisconsin 2010*

Public Health Preparedness outcomes have been mapped to the following Healthiest Wisconsin 2010 Health and System Priorities and Essential Public Health Services.

State Plan System Priorities:

- Community Health Improvement Processes and Plans
- Coordination of State and Local Public Health System Partnerships
- Sufficient, Competent Workforce
- Equitable, Adequate, and Stable Financing

State Plan Health Priorities:

- Access to Primary and Preventive Health Services
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging and Re-emerging Communicable Disease
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Social and Economic Factors that Influence Health
- Integrated Electronic Data and Information Systems

Essential Public Health Services:

- Monitor health problems to identify community health problems
- Identify, investigate, control and prevent health problems and environmental health hazards in the community
- Educate the public about current and emerging health issues
- Promote community partnerships to identify and solve health problems
- Create policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and insure safety
- Link people to needed health services
- Assure access to primary health
- Foster the understanding and promotion of social and economic conditions that support good health

Budget Requirements

1. Funds may be used for the following costs related to accelerated efforts to prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human influenza viruses and enhancing infrastructure and to reimburse for activities already conducted relating to the H1N1 response **including the following:**

- **Hiring of staff** to conduct accelerated vaccine planning, preparation and implementation activities.
- **Initiating contracts** for temporary staff and/or local organizations (e.g., visiting nurses, community vaccinators) to ensure personnel will be available to vaccinate (or for antiviral distribution) when vaccine clinics begin, and adequate storage space for sufficient quantities of vaccine. These contracts should only be executed following a decision by the federal government to initiate a mass vaccination campaign. Contracts should allow for termination for convenience and de-obligation of funds remaining if a decision is made to not conduct a full-scale vaccination campaign.
- **Purchasing supplies** that will be needed during the event (e.g., storage space, cold chain supplies, ancillary supplies for vaccination, lab testing supplies, general supplies, personal protective equipment, and non-pharmaceutical supplies).
- **Pre-award costs** may be incurred up to 90 days prior to the issuance of the notice of award related to 2009 H1N1 response activities.
- **Travel** for planning, conferences and training related to pandemic preparedness activities.
- **Exercising** of community planning measures, particularly the mechanisms for implementing mitigation measures such as school dismissals, business closings, or strategies for minimizing the secondary effect of those measures.
- **Vaccine delivery**, vaccine administration, and related communications planning and implementation.

All expenses charged to the PHER funding must be directly related to the program objectives.

Funding Conditions

Conditions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for construction.
- Recipients may not use funds for clinical care (i.e. seasonal vaccine purchase).
- Recipients may not use funds for interest on loans for the acquisition and/or modernization of an existing building.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

Commingling of funds between the Public Health Emergency Preparedness (PHEP) and PHER programs is not allowed. PHER will be a one-year contract for LPHA and will be

cost-based reimbursement. Therefore, any money not spent during the contract year will be negated.

Supplantation:

Supplantation means using Federal funds to replace State or local funds. The Public Health Service Act, Title 1, Section 319(c) specifically states: “SUPPLEMENT NOT SUPPLANT. ~ Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.”

Resources:

The DPH Preparedness Program has adopted and recommends use of the guidelines for preparedness activities as contained in Project Public Health Ready, nationally recognized competency and training standards, Wisconsin Preparedness Leadership Group and the Senior Advisory Committee recommendations.

References:

- Wisconsin Public Health Emergency Plan
- Centers for Disease Control and Prevention Public Health Emergency Response Grant Guidance
- Pandemic and All-Hazards Preparedness Act
- National Response Framework
- National Incident Management System
- Homeland Security Exercise and Evaluation Program
- Strategic National Stockpile Program
- Pandemic Influenza Program
- Cities Readiness Initiative Program
- Homeland Security Presidential Directive 21

Recommendations

To assist in assessing gaps, CDC recommends that awardees review any H1N1 After Action Reports (AAR’s) conducted by their jurisdictions.

CDC also encourages awardees to develop strong collaborations with the Preparedness, Immunization, Laboratory, Epidemiology, and Surveillance programs within their jurisdictions and with Tribal governments. A collaborative effort between all the programs and agencies involved will be crucial for successful pandemic preparedness and response.

2010 Program Quality Criteria Public Health Emergency Response

The quality criteria focus on program development and implementation that result in cost-effective and consistent programs and policies throughout the state. They are required for an agency to be eligible to receive a public health emergency response contract. Contractees will implement policies and procedures that will assure each criterion is met for this program. Those criteria include:

1. Assessment and surveillance:

- Contractees will identify community needs and support systematic competent program planning and sound policy development with activities focused at both the individual and community levels.
- Contractees will periodically assess public health preparedness within their agency or consortium by completing the required Wisconsin Division of Public Health (DPH) identified assessments, reports, and surveys, including annual completion of the SNS Technical Assistance Review (TAR).
- Contractees will annually conduct public health preparedness exercises and drills, and update the Public Health Emergency Plan (PHEP) and other associated plans, especially those pertaining to mass vaccinations, based on the results of exercises and drills. Evaluation of the exercise will be completed using the After Action Report/Improvement Plan (AAR/IP) for each real event and exercise where the contractee leads or participates in a major role.
 - All public health exercises and drills that are conducted will be reported and evaluated in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) and NIMS all-hazards incident response compliance guidelines, using the HSEEP AAR/IP form. A notice prior to each event or exercise is to be posted on the National Exercise Schedule (NEXS).
 - A copy of the actual AAR/IP, or a message indicating the exercise/event was done including the date, lead agency, name and type of event, person to contact to review the exercise report content will be posted on the HAN no later than 60 days after the event.
 - Annual drills include testing and recording results of 24/7 off-hour response times conducted at the state, regional and local levels as detailed in the DPH and Local Performance Measures.
 - Contractees will annually demonstrate the corrective actions implemented by the agency to improve their public health emergency response capacity.

- Contractees will assess and train public health staff in accordance with nationally recognized competency standards as indicated by the Division of Public Health. Trainings, to the extent possible, will be planned and implemented based on needs identified through assessments and/or evaluations of performance and coordinated to ensure the most effective and efficient use of PHP funding.
- Contractees will assess Personal Protective Equipment (PPE) needs for their agency, purchase PPE, and train staff in PPE use for public health emergencies.

2. Delivery of public health services:

- Contractees' qualified health professionals will provide public health services in a manner that is family centered, culturally competent and consistent with best practices for improvement of the community health status.
- Contractees must have a plan/system for appropriately addressing the public health needs for at-risk/vulnerable/special populations.
- Contractees agree to adopt, implement and demonstrate compliance with NIMS, ICS, and HSEEP. This includes the development and maintenance of a Local Public Health Agency (LPHA) ICS command structure that is at least three persons deep. Each LPHA will also use HSEEP for public health exercise design, implementation, evaluation and reporting.
 - Contractees are encouraged to direct funding towards activities necessary to advance implementation of NIMS requirements in accordance with the guidelines within their agency and with their partners that have designated roles and responsibilities in the agency's Incident Command System (ICS) and Emergency Operations Center (EOC).
- Contractees will assure the ability for the general public to be able to contact the LPHA 24 hours a day, 7 days a week.

3. Record keeping:

- Contractees will assure documentation and tracking of individually focused services, respond to known health care problems on a timely basis, and keep client information confidential.

4. Information educational outreach:

- Contractees will regularly present to the media, partners and other stakeholders on their agency or consortium and the Public Health Preparedness Program in coordination with DPH program staff.

- Contractees are encouraged to affect policy and environmental changes at the community level.

5. Coordination:

- Contractees will assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs throughout the state. Public health partners may include human/social services agencies, hospitals, clinics, law and fire departments, schools, businesses, emergency government, neighboring LPHA, Public Health Preparedness Consortia, Wisconsin Emergency Management, DPH, and other state agencies.
- Contractees will be trained and utilize the following systems as appropriate and available: Public Health Information Network (PHIN), Analysis, Visualization and Reporting (AVR) system, Wisconsin Electronic Disease Surveillance System (WEDSS), Partner Communication and Alert (PCA) system, the Health Alert Network (HAN), TRAIN (TrainingFinder Real-time Affiliate Integrated Network), and other systems provided by DPH. Training to include at minimum the Health Officer/Tribal Health Director, or their designee.
- Contractees will coordinate with other preparedness programs by participating in state, regional, tribal, and local preparedness meetings.
- Contractees will contribute to the development of a statewide system for public health emergency response that is coordinated, consistent and efficient.
- Contractees will provide documentation for pandemic influenza preparedness as directed by CDC grant guidance and DPH contract requirements.
- Contractees will demonstrate involvement in setting statewide goals, strategic direction, and priorities for the public health preparedness program.
- Contractees will contribute to the development and sharing of tools, work plans, products, projects, templates, and other resources in a collaborative effort with DPH, LPHA, Public Health Preparedness Consortia, and other partners.
- Contractees will implement strategies and actions as directed by the goals and objectives of their regional and local work plans.
- Contractees will assist state and local SNS planners and healthcare administrators to coordinate activities in a public health emergency in which SNS assets are deployed.

- Contractees will maintain at least four tiers of redundant communication: Landline/Cellular Telephones, Two-Way Radio (UHF/VHF/800mhz), Satellite Telephone, Amateur (HAM) Radio.

6, Provision of guidance to staff:

- Contractees, through program and policy manuals and other means, will assure quality health care and cost-effective program administration. Provision of guidance should stem from, but is not limited to, the local Public Health Emergency Plan (PHEP).

7. Financial management practices:

- Contractees will maintain sufficient financial management practices to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting. Financial management includes ensuring that all PHEP grant spending is auditable by an outside agency.

8. Data collection, analysis, and reporting:

- Contractees will assure program outcome goals are met and will identify program management problems that need to be addressed.

Year 2010 Local Template Objectives for Public Health Emergency Response (PHER)

Legend

A Objective Statement
G For Your Information
B Deliverable
C Context

D Input Activities
E Base Line for Measurement
F Data Source for Measurement

1. LOCAL NEW

A. REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Planning and Storage) (1 of 3): By September 30, 2009, (insert name of LHD/tribe) will review and revise vaccination planning for public health-organized clinics with local and regional partners.

B. An agency report to include: 1) estimated count of the population to be targeted for vaccine in the jurisdiction, 2) identified potential locations for clinics and venue agreements as necessary, 3) an estimate count of clinic staff required and contracts for additional staffing support as necessary, and 4) all of the estimated vaccine storage capacity that the agency has access to.

C. This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities. The local agency is responsible to meet and plan with local and regional partners to prepare for mass vaccination clinics in their jurisdiction. In addition, the agency is responsible for training their staff members in their roles and responsibilities during a mass vaccination event. Planning for this event should include the development of community plans, protocols, and/or Memorandums of Understanding (MOU) regarding the distribution and dispensing of vaccines, antivirals, personal protective equipment (PPE), and other countermeasures as necessary. DPH will provide planning assumptions, tools, and guidelines as available.

It is important to assess capacity to determine and define delivery quantities. This assessment is especially important given that seasonal influenza vaccine will require storage during the same period. The majority of vaccine will be in multi-dose vials, the remainder in single dose vials or nasal sprayers. Single dose vials (i.e. preservative free) will primarily be used for young children and pregnant women. The California Department of Public Health guidance entitled “Easy Steps to Buy a Refrigerator or Freezer” can be used to determine vaccine storage capacity and need (http://www.eziz.org/PDF/IMM-940_RefrigBuyingGuide.pdf).

The intent of this objective is to focus on implementing processes and systems to assure planning is done in a coordinated and effective manner. The agency's work plan should

be considered an ongoing tool and work in progress that is updated as appropriate with the agency's vaccination goals and objectives.

E. This objective builds on prior years' efforts for continued planning with local and regional partners to respond to public health emergencies, including the annual update of the agency's Public Health Emergency Preparedness Plan and other related plans.

F. Agency records

G. Contracts should allow for termination for convenience and de-obligation of funds remaining if a decision is made not to conduct a full-scale vaccination campaign.

2. LOCAL NEW

A. REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Distribution) (2 of 3): By August 1, 2010, (insert name of LHD/tribe) will report the doses of novel influenza vaccines administered by the local health department/tribe.

B. A registry (WIR or RECIN) report to show the number of doses of vaccine administered, aggregated by age group and by first or second dose.

C. This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities.

E. This is a new objective.

F. Agency records

3. LOCAL NEW

A. REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Communication) (3 of 3): By August 1, 2010, (insert name of LHD/tribe) will coordinate communication regarding the novel influenza virus with local and regional partners.

B. An agency report to include: 1) identified communication lead, 2) plans to create, translate, and disseminate messages and materials tailored to the local situation, 3) clinical education for staff and medical partners, 4) and identification and training of media spokespeople.

C. This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities.

E. This is a new objective.

F. Agency records