



## STAFF REPORT

**Report To:** Board of Supervisors

**Meeting Date:** June 16, 2022

**Staff Contact:** Nicki Aaker, Health and Human Services Director and Jeanne Freeman, Public Health Preparedness Division Manager

**Agenda Title:** For Possible Action: Discussion and possible action regarding the creation of a third full-time grant-funded Public Health Preparedness ("PHP") Planner position in the Carson City Department of Health and Human Services ("CCHHS"), which will provide services to the CCHHS Public Health Preparedness Division. (Nicki Aaker, NAAker@carson.org; Jeanne Freeman, JMFreeman@carson.org)

Staff Summary: If approved, this position will be 100% grant funded by the Public Health Emergency Preparedness ("PHEP") and Hospital Preparedness Program ("HPP") grants. The planner will assist with development of the increased number of preparedness and emergency plans that are required to be in place by federal partners or are necessary to support public health emergency operations. In addition to developing the plans, the PHP Planner will assist with exercises conducted to practice and evaluate the plans.

**Agenda Action:** Formal Action / Motion

**Time Requested:** Consent

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### **Proposed Motion**

I move to approve the addition of a Public Health Preparedness Planner position.

### **Board's Strategic Goal**

Quality of Life

### **Previous Action**

May 18, 2022 - The Carson City Internal Finance Committee approved bringing the request to the Board of Supervisors for consideration.

### **Background/Issues & Analysis**

Over the last 5 years, the number of preparedness and emergency plans that are required to be in place by federal partners or are necessary to support public health emergency operations have exponentially increased. Each year a greater percentage of the subgrants' budgets are earmarked to support contractors to do the work. While there has been success in hiring consulting firms to complete much of this work, the cost for writing the plans is greater than what it would be to have a third planner in the PHP program. With a third planner position, funds will be saved and directed to other necessary public health emergency preparedness projects.

The annual salary range for the PHP Planner position would be \$55,510.21 to \$83,264.48 (based on 100 percent employer contributions to the Public Employees' Retirement System ("PERS")) or \$64,642.76 to \$96,964.14 (based on employer/employee contribution to PERS), subject to any additional terms for compensation as set forth in the current collective bargaining agreement between the City and the Carson City Employee Association ("CBA"). Under the CBA, the City may hire at-will, full-time, grant-funded employees.

An estimate of the salary plus benefits (based on 50% of salary) for this position is \$103,051. Approximately \$104,130 is budgeted for contractors to perform the work that a third Planner could complete if the position is approved. Also, a third Planner would be able to assist with other grant deliverables, as needed.

**Applicable Statute, Code, Policy, Rule or Regulation**

N/A

**Financial Information**

**Is there a fiscal impact?** Yes

**If yes, account name/number:** Grant Fund / PHEP grant – G680022001; HPP grant - G680022026

**Is it currently budgeted?** Yes

**Explanation of Fiscal Impact:** Funding for this position is budgeted and provided by the PHEP grant which has a remaining balance of \$270,948 and the HPP grant which has a balance of \$105,376.

**Alternatives**

Do not approve the addition of a third PHP planner position and/or provide alternative direction to staff.

**Attachments:**

[2022\\_Public Health Preparedness Org Chart\\_3rd PHP Planner.pdf](#)

[FY2022 - FY2023 HPP Budget.pdf](#)

[FY2022 - FY2023 HPP SOW.pdf](#)

[FY2022 - FY2023 PHEP Budget.pdf](#)

[FY2022 - FY2023 PHEP SOW.pdf](#)

[PH Planner Job Description.pdf](#)

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

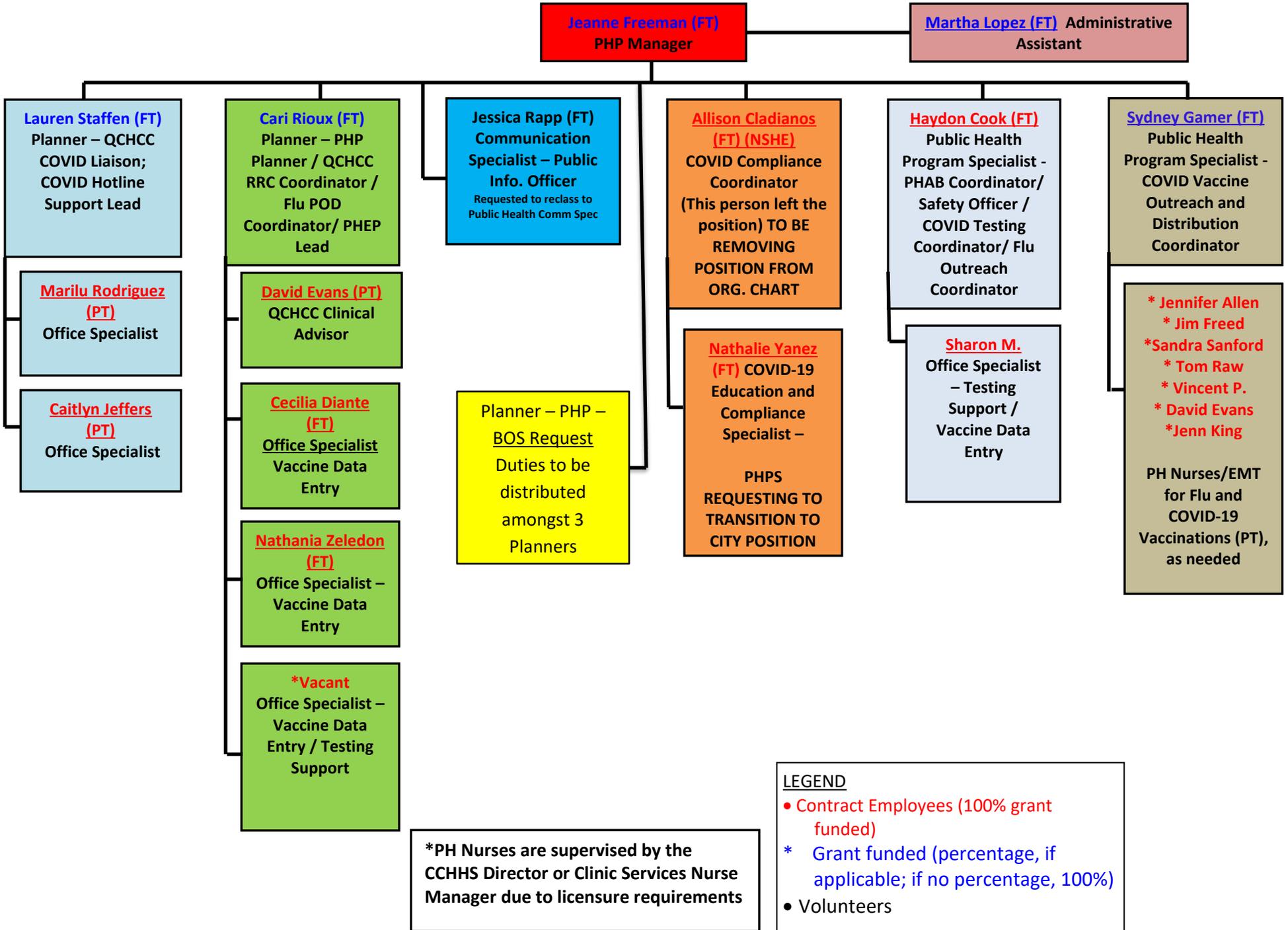
2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

# Public Health Preparedness Organizational Chart



**BUDGET NARRATIVE**

(Form Revised June 2019)

Highlighted contractual activities will be performed by PHP Planner if the position is approved.		
<b>Total Personnel Costs</b>	including fringe <b>Total:</b>	<b>\$171,445</b>

**List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.**

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Jeanne Freeman, Public Health Preparedness Manager</u>	\$90,229.78	48.130%	25.000%	12	100.00%	\$33,414

25% of HPP activities will be dedicated to fiduciary duties for the Coalition including grant management, fiscal reporting, and fiscal oversight of assets and resources. 37.5% (.15 FTE) of HPP activities will be to serve as the HCC Readiness and Response Coordinator and will be dedicated to assisting the Quad-County Healthcare Coalition with development of the CHEMPACK/Radiological TTX, infectious disease plan, completion of the HVA, delivery of NIMS-compliant trainings, coalition exercise development, and execution of the Medical Response & Surge Exercise (MRSE). 20% of HPP activities will be dedicated to assisting the Quad-County Healthcare Coalition with researching, identifying, and incorporating appropriate federal and state modifications into coalition plans. 17.5% of HPP activities will be dedicated to training Quad-County Healthcare Coalition members on resource requesting procedures, facility evacuation procedures, essentials of EOP and COOP planning, and situation awareness form training.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Cari Rioux, Public Health Planner</u>	\$73,656.04	59.400%	47.500%	12	100.00%	\$55,769

70% of HPP activities will be dedicated to serving as the HCC Readiness and Response Coordinator and will be dedicated to assisting the Quad-County Healthcare Coalition with development of the quad-county radiological plan training, infectious disease plan training, completion of the Coalition HVA, delivery of NIMS-compliant trainings, coalition exercise development and execution of the Medical Response & Surge Exercise. She will also be responsible for collaborating on the annual review and revision to the Quad-County Healthcare Coalition by-laws, charter, and coalition preparedness/response/recovery plan as needed. She will collaborate with regional and state partners to ensure DAFN, pediatrics, other vulnerable populations, and tribal groups are invited to participate in all planning efforts and Coalition exercises (.35 FTE). 15% of HPP activities will be dedicated to collaborating with state and regional partners (to include cross-border counties) to assess current information sharing systems for efficiency between coalitions. 15% of HPP activities will be dedicated to training the Quad-County Healthcare Coalition on the adopted healthcare facility evacuation system, resource requesting processes, communications, and exercising the system. Additionally, she will assist with healthcare related elements of the Jurisdictional Risk Assessment and State THIRA.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Lauren Staffen, Public Health Planner</u>	\$75,288.48	33.500%	47.500%	12	100.00%	\$47,742

70% of HPP activities will be dedicated to serving as the HCC Readiness and Response Coordinator and will be dedicated to assisting the Quad-County Healthcare Coalition with development of the quad-county regional radiological plan training, infectious disease plan training, completion of the Coalition HVA, delivery of NIMS-compliant trainings, coalition exercise development and execution of the coalition surge test. She will also be responsible for collaborating on the annual review and revision to the Quad-County Healthcare Coalition by-laws, charter, and coalition preparedness/response plan as needed. She will collaborate with regional and state partners to ensure DAFN, pediatrics, other vulnerable populations, and tribal groups are invited to participate in all planning efforts and coalition exercises (.35 FTE). 15% of HPP activities will be dedicated to requesting emPOWER data bi-annually and creating reports with this data coalesced with data from the Social Vulnerability Index. These reports will be presented to HCC members as part of the engagement of the coalition with mass care services. 15% of HPP activities will be dedicated to developing community exercises for healthcare coalition partners to test sharing of EEI during an emergency, evacuation processes, resource sharing during emergencies, communication capabilities during exercises, and medical countermeasure utilization and processes.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Jessica Rapp, Communications Specialist</u>	\$61,473.89	46.330%	12.500%	12	100.00%	\$11,244

75% of HPP activities will be dedicated to building relationships with public relations and public information officers with the various healthcare agencies who are part of the Quad-County Healthcare Coalition. Time will be dedicated to discussing emergency communication processes and JIC involvement with liaisons from these agencies either virtually or in-person. 15% of HPP activities will be dedicated to the continued development of a Coalition-based communication toolkit and a Coalition email template. This will involve a revision of existing community-based toolkit and template items or the creation of new toolkit items. 10% of HPP activities will be to review websites from other healthcare coalitions from across the country to assess best practices, content, and to make recommendations to the Quad-County Healthcare Coalition leadership team about communication tactics before, during, and after emergencies.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Sydney Gamer, Public Health Program Specialist</u>	\$56,259.96	39.100%	5.000%	12	100.00%	\$3,913

100% of HPP activities will be dedicated to creating COVID-status reports regarding vaccinations, cases, and alternative therapies for distribution to Coalition members.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Martha Lopez, Administrative Assistant</u>	\$51,404.70	37.000%	10.000%	12	100.00%	\$7,042

100% of HPP activities will be dedicated to the assistance of the HCC Readiness and Response Coordinator as well as the Clinical Advisor. Duties will include, but not be limited to, assisting with plan distribution, tracking of Coalition members, gathering of HVA surveys, arranging travel for coalition members, taking meeting minutes, and gathering data for match reports.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Paul Micah Chalk, Grants and Fiscal Analyst</u>	\$71,668.26	40.500%	10.000%	12	100.00%	\$10,069

50% of HPP activities will be dedicated to the administration of grant procedures including RFRs, monthly internal accountings for the grant, quarterly match reports, and quarterly spending analyses. 50% of HPP activities will be dedicated to the development of quarterly spending updates for HCC leadership review.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Vacant, Fiscal Analyst</u>	\$21,819.00	3.200%	10.000%	12	100.00%	\$2,252

50% of HPP activities will be dedicated to the processing of contractual invoices and payments to vendors. 50% of HPP activities will be dedicated to the development of quarterly spending updates for HCC leadership review.

<b>Total Fringe Cost</b>	<b>\$53,154</b>				<b>Total Salary Cost:</b>	<b>\$118,293</b>
<b>Total Budgeted FTE</b>	<b>1.67500</b>					

<b>Travel</b>	<b>Total:</b>	<b>\$13,077</b>
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**Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://www.gsa.gov)) and State rates for mileage (58.5 cents as of January 1, 2022) as a guide unless the organization's policies specify lower rates for these expenses. For an employee using their personnel vehicle for the employee's convenience, the reimbursement rate is one-half the standard rate. The Division of Public and Behavioral Health, per the State Administrative Manual (SAM), requires employees to travel at least 50 miles from their designated workstation prior to being eligible for reimbursement of Per Diem expenses.**

#### **Out-of-State Travel**

##### National Healthcare Coalition Conference by MESH, Anaheim, CA

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
CA) x 1 trip x 2 FTE staff or coalition partners	\$600	1		4	\$2,400
Baggage fee: \$100 per person x 1 trip x 2 FTE staff or coalition partners	\$100	1		4	\$400
area x 1 trip x 2 FTE staff or coalition partners	\$74	1	5	4	\$1,480
Lodging: (\$168 room + \$25 resort fee) per day + \$34.74 tax (18%) = total \$227.74 x 1 trip x 4 of nights x 2 FTE staff or coalition partners	\$228	1	4	4	\$3,644
trip x 5 days x 2 FTE staff or coalition partners	\$60	1	5	4	\$1,200
Mileage: (\$0.585 x 58 of miles per r/trip) x 1 trip x 2 FTE staff or coalition partners	\$33.930	1		4	\$136
Parking: \$14 per day x 1 trip x 5 days x 2 FTE staff or coalition partners	\$14	1	5	4	\$280

**\$12,274**

**Justification:** Four coalition members will travel to the MESH National Healthcare Coalition conference to engage with other coalition leaders from across the country and learn best practices for leading diverse coalitions, and coalition sustainment.

<u>NACCHO Preparedness Summit: Atlanta, GA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$750 cost per trip (Reno to Atlanta) x 1 of trips x 1 coalition members	\$750	1		1	\$750
Baggage fee: \$100 per person x 1 trip x 1 coalition members	\$100	1		1	\$100
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 1 coalition members	\$74	1	5	1	\$370
Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 1 coalition members	\$222	1	5	1	\$1,109
Ground Transportation: \$60 per r/trip x # of trips x 5 days x 1 coalition members	\$60	1	5	1	\$300
Mileage: (\$0.585 per mile x 60 of miles per r/trip) x 1 of trips x 1 coalition members	\$35.100	1		1	\$35
Parking: \$14 per day x 1 of trips x 5 days x 1 coalition members	\$14	1	5	1	\$70

**Justification:** One coalition member will travel to the NACCHO Preparedness Summit to engage with other coalition leaders from across the country and learn best practices for infectious disease planning, coalition sustainment, and supply management when breaks in supply chain occur.

**In-State Travel**

**\$803**

<u>Reno to Las Vegas - Partners Meeting</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$300 cost per trip (Reno to Las Vegas) x 1 of trips x 1 of staff	\$300	1		1	\$300
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	1		1	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$64	1	1	1	\$64
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	1	1	1	\$0
Ground Transportation:(\$50/day) x 1 trips x 1 days	\$50.00	1	1		\$50
Mileage: (\$0.585 x 56 of miles per r/trip) x 1 of trips x 1 of staff	\$32.760	1		1	\$33
Parking: \$14 per day x 1 of trips x 1 of days x 2 of staff	\$14	1	1	1	\$14

**Justification:** State PHP requirement for quarterly attendance at partners meetings with bi-annual attendance of PHP staff.

Carson City to Various Locations

<u>Throughout Quad-Counties (Carson City, Douglas, and Lyon Counties) and Reno</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Mileage: (\$0.585 per mile x 146 miles per r/trip) x 6 trips x 1 staff	\$85.410	4		1	\$342

**Justification:**

Quad-County Public Health Preparedness program will travel throughout the Quad-County region (Carson City, Douglas, Lyon, and Storey counties) to conduct monthly healthcare coalition meetings. This is required based on the Quad-County Healthcare Coalition charter and bylaws which are approved by the Assistant Secretary for Preparedness and Response (ASPR -- the Feds). Staff attending this meeting are required based on their roles as the healthcare coalition liaison and HCC Readiness and Response Coordinator. These staff will also travel to Reno to attend coalition meetings with the Inter-Hospital Coordinating Council (IHCC).

**Supplies** **Total:** **\$1,200**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included.

Office Supplies (\$100/month \* 12 month) \$1,200.00

**Equipment** **Total:** **\$32,500**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment: Purchase of inflatable Mobile Medical Facility, supporting HVAC system, negative pressure system, and other supporting elements. Quote is for \$65,000; cost to be split with PHEP as facility can be used as triage location for mass care sheltering (50% ASPR; 50% PHEP) \$32,500.00

**Contractual** **\$26,600**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs.

Name of Contractor, Subrecipient: Marathon Staffing **Total** **\$15,600**  
Method of Selection: Competitive Bid; State Joinder Contract

Period of Performance: July 1, 2022-June 30, 2023  
Scope of Work: Coalition Clinical Advisor

David Evans, RN, will be serving as the Quad-County Healthcare Coalition Clinical Advisor. This position will review all Coalition plans, attend Coalition meetings, complete the Coalition gap analysis, participate in the Medical Response and Surge Exercise, collaborate on the development and evaluation of all Coalition exercises. Contracted rate is \$50/hour (\$40/hour + 25% staffing agency fee = \$50/hour) X 312 hours (15% of 2080 work hours in a fiscal year).

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

**Budget**

Personnel	\$15,600.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$15,600.00</b>

**Method of Accountability:**

Define -The Coalition Clinical Advisor will report project progress to the Public Health Preparedness manager bi-weekly with timesheets approved by the manager on a weekly basis. The Coalition Clinical Advisor will also report project progress to the Coalition on a monthly basis.

Name of Contractor, Subrecipient: To Be Determined **Total** **\$11,000**  
Method of Selection: Competitive Bid; State Joinder Contract

This project can be completed by the PHP Planner instead of contractor.

Period of Performance: July 1, 2022-June 30, 2023

Scope of Work: Build of Quad-County Healthcare Coalition page to be part of the CCHHS website. The Coalition page will be password protected and will include Coalition trainings, documents, resource requesting materials, meeting minutes/agendas; partnership contact lists, etc.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

<u>Budget</u>	
Personnel	\$11,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$11,000.00</b>

Method of Accountability:

Define - Communication Specialist and Public Health Preparedness Manager will work with website developer to create restricted Coalition page. Page development will be a collaborative effort between all three parties.

<u>Other</u>	<u>Total:</u>	<u>\$10,050</u>
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**Provide a description and the purpose/need for each item. Show the calculation for the cost of each item and provide supporting information/justification.**

Printing and Copying Services: \$50/mo. x 12 months \$600

Web Conferencing Service for Monthly Healthcare Coalition Meetings, Quarterly Leadership Meetings, and Meetings with Clinical Advisor (\$60/month x 12 months -- 50% charged to ASPR, 50% charged to CDC) \$360

Staff Training: \$25/month x 12 months x 1.75 FTE \$525

Allstream Phone Lines: \$10 per mo. x 12 months x 1.75 FTE \$210

National Healthcare Coalition Conference Registration (\$595 x 4 Coalition Members) \$2,380

NACCHO Prep Summit Registration (\$600 per person x 1 Coalition Members) \$600

Fit Test Supplies \$494

Vehicle maintenance: City Vehicles used by CCHHS to travel across Quad-County region to meet with Coalition partners \$3,000

Web-Based Training Tool for Coalition Trainings \$91

Online Survey Software for Coalition Exercise Feedback and Gap Analyses \$240

PPE Climate Controlled Storage Unit for Coalition Supplies \$1,550/year \$1,550

Justification: Zoom Meeting web conferencing tool is utilized for Coalition members to attend monthly meetings across a 3,000+ square mile jurisdiction when they cannot attend in person; Fit test supplies are to support train-the-trainer efforts for Coalition member facilities. Climate-controlled storage unit to support coalition cache as part of preventing severe impact of supply chain disruptions. Vehicle maintenance charges to support City vehicles used to drive staff to coalition meetings around Quad-County region.

<b>TOTAL DIRECT CHARGES</b>	<b>\$254,872</b>
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<u>Indirect Charges</u>	<u>Indirect Rate:</u>	<u>0.000%</u>	<u>\$0</u>
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**Indirect Methodology:** Explain how indirect is calculated (e.g. 10% of all direct expenses per Federally approved indirect agreement). If

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$254,872</b>
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**SUBGRANTEE NAME**  
**ASPR Hospital Preparedness Program (HPP)**  
**Detailed Work Plan**  
**July 1, 2022 through June 30, 2023 (BP4)**

## ASPR-HPP Requirements

**All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.**

**CLINICAL ADVISOR**

Percentage of FTE supporting the HCC: 15%

Is this position's HCC time paid by HPP funds, in-kind or other?

HPP Funds

Name of Advisor's agency and position (unrelated to coalition)

TBD

**HCC READINESS & RESPONSE COORDINATOR (RRC)**

Percentage of FTE supporting the HCC: 85%

Is this position's time paid by HPP funds, in-kind or other?

HPP Funds

Name of RRC's agency and position (unrelated to coalition)

*CCHHS, Planner – 35%*

*CCHHS, Planner – 35%*

*CCHHS, PHP Manager – 15%*

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.

## HPP Coalition Assessment Tool (CAT) Upload Requirements

All items below are required to be completed in HPP Scope of Work annually. Feel free to add additional planned activities under each item below to provide greater activity reporting detail to HPP Scope of Work, if deemed necessary by HPP subrecipient. Time reporting requirements, if specified, are highlighted in purple text.

- 1) **Capability 1, Objective 1, Activity 2 (PHASE 1):** Upload documentation in the CAT regarding HCC recruitment of entities outlined in HPP FOA, as well as ensuring applicable transfer agreements with pediatric, trauma, and burn centers are incorporated into the corresponding specialty surge annex. (see HPP FOA pg.46-47)
- 2) **Capability 1, Objective 1, Activity 3 (PHASE 1):** HCC will update and maintain the information annually related to its governance and maintain updated documentation in the CAT. (see HPP FOA pg.47)
- 3) **Capability 1, Objective 2, Activity 1 (PHASE 1):** HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49)
- 4) **Capability 1, Objective 3, Activity 1 (PHASE 1):** HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; maintain current HCC Preparedness Plan uploaded into the CAT. (see HPP FOA pg.52)
- 5) **Capability 1, Objective 4, Activity 2 (PHASE 2):** HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55)
- 6) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56)
- 7) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management; uploaded into CAT. (see HPP FOA pg. 57)
- 8) **Capability 2, Objective 2, Activity 1 (PHASE 1):** HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EElS); uploaded into the CAT. (see HPP FOA pg.58)
- 9) **Capability 3, Objective 3, Activity 1 (PHASE 1):** HCC will conduct a supply chain integrity assessment by FY21 (BP3-SFY22) to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls; uploaded into the CAT. (see HPP FOA pg. 62)

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

- 10) Capability 3, Objective 3, Activity 2 (PHASE 1):** Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds; upload HCC protocol documentation into the CAT. (see HPP FOA pg. 63)
- 11) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will develop complementary coalition-level specialty surge annexes to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-73) **FY 22 Radiation (BP4-SFY23)**
- 12) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will collaborate with the Nevada PHP Program (HPP recipient) to integrate the required crisis care elements into their HCC Response Plan by FY21 (BP3-SFY22); uploaded into the CAT. (see HPP FOA pg. 76)
- 13) Capability 4, Objective 2, Activity 1 (PHASE 3):** At least once during the HPP Project Period, HCCs with an FCC must participate in the NDMS patient movement exercise; upload exercise documentation into the CAT. (see HPP FOA pg. 77)
- 14) Capability 4, Objective 2, Activity 1 (PHASE 3):** HCC will review and update the information at minimum of every 2 years, and encouraged to update on any major changes in HCC membership, related to the HCC Surge Estimator Tool, which was completed by January 1, 2020; maintain updated documentation in the CAT. (see HPP FOA pg. 78)
- 15) Capability 4, Objective 2, Activity 3 (PHASE 3):** HCC Response Plans should coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organization, prior to the conclusion of FY21 (BP3-SFY22); maintain updated HCC Response Plan into the CAT. (see HPP FOA pg. 78)
- 16) Capability 4, Objective 2, Activity 4, 5, 6, 9 (PHASE 3):** HCC will validate specialty surge annexes via a standardized TTX/discussion exercise format and submit the results and data sheets to ASPR uploaded in the CAT. (see HPP FOA pgs. 79-80)

# CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Establish and Operationalize a Health Care Coalition			
Activity 1: Define Health Care Coalition Boundaries	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):</b> 1)		
<b>Recurring Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2023.</b>			
Activity 2: Identify Health Care Coalition members	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1. At least two HCC representatives will be included on at least one HCC exercise planning team by March 31, 2023.	Exercise IPM, MPM, and FPM agendas and minutes	Q3
	2. Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)	QCHCC meeting and exercise sign-in sheets	Q1-Q4
	3. Continue to update QCHCC membership directory as new members join the coalition or have staff turnover.	Coalition membership directory	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</b> 1) QCHCC member attendance and engagement at exercise planning meetings 2) QCHCC sign-in sheets 3) Updated QCHCC membership directory		
Activity 3: Establish Health Care Coalition Governance	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget)	SOW, HPP budget documents	Q1-Q4
	2) HCC will update and maintain the information annually related to its governance and maintain updated documentation in the Coalition Assessment Tool (CAT). (see HPP FOA pg.47)	QCHCC bylaws, charter, and member agreement (if updates are needed)	Q1-Q4
	3) QCPHP and the coalition leadership team will complete an annual 2022-2023 goals and objectives activities list for the coalition.	Agenda and meeting minutes	Q3
	<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</b> 1) Uploaded bylaws, charters, or member agreement into CAT (if updated). 2) Budget documents submitted to State PHP. 3) 2022-2023 Goals and Objectives activities list for QCHCC		
Objective 2: Identify Risks and Needs			
<b>Recurring Statewide Objective: Nevada will include at-risk populations (HPP Medical Surge focus is for a Radiological Event in FY22) into planning and exercise activities by June 30, 2023.</b>			
Activity 1: Assess Hazard Vulnerabilities and Risks	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49) Complete aggregated QCHCC HVA: <ul style="list-style-type: none"> <li>• Send out HVA template to QCHCC members by end of Q1</li> <li>• Collate individual HVAs into QCHCC HVA by end of Q2</li> </ul>	QCHCC HVA uploaded to CAT	Q2

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<ul style="list-style-type: none"> <li>Review and approve aggregated HVA during QCHCC meeting by end of Q2</li> </ul>		
	2) Contractor to complete Quad-County JRA/THIRA/SPR (combined)	Sign-in sheets, JRA/THIRA/SPR documents	Q3
<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</b> 1) Updated QCHCC HVA uploaded to CAT 2) Completed Quad-County JRA/THIRA			
Activity 2: Assess Regional Health Care Resources	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50)	QCHCC Resource Gap Analysis	Q3
<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):</b> 1) Updated QCHCC Gap Analysis			
Activity 3: Prioritize Resource Gaps and Mitigation Strategies	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCHCC will continue to assess resource gaps and needs based on the annual HVA, gap analysis, Quad-County JRA/THIRA/SPR, and real-world incidents to improve response capabilities. These mitigation strategies will inform activities for the scope of work for BP5.	QCHCC Resource Gap Analysis, Quad-County JRA/THIRA/SPR	Q1-Q4
<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):</b> 1) QCHCC Resource Gap Analysis 2) Quad-County JRA/THIRA/SPR			
<b>Recurring Statewide Objective: Each of Nevada’s HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2023.</b>			
Activity 4: Assess Community	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Planning for Children, Pregnant	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2022 during exercises or real-world events.	Biannual reports	Q2,Q4
Women, Seniors, Individuals with Access and Functional Needs	2) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2023.	Updated documentation including plans, protocols, checklists, policies, etc.	Q4
People with Disabilities, and Others with Unique Needs	3) QCPHP staff will work with partner organizations that serve those with access and functional needs and vulnerable populations. <ul style="list-style-type: none"> <li>• Northern Regional Behavioral Health EOP</li> <li>• Family Assistance Center</li> <li>• Mass Care and medical supplies</li> <li>• Point-in-Time Count</li> <li>• Partner meeting, trainings, and exercises</li> </ul>	Emails, meeting notes	Q1-Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</b></p> <p>1) Biannual reports</p> <p>2) Updated documentation including plans, protocols, checklists, policies, etc.</p> <p>3) Improved relationships and response capabilities for AFN and vulnerable populations</p>			
Activity 5: Assess and Identify Regulatory Compliance Requirements	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCPHP will share the following, as applicable, with QCHCC partners throughout BP4: <ul style="list-style-type: none"> <li>• Regulatory compliance requirements (e.g., CMS, OSHA, CLIA, HIPAA, EMTALA)</li> <li>• Emergency declarations</li> <li>• Legal authorization to allocate personnel, resources, equipment, and supplies among health care organizations</li> <li>• CSC planning</li> </ul>	Coalition emails, attachments	Q1-Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):</b></p> <p>1) Partners informed of regulatory, legal, and statutory requirements that impact emergency medical care</p>			

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Objective 3: Develop a Health Care Coalition Preparedness Plan			
Activity 1: Develop a Health Care Coalition Preparedness Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) <a href="#">HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan. (see HPP FOA pg.52)</a></p> <ul style="list-style-type: none"> <li>• Reviewed by QCHCC Leadership for input</li> <li>• Approved and signed by QCHCC Leadership</li> <li>• Shared with QCHCC members</li> </ul>	Updated QCHCC Preparedness and Response Plan	Q1-Q4
<b>Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):</b>			
1) Updated QCHCC Preparedness and Response Plan			
Objective 5: Ensure Preparedness is Sustainable			
Activity 1: Promote the Value of Health Care and Medical Readiness	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) N/A		
<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1):</b>			
1)			
Activity 2: Engage Health Care Executives	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) N/A		
<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1):</b>			
1)			
Activity 3: Engage Clinicians	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) <a href="#">HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52)</a>	Clinical Advisor and scope of practice; meeting notes	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1):</b> 1) Clinical Advisor Scope of Practice		
Activity 4: Engage Community Leaders	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53) <ul style="list-style-type: none"> <li>QCHCC RRCs and QCPHP Communications Specialist will engage community leaders in health care preparedness planning and exercises through Local Emergency Planning Committee (LEPC) meetings, Board of Health meetings, Board of Supervisors meetings, and other community presentations throughout BP4.</li> </ul>	Meeting agendas and minutes	Q1-Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):</b> 1) Community leaders engaged in health care preparedness planning and exercises		
Activity 5: Promote Sustainability of Health Care Coalitions	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54) <ul style="list-style-type: none"> <li>Offer TA and provide TA when requested</li> <li>Coordinate risk assessments, trainings, and exercises with partners</li> </ul>	Meeting notes and agendas, emails	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	2) Submit quarterly update on QCHCC activities to State PHP for newsletter	Quarterly update email	Q1-Q4
	3) Share statewide HCC Newsletter to QCHCC members and partners	Statewide HCC Newsletter, email	Q1- Q4
<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):</b>			
1) Sustainment of QCHCC			
2) Statewide quarterly HCC newsletter			
<b>PHASE 2: Train and Equip</b>			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
<b>Recurring Statewide Objective: Annually, Nevada will provide NIMS and other training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2022. (see HPP FOA pg. 54)</b>			
Activity 1: Promote Role-Appropriate National Incident Management System Implementation	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) NIMS and other training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.	Sign-in sheets for sponsored training	Q4
	2) QCPHP will continue to share any trainings offered by State NIMS Trainer (DEM) or other partners	Flyers, emails	Q1-Q4
<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2):</b>			
1) Partners trained in NIMS			
2) Continued collaboration with regional partners through sharing of training opportunities			
Activity 2: Educate and Train on Identified Preparedness and Response Gaps	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55)	HPP training list	Q1
	2) Deliver CHEMPACK training to QCHCC	Training sign-in sheets and other documentation	Q3

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	3) Provide Family Assistance Center and Reunification Plan training to QCHCC	Training sign-in sheets and other documentation	Q1
	4) Quad-County Behavioral Health Coordinator to provide Northern Regional Behavioral Health EOP training to QCHCC	Training sign-in sheets and other documentation	Q1
<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2):</b>			
1) HPP training list submitted in CAT			
2) Partners trained in CHEMPACK procedures			
3) Partners trained in Family Assistance Center and Reunification Plan			
4) Partners trained in Northern Regional Behavioral Health EOP			
<b>PHASE 3: Exercise and Respond</b>			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCHCC members and partners will participate in the Quad FAC/MRSE exercise. <ul style="list-style-type: none"> <li>• Training – Q1</li> <li>• Workshop/TTX – Q3</li> <li>• Functional/FSE – Q4</li> </ul>	Presentation, Quad FAC/MRSE ExPlan, sign-in sheets	Q4
	2) QCPHP will conduct Closed POD workshop for QCHCC members	Meeting presentation, agenda, minutes, and sign-in sheets	Q4
	3) QCHCC Clinical Advisor and RRCs to conduct a Radiation Surge TTX	Situation Manual, sign-in sheets, meeting agenda and minutes	Q3
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3):</b>		
1) Lessons learned from Quad FAC exercise			
2) Lessons learned from Closed POD Workshop			
3) Lessons learned from Radiation Surge TTX			
Activity 4: Align Exercises with Federal Standards and Facility	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Regulatory and Accreditation Requirements	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3):</b> 1)		
<b>PHASE 4: Evaluate and Share Lessons Learned</b>			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 5: Evaluate Exercises and Responses to Emergencies	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCPHP will include participating QCHCC partner feedback into Quad FAC exercise AAR/IP or summary	Quad FAC exercise AAR/IP	Q4
	2) QCHCC to create AAR/IP or summary based on lessons learned from Radiation Surge TTX	Radiation Surge TTX AAR/IP or summary	Q4
	3) QCHCC to create AAR/IP based on lessons learned from Medical Response Surge Exercise (MRSE).	MRSE AAR/IP	Q4
	4) QCHCC to create AAR/IPs based on lessons learned from other exercises or real-world events	Other exercise or real-world event AAR/IPs	Q1-Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4):</b> 1) Quad FAC exercise AAR/IP 2) Radiation Surge TTX AAR/IP or summary 3) MRSE AAR/IP 4) Other exercise or real-world AAR/IPs or summaries		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 6: Share Leading Practices and Lessons Learned	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) QCHCC to distribute AAR/IPS or summaries to partners to share lessons learned from all exercises and real-world events in the quad-counties:</p> <ul style="list-style-type: none"> <li>• Quad FAC exercise</li> <li>• Radiation Surge TTX</li> <li>• MRSE</li> <li>• Other exercises or real-world events (e.g., Caldor Fire)</li> </ul>	Emails with AAR/IP or summary attached	Q1-Q4
	2) QCHCC to share information from ASPR, TRACIE, CDC, FEMA, and other partners	Email	Q1-Q4
	3) Two QCHCC RRCs and two other individuals to attend National Healthcare Coalition Preparedness Conference to learn about leading practices and lessons learned from other coalitions around the	Meeting agenda, QCPHP registration	Q2
	4) One QCHCC RRC to attend annual NACCHO Preparedness Summit conference to learn about and/or present on leading practices and lessons learned from other healthcare partners around the country	Meeting agenda, QCHCC member registration, NACCHO abstract	Q3
<p><b>Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 4):</b></p> <p>1) Shared AAR/IPs or summaries</p> <p>2) Shared best practices and lessons learned from National Healthcare Coalition Preparedness Conference during Coalition meeting</p> <p>3) Shared best practices and lessons learned from NACCHO Preparedness Summit during Coalition meeting</p>			

## CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans			
Activity 1: Develop a Health Care Organization Emergency Operations Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):</b> 1)		
Activity 2: Develop a Health Care Coalition Response Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56) <ul style="list-style-type: none"> <li>• Reviewed by QCHCC Leadership for input</li> <li>• Approved and signed by QCHCC Leadership</li> <li>• Shared with QCHCC members</li> </ul>	Updated QCHCC Preparedness and Response Plan	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	2) HCC Response Plan describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)	Updated QCHCC Preparedness and Response Plan	Q1-Q4
<b>Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):</b>			
1) Updated QCHCC Preparedness and Response Plan			
2) Annually updated QCHCC Preparedness and Response Plan uploaded to CAT			
Objective 2: Utilize Information Sharing Processes and Platforms			
<b>Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.</b>			
Activity 1: Develop Information Sharing Procedures	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EEl)s. (see HPP FOA pg.58)	<i>Note: HPP Essential Elements of Information (EEI) reporting is suspended until further notice. CMS, CDC, and ASPR leadership are in discussions regarding how to coordinate EEI reporting efforts</i>	N/A
	2) HCC in coordination with its public health agency members and HPP and PHEP recipients will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2023. (FOA pg. 58)	QCHCC Preparedness and Response Plan that includes use of Quad-County Situational Report Form	Q4
<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):</b>			
1) If necessary, updates to Response Guide and training Guidelines			
Activity 2: Identify Information Access and Data Protection Procedures	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):</b>			
1)			

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 3: Utilize Communications Systems and Platforms	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Coalition will conduct two redundant communication drills. For example: CodeRED, WebEOC, 800 MHz, EMResource	Call down lists, spreadsheet with who participated in the drill	Q2,Q4
	2) Create contact list for CodeRED system for redundant communications, based on updated member directory.	CodeRED contact list	Q1-Q4
	3) QCPHP will provide training on how healthcare partners should use WebEOC for patient tracking during evacuation or MCI	WebEOC training presentation	Q1
	4) QCHCC RRC and hospital partners to use the patient tracking board in WebEOC during FAC/MRSE exercise to maintain situational awareness	Completed patient tracking forms, FAC exercise AAR/IP	Q2
	5) QCPHP Communications Specialist will provide support and oversight of the QCHCC webpage	Webpage updates	Q4
<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):</b>			
1) Redundant communications platforms tested 2) Up to date CodeRED contact list 3) Partners trained on how to use WebEOC for Quad-County processes 4) More effective utilization of WebEOC by QCHCC partners 5) QCHCC webpage			
<b>PHASE 2: Train and Equip</b>			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Activity 4: Communicate with the Public during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC, in collaboration with HPP and PHEP recipients, <b>must</b> provide public information officer (PIO) training to those who are designated to act in that capacity during an emergency for HCC members and are in need of such training. This training should include Crisis and Emergency Risk communication training. (FOA pg. 59) <ul style="list-style-type: none"> <li>• QCHCC will promote PIO training</li> </ul>	Training notifications, emails with training information	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	2) QCPHP Communications Specialist will create and/or provide press releases, social media posts, and/or other supporting documents regarding real-world incidents or in exercises	Press releases, social media posts, and other supporting documents	Q1-Q4
<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2):</b>			
1) QCHCC members trained as PIOs			
2) Print media messaging and social media posts created or provided in response to an exercise or real-world event.			
<b>PHASE 3: Exercise and Respond</b>			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
<b>Statewide Objective: Nevada will conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2023. (FOA pg. 62)</b>			
Activity 1: Identify and Coordinate Resource Needs during an Emergency	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will participate in statewide supply chain integrity assessment	Meeting notes, sign in sheets, information platforms	Q4
	2) QCPHP will research the use of the National Resource Hub for resource management.	Research information and notes	Q4
	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3):</b>		
1) Completed supply chain integrity assessment or list			
2) Potential options for resource management programs			
Activity 2: Coordinate Incident Action Planning During an Emergency	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3):</b> 1)		
Activity 3: Communicate with Health Care Providers, Non- Clinical Staff, Patients, and Visitors during an Emergency	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC should assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication. Will be validated through site visit and included in HCC Response Plans. (FOA pg. 60) <ul style="list-style-type: none"> <li>• QCHCC Communications Specialist will send out a survey to members about which platform(s) they use to communicate with employees, patients, and visitors.</li> </ul>	Survey results, communications systems list	Q1
	2) QCHCC Liaison/RRC will continue to share clinical knowledge among health care providers and organizations during responses to a variety of emergencies (e.g., CBRNE, trauma, burn, pediatrics, or highly infectious disease).	QCHCC weekly emails	Q1-Q4
	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3):</b> 1) List of communications systems QCHCC members use 2) Sustained information sharing among QCHCC partners 3) Consistent and efficient information creation and dissemination during an emergency		

# CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Identify Essential Functions for Health Care Delivery			
Activity 1: Identify Essential Functions for Health Care Delivery	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1):</b> 1)		
Objective 2: Plan for Continuity of Operations			
Activity 1: Develop a Health Care Organization Continuity of Operations Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 1 (PHASE 1):</b> 1)		
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A – completed in BP3		
	<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):</b> 1)		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 3: Continue Administrative and Finance Functions	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 3 (PHASE 1):</b> 1)		
Activity 4: Plan for Health Care Organization Sheltering-in-Place	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):</b> 1)		
<b>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</b>			
Activity 1: Assess Supply Chain Integrity	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Completed in BP3, uploaded to CAT		
	<b>Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 1):</b> 1)		
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) <a href="#">Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds, and upload documentation into the CAT. (see HPP FOA pg. 63)</a> <ul style="list-style-type: none"> <li>QCHCC Liaison or RRC to update inventory management program protocol for acquisition, storage, rotation, activation, use, and disposal of cached material, if needed.</li> </ul>	Updated Inventory Management Protocol	Q3
	2) Complete CHEMPACK check monthly	CHEMPACK review forms	Q1-Q4
	3) Maintain climate controlled CHEMPACK room and storage unit for QCHCC PPE cache.	Invoices	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<b>Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):</b> 1) Updated Inventory Management Protocol 2) CHEMPACK maintenance 3) Climate controlled CHEMPACK room and storage unit for cache		
<b>Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks</b>			
Activity 1: Develop Strategies to Protect Health Care Information Systems and Networks	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1):</b> 1)		
<b>Objective 6: Plan for Health Care Evacuation and Relocation</b>			
Activity 1: Develop and Implement Evacuation and Relocation Plans	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) <b>Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)</b> QCHCC RRCs to conduct a training/workshop with partner agencies to enhance response coordination capabilities during an incident. Partners may include: <ul style="list-style-type: none"> <li>• Long term care (LTC)</li> <li>• Skilled nursing facilities (SNF)</li> <li>• Assisted living</li> <li>• Hospitals</li> </ul>	Sign-in sheets, agendas	Q4
	<b>Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1):</b> 1) QCHCC partners trained in evacuation and response procedures		
Activity 2: Develop and Implement Evacuation Transportation Plans	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1):</b> 1)		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Objective 7: Coordinate Health Care Delivery System Recovery			
Activity 1: Plan for Health Care Delivery System Recovery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1):</b> 1)		
Activity 2: Assess Health Care Delivery System Recovery after an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) N/A		
	<b>Output(s) for planned activities for Capability 3, Objective 7, Activity 2 (PHASE 1):</b> 1)		
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65)	Meeting notes	Q4
	<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2):</b> 1) Potential for regionally procured PPE 2) Shared information regarding current policies and practices for PPE		
Recurring Statewide Objective: Annually, Nevada will provide training and exercise opportunities for HCC members and personnel identified as responders during an emergency activation beginning July 1, 2023.			
Activity 2: Train and Exercise to Promote	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Responders' Safety and Health	1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65) • CHEMPACK training for HAZMAT team	Emails with shared training and exercise opportunities	Q1-Q4
	2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)	Emails shared regarding PPE policies and procedures	Q1-Q4
	3) QCHCC RRC will support healthcare facilities with N95 fit testing through training and technical assistance when requested.	Emails, fit testing train the trainer forms, certificates	Q4
	4) QCPHP will conduct Closed POD workshop for QCHCC members	Meeting presentation, agenda, minutes, and sign-in sheets	Q4
	5) CHEMPACK presentation to QCHCC members and HAZMAT team during QCHCC meeting	Presentation, sign-in sheets	Q3
<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2):</b>			
1) Partners informed of training opportunities for responder health and safety			
2) Partners aware of current PPE policies and procedures			
3) Partners trained on N95 fit testing procedures			
4) Partners trained on Closed POD procedures			
5) Partners trained on CHEMPACK procedures			
Activity 3: Develop Health Care Worker Resilience	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Quad-County Behavioral Health Coordinator to provide Northern Regional Behavioral Health EOP training to QCHCC	Training sign-in sheets and other documentation	Q1
	<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 3 (PHASE 2):</b>		
1) Partners trained on Northern Region Behavioral Health EOP			
<b>PHASE 3: Exercise and Respond</b>			
Objective 7: Coordinate Health Care Delivery System Recovery			

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 3: Facilitate Recovery Assistance and Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) QCHCC RRC will represent QCHCC in writing the CCHHS Recovery Plan and Quad-County Mass Care Sheltering Plan	Meeting sign-in sheets, agendas	Q4
<b>Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 3):</b> 1) QCHCC represented in planning documents			
<b>PHASE 4: Evaluate and Share Lessons Learned</b>			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 1: Assess Supply Chain Integrity	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Completed in BP3, uploaded to CAT		
<b>Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 4):</b> 1)			

## CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Plan for a Medical Surge			
<b>Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)</b>			
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Related to trainings, training opportunities will be distributed to volunteers and paid per diem staff as the trainings are identified as appropriate.	Email communications	Q4
	2) Public health, MRC, Battle Born Medical Corps, and per diem staff to be trained on Carson City scopes of practice, standing orders, and psychological first aid for mass care.	Sign-in sheets, presentation	Q3
<b>Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):</b> 1) Enhanced knowledge of volunteers and per diem staff regarding roles during various types of emergencies 2) Trained public health, MRC, Battle Born Medical Corps, and per diem staff on clinical role in shelter			
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) QCHCC partners will utilize Quad-County triage tag system and communications procedures during the FAC/MRSE exercise in April 2023.	Exercise documentation	Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<b>Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1):</b> 1) EMS partners more familiar with use of triage tags		
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will develop complementary coalition-level <b>Radiation</b> annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-73.	Updated Preparedness and Response Plan with Radiation Surge Annex	Q4
	2) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76) <ul style="list-style-type: none"> <li>RRC will ensure State CSC plan elements are referenced in QCHCC Preparedness and Response Plan.</li> </ul>	Updated Preparedness and Response Plan with Radiation Surge Annex	Q4
	<b>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):</b> 1) AAR/IP 2) Updated Preparedness and Response Plan with Radiation Surge Annex		
<b>Objective 2: Respond to a Medical Surge</b>			
Activity 3: Develop an Alternate Care System	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCPHP will purchase a new mobile medical facility tent and associated supplies (e.g., HVAC system) to use as an alternate care site.	Invoices	Q4
	2) Three QCPHP staff will attend G288 Local Volunteer and Donations Management & G489 Management of Spontaneous Volunteers in Disasters.	Training agenda, documents	Q1
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):</b> 1) Mobile medical facility that can be used as an ACS 2) Staff trained in volunteer and donations management		
<b>PHASE 3: Exercise and Respond</b>			
<b>Objective 2: Respond to a Medical Surge</b>			
<b>Recurring Statewide Objective: Annually, each HCC will conduct a “low to no-notice” surge test exercise (MRSE), including all core HCC members, by June 30, 2023.</b>			

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) <del>Documented identification of “trusted insider” and planning committee.</del> No longer applicable to MRSE exercise.	N/A	N/A
	2) <del>Within two</del> one week of exercise, committee will pull HCC acute care census for planning purposes.	MRSE tool	Q4
	3) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise.	MRSE tool, AAR/IP	Q4
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):</b> 1) Lessons learned from MRSE exercise 2) MRSE AAR/IP		
Activity 2: Implement Out-of- Hospital Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) QCPHP will purchase a new mobile medical facility tent and associated supplies (e.g., HVAC system) to use as an alternate care site for a non-hospital setting.	Invoices	Q4
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 2 (PHASE 3):</b> 1) Alternate Care Site for non-hospital setting		
<b>Statewide Objective: Nevada PHP Program and HCCs will coordinate the use of alternate care systems to incorporate the additional factors in alternate care system activities as described in HPP FOA pg. 78 by June 30, 2023.</b>			
Activity 3: Develop an Alternate Care System	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Nevada PHP Program will request Technical Assistance and additional detail regarding this FOA requirement to help guide activities.	Emails	Q1-Q4

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

	<p>2) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79)</p> <ul style="list-style-type: none"> <li>CCHHS will continue to build and train on the RN Triage Shelter kits based on lessons learned during the Tamarack and Caldor fires in 2021.</li> <li>Standing orders, scopes of practice, and standard operating guidelines for medical care at shelters.</li> </ul>	List of supplies, completed standing orders, scopes of practice, and standard operating guidelines for medical care at shelters.	Q1
	<p>3) QCHCC RRC will share the finalized Northern Region Behavioral Health EOP with partners.</p>	Email with plan attached	Q1
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 3):</b></p> <p>1) Technical assistance from State PHP</p> <p>2) Documentation for medical operations in shelters</p> <p>3) Partners that are informed of behavioral health procedures</p>			
Activity 4: Provide Pediatric Care during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	<p>1) N/A – Pediatric Surge Annex and TTX completed in BP2</p>		
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):</b></p> <p>1)</p>			
Activity 5: Provide Surge Management during a Chemical or Radiation Emergency Event	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	<p>1) HCC will validate their Radiation Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p>	SitMan, AAR/IP or summary	Q3
	<p>2) QCPHP to provide CHEMPACK training to partner agencies</p>	Sign-in sheets, presentation	Q2
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 5 (PHASE 3):</b></p> <p>1) Validated Radiation Surge Annex</p> <p>2) Partners trained on CHEMPACK procedures</p>			

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 6: Provide Burn Care during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) N/A – Burn Care Surge Annex and TTX completed in BP3		
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3):</b> 1)		
Activity 7: Provide Trauma Care during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) QCPHP staff will work with Clinical Advisor and County Health Officers to include more trauma supplies in the RN Triage Shelter kits and expand trauma skillset during training.	Sign-in sheet, presentation	Q2
	2) The FAC/MRSE exercise will include trauma response at local health facilities.	ExPlan, AAR/IP	Q4
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 7 (PHASE 3):</b> 1) RNs trained on basic trauma skills and supplies 2) Lessons learned from FAC/MRSE exercise		
Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) The FAC/MRSE exercise will include behavioral health components to exercise the Quad Behavioral Health Task Force.	Exercise sign-in sheets, ExPlan, and agenda	Q4
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3):</b> 1) Behavioral health lessons learned from FAC/MRSE exercise		
Activity 9: Enhance Infectious Disease Preparedness and Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) When appropriate during an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80)	Situational report forms, emails, other response documentation	Q1-Q4
	2) HCC will validate Radiation Surge Annex via a standardized TTX and submit the results to ASPR (HPP FOA pg. 79)	Situation Manual, sign-in sheets, meeting agenda and minutes	Q3
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3):</b> 1) Coordinated QCHCC response to infectious disease		

**Nevada HPP Subgrantee Scope of Work  
BP4 – FY22 – SFY23**

Activity 10: Distribute Medical Countermeasures during Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) QCPHP will coordinate with community partners to conduct closed PODs (flu vaccinations) for vulnerable populations in the quad counties by November 25, 2022.	Planning meetings, flyers, event calendars, staffing matrices, emails, sign-in sheets, event summary forms	Q2
	2) QCPHP will conduct administrator and vaccinator training for public health nurses, EMS providers, and volunteers for flu events in the quad-counties by September 30, 2022.	Training presentation, sign-in sheets	Q1
	3) QCPHP will conduct Closed POD workshop for QCHCC members.	Meeting presentation, agenda, minutes, and sign-in sheets	Q4
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3):</b></p> <p>1) 2022-2023 Flu Event Data Spreadsheet that summarizes vaccination totals per location and type of vaccine.</p> <p>2) Trained public health nurses, EMS providers, and volunteers that can respond to a public health incident as administrators and/or vaccinators.</p> <p>3) Lessons learned from Closed POD workshop</p>			
Activity 11: Manage Mass Fatalities	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) QCPHP staff will work with local law enforcement agencies to train QCHCC members in a mass fatality incident and FAC procedures.</p> <ul style="list-style-type: none"> <li>• Training – Q1</li> <li>• Workshop/TTX – Q3</li> <li>• Functional/FSE – Q4</li> </ul>	Emails, training sign-in sheet	Q2
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3):</b></p> <p>1) Members trained on mass fatality and FAC procedures</p> <p>2)</p> <p>3)</p>			

**BUDGET NARRATIVE**

(Form Revised June 2019)

Highlighted contractual activities will be performed by PHP Planner if the position is approved.

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$446,099</b>
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**List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.**

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Jeanne Freeman, Public Health Preparedness Manager</u>	\$90,229.78	48.130%	65.000%	12	100.00%	\$86,877

20% of PHEP activities will be dedicated to fiduciary duties for grant management, fiscal reporting, and fiscal oversight of assets and resources. 20% of PHEP activities will be to lead and facilitate trainings for PHP staff and quad-county regional partners 40% of PHEP activities will be dedicated to contractor identification, contracting, oversight, plan review, and coordinator for planning with key stakeholders regarding plan creation/revision. 10% of PHEP activities will be dedicated to attending LEPC meetings throughout the quad-county region and attending MAC group meetings. 10% of PHEP activities will be dedicated to serving as a Quad-County Healthcare Coalition Readiness and Response Coordinator (RRC) with PHEP partners.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Cari Rioux, Public Health Planner</u>	\$73,656.04	59.400%	42.500%	12	100.00%	\$49,898

30% of PHEP activities will be dedicated to the co-oversight and collaboration with contractors of any plan revisions to ensure integration with regional, State, and Federal plans. 20% of PHEP activities will be dedicated to revising or writing preparedness plans such as the closed POD annex and mass sheltering in Carson City. 20% of PHEP activities will be dedicated to training quad-county partners regarding plan revisions and development. 10% of PHEP activities will be dedicated to creating and executing exercises for the Quad-County Region. 10% of PHEP activities will be dedicated to completing advanced trainings to serve in DOC and EOC roles for quad-county partners as well as supporting CCHHS staff training in the DOC. 10% of PHEP activities will be dedicated to attending LEPC and Quad-County MAC meetings to integrate PHEP and HPP capabilities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Lauren Staffen, Public Health Planner</u>	\$75,288.48	33.500%	42.500%	12	100.00%	\$42,717

25% of PHEP activities will be dedicated to the co-oversight and collaboration with contractors of any plan revisions to ensure integration with regional, State, and Federal plans. 20% of PHEP activities will be dedicated to revising or writing preparedness plans such as the closed POD annex and mass sheltering in Carson City. 15% of PHEP activities will be dedicated to training quad-county partners regarding plan revisions and development. 30% of PHEP activities will be dedicated to creating and executing exercises for the Quad-County Region. 10% of PHEP activities will be dedicated to completing advanced trainings to serve in DOC and EOC roles for quad-county partners as well as supporting CCHHS staff training in the DOC.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Jessica Rapp, Communications Specialist</u>	\$61,473.89	46.330%	77.500%	12	100.00%	\$69,715

30% of PHEP activities will be dedicated to building relationships with public relations and public information officers with the various quad-county partners. 10% of PHEP activities will have this staff member continuing to develop toolkits to support public health emergencies. 15% of PHEP activities will be dedicated to conducting communication drills within Carson City, with the State, within CCHHS, and with the Quad-County MAC group. This staff member will produce communication reports and AAR/IP documents as necessary. 10% of PHEP activities will be related to generating and publishing public information such as press releases, social media posts, and website updates. 15% of PHEP activities will be dedicated to training and exercising as the CCHHS PIO and one of the Carson City PIOs to serve in the EOC. 20% of PHEP activities will be dedicated to assisting with 508 compliance of website revision and product development.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Sydney Gamer, Public Health Program Specialist</u>	\$56,259.96	39.100%	45.000%	12	100.00%	\$35,216

80% of PHEP activities will be dedicated to MRC recruitment, MRC trainings, and engaging the MRC in exercises, such as, but not limited to PODs and real-world events. This staff member will also update the MRC gap analysis based upon improvements made to the MRC membership diversity. 20% of PHEP activities will be dedicated to public health preparedness and response activities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Martha Lopez, Administrative Assistant</u>	\$51,404.70	37.000%	80.000%	12	100.00%	\$56,340

100% of PHEP activities will be dedicated to supporting PHP staff in plan development, resource acquisition, communicating with volunteers and partners, scheduling events, and ensuring files are adequately maintained for projects and volunteer management.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Paul Micah Chalk, Grants and Fiscal Analyst</u>	\$71,668.26	40.500%	15.000%	12	100.00%	\$15,104

100% of PHEP activities will be dedicated to the administration of grant procedures including RFRs, monthly internal accountings for the grant, and quarterly spending analyses.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Vacant, Fiscal Analyst</u>	\$21,819.00	3.200%	12.500%	12	100.00%	\$2,815

100% of PHEP activities will be dedicated to the administration of grant procedures including RFRs, monthly internal accountings for the grant, and quarterly spending analyses.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Dustin Boothe, Epidemiologist</u>	\$97,938.67	53.900%	40.000%	12	100.00%	\$60,291

35% of PHEP activities will be dedicated to biosurveillance of endemic conditions and emerging infectious diseases throughout the region and world. 10% of PHEP activities will be dedicated to epidemiological data analyses. 10% of PHEP activities will be dedicated to engaging in local and statewide infectious disease committees and reporting information to quad-county partners and the Quad-County Healthcare Coalition. 35% of PHEP activities will be dedicated to collaboration with contractors for the revision of the mass illness/highly infectious disease plan. 10% of PHEP activities will be dedicated CHEMPACK maintenance and task completion as identified by the CDC.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Veronica Galas, Public Health Educator</u>	\$78,352.14	47.100%	10.000%	12	100.00%	\$11,526

100% of PHEP activities will be dedicated to community outreach and POD implementation.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Carson City Health &amp; Human Services Staff</u>	\$52,000.00	50.000%	20.000%	12	100.00%	\$15,600

Numerous staff positions at Carson City Health and Human Services are fully grant funded. In those grants, the scope of work for these staff members is very specific and does not allow time for staff to be trained in Department Operations Center (DOC) or City Emergency Operations Center (EOC) roles as needed. This line item is to support staff salaries and benefits to allow staff to be adequately trained and to exercise in their roles for an emergency. Any staff who have a portion of their salary paid for through the general fund will not have their time charged against this grant; only staff who are fully grant funded will have their time charged against this grant line item.

**\*Insert new row for each position funded or delete this row.**

<b>Total Fringe Cost</b>	<b>\$139,176</b>	<b>Total Salary Cost:</b>	<b>\$306,922</b>
<b>Total Budgeted FTE</b>	<b>4.50000</b>		

**Travel** **Total:** **\$30,652**

**Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://www.gsa.gov)) and State rates for mileage (58.5 cents as of January 14, 2022) as a guide unless the organization's policies specify lower rates for these expenses. For an employee using their personnel vehicle for the employee's convenience, the reimbursement rate is one-half the standard rate. The Division of Public and Behavioral Health, per the State Administrative Manual (SAM), requires employees to travel at least 50 miles from their designated workstation prior to being eligible for reimbursement of Per Diem expenses.**

**Out-of-State Travel**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>NACCHO Preparedness Summit: Atlanta, GA</u>					<b>\$16,483</b>
Airfare: \$750 cost per trip (Reno to Atlanta) x 1 of trips x 4 of staff	\$750	1		4	\$3,000
Baggage fee: \$100 amount per person x 1 of trips x 4 of staff	\$100	1		4	\$400
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 4 of staff	\$74	1	5	4	\$1,480

Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 4 staff	\$222	1	5	4	\$4,437
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 4 staff	\$60	1	5	4	\$1,200
Mileage: (\$0.585 per mile x 60 of miles per r/trip) x 1 of trips x 4 staff	\$35.100	1		4	\$140
Parking: \$14 per day x 1 of trips x 5 days x 4 staff	\$14	1	5	4	\$280

**Justification:**

This conference is strongly recommended for attendance by the CDC. Four staff members will attend to review best practices regarding mass care, pandemic response and recovery, volunteer management, and the varied role of local health authorities in emergency management.

**Disaster Epidemiology Conference:**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<b><u>Atlanta, GA</u></b>					
Airfare: \$750 cost per trip (Reno to Atlanta) x 1 of trips x 1 of staff	\$750	1		1	\$750
Baggage fee: \$100 amount per person x 1 of trips x 1 of staff	\$100	1		1	\$100
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 1 of staff	\$74	1	5	1	\$370
Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 1 staff	\$222	1	5	1	\$1,109
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 1 staff	\$60	1	5	1	\$300
Mileage: (\$0.585 per mile x 60 of miles per r/trip) x 1 of trips x 1 staff	\$35.100	1		1	\$35
Parking: \$14 per day x 1 of trips x 5 days x 1 staff	\$14	1	5	1	\$70

**Justification:**

Epidemiologist (Dustin Boothe) to attend the Disaster Epidemiology conference. This is a conference supported by the CDC and is aligned with the PHEP domains and capabilities. By attending this conference, the epidemiologist will be able to compare the quad-county mass illness/highly infectious disease plan to the plans from similar jurisdictions and ensure the CCHHS plan is an all-hazards plan.

**NACCHO National Conference:**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<b><u>Washington D.C.</u></b>					
Airfare: \$750 cost per trip (Reno to Washington, D.C.) x 1 of trips x 1 of staff	\$750	1		1	\$750
Baggage fee: \$100 amount per person x 1 of trips x 1 of staff	\$100	1		1	\$100
Per Diem: \$79 per day per GSA rate for area x 1 of trips x 1 of staff	\$79	1	5	1	\$395
Lodging: (\$172 hotel + \$25 for resort charge) per day + \$35.46 tax (18%) = total \$232.46 x 1 trip x 4 of nights x 1 staff	\$232	1	5	1	\$1,162
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 1 staff	\$60	1	5	1	\$300
Mileage: (\$0.585 per mile x 60 of miles per r/trip) x 1 of trips x 1 staff	\$35.100	1		1	\$35
Parking: \$14 per day x 1 of trips x 5 days x 1 staff	\$14	1	5	1	\$70

**Justification:**

CCHHS Director will attend the annual NACCHO conference to evaluate best practices for local health authorities as it relates to accreditation, emergency response, and recovery from disasters.

**In-State Travel**

<u>Reno to Las Vegas - Partners Meeting</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
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**\$14,169**

Airfare: \$350 (Reno to Las Vegas, NV) x 1 trip x 4 staff	\$350	1		4	\$1,400
Baggage fee: \$0 per person x 1 trips x 4 staff	\$0	1		4	\$0
Per Diem: \$69 per day GSA rate for area x 1 trip x 1 days x 4 staff	\$69	1	1	4	\$276
Ground Transportation:(\$60/day + unlimited miles) x 1 trip x 1 days	\$45.00	1	1		\$45
Mileage: (\$.585 per mile x 60 miles per r/trip) x1 trip x 4 staff	\$35.100	1		4	\$140
Parking: \$14 per day x 1 trip x 1 days x 4 staff	\$14	1	1	4	\$56

**Justification:**

The PHP Manager, one Planner, one Communication Specialist, and one Public Health Program Specialist will attend the bi-annual in-person PHP Partners Meeting in Las Vegas. These meetings are required.

<u>Reno to Las Vegas - Staff Training</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$350 (Reno to Las Vegas, NV) x 6 trips x 1 staff	\$350	6		1	\$2,100
Baggage fee: \$0 per person x 6 trips x 1 staff	\$0	6		1	\$0
Per Diem: \$69 per day GSA rate for area x 6 trips x 5 days x 1 staff	\$61	6	5	1	\$1,830
Lodging: \$120 per day + \$22.68 tax + \$35 resort fee = \$182.90/night x 6 trips x 5 nights x 1 staff	\$183	6	5	1	\$5,487
Ground Transportation:(\$45/day + unlimited miles) x 6 trips x 5 days	\$45.00	6	5		\$1,350
Mileage: (\$.585 per mile x 60 miles per r/trip) x 6 trips x 1 staff	\$35.100	6		1	\$211
Parking: \$14 per day x 6 trips x 5 days x 1 staff	\$14	6	5	1	\$420

**Justification:**

PHP and CCHHS staff will travel to trainings offered in Las Vegas that help them maintain their FEMA certificates and required abilities within the emergency management field.

<u>Carson City to Various Locations throughout Quad-Counties (Carson City, Douglas, Lyon, and Storey Counties) and Reno</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Mileage: (\$.585 per mile x 146 miles per r/trip) x 10 trips x 1 staff	\$85.410	10		1	\$854

**Justification:**

PHP staff will travel throughout the Quad-County region (Carson City, Douglas, Lyon, and Storey counties) to attend meetings to include, but not be limited to LEPC and Crisis Communicators Group. Staff will also travel to meet with various county staff in writing plans and developing exercises.

**Supplies** **Total: \$11,770**

**List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included.**

Office supplies \$100 amount x 4.50 of FTE staff x 12 of mo.	\$5,400.00
Creative Cloud Licenses for PHP Staff: 1 staff x \$1,850/license	\$1,850.00
Canva Pro subscription: 1 staff x \$120/year	\$120.00
Social Media Boosting	\$500.00
Adobe Pro Subscriptions for PHP Staff: 6 staff x \$650/staff	\$3,900.00

Justification: *Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.*

<b>Equipment</b>	<b>Total:</b>	<b>\$23,925</b>
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List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment: Purchase of inflatable Mobile Medical Facility, supporting HVAC system, negative pressure system, and other supporting elements. Quote is for \$65,000; cost to be split with PHEP as facility can be used as triage location for mass care sheltering (50% ASPR; 50% PHEP) \$23,925.00

<b>Contractual</b>		<b>\$199,384</b>
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Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the subgrantee organization. List all consultant/contract personnel in order of priority need. (Consultant travel and expenses should be included in this section). Time Needed x Rate = Request).

<u>Public Health Nurses for Points of Dispensing (POD)</u>	<b>Total</b>	<b>\$8,494</b>
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Method of Selection: Joinder contracts used by the State of Nevada; Nurses to be utilized are already in the Marathon staffing pool and have been staff in previous POD exercises

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Public health nurses will be hired to assist with the delivery flu vaccination events in the Quad-County Region as an exercise for the Medical Countemeasure Distribution Plan.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

<u>Budget</u>		
Personnel	\$8,494.00	
Travel	\$0.00	
<b>Total Budget</b>	<b>\$8,494.00</b>	

Method of Accountability:

Nurses that have participated in POD exercises in the past will be the first to be hired for these exercises. Once hired, the nurses are required to go through training on the revised POD operations, policies, procedures, and administration protocols. Only nurses who have completed these trainings will be hired. All nurses participating in the events are required to sign in and sign out of the event. When timesheets are submitted to the Public Health Preparedness manager for approval, time worked is confirmed against the sign in and sign out sheets for accuracy and completeness.

<u>Public Health Program Specialist (Marathon Staffing - Haydon Cook)</u>	<b>Total</b>	<b>\$59,760</b>
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Method of Selection: Competitive bid in line with Carson City and Federal Grant policies

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Public Health Program Specialist will gather and maintain data for PHAB reaccreditation as it relates to public health preparedness. This position will also assist with POD planning and implementation in the Quad-County region, serve as the PHP representative on the CCHHS Preparedness and Safety Committee, and will assist with volunteer management.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

<u>Budget</u>		
Personnel	\$59,760.00	
Travel	\$0.00	
<b>Total Budget</b>	<b>\$59,760.00</b>	

Method of Accountability:

The contractor will be accountable to the Public Health Preparedness Manager. The contractor will participate in weekly PHP meetings with the PHP team and manager to track progress on assigned projects.

<u>Name of Contractor, Subrecipient: TBD</u>	<b>Total</b>	<b>\$38,000</b>
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Method of Selection: Competitive Bid

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Collect data from the Divisions of Carson City Health and Human Services and outside partners regarding the COVID-19 response and compose the CCHHS After Action Review and Improvement Plan (AAR/IP).

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$38,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$38,000.00</b>

Method of Accountability:

Contractors will be accountable to the Quad-County PHP planners for integration of other preparedness plans, Quad-County emergency managers for alignment with respective EOPs, and to the Quad-County PHP manager on a bi-weekly basis for project progress and completion. Final deliverable will be an AAR/IP.

Name of Contractor, Subrecipient: TBD

**Total \$38,000**

This project can be completed by the PHP Planner instead of contractor.

Method of Selection: Competitive Bid

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Revise CCHHS Mass Illness and Pandemic Influenza plans to align with the current State of NV plan incorporating after-action notes from the COVID-19 pandemic.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$38,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$38,000.00</b>

Method of Accountability:

The contractor will be accountable to the Quad-County PHP planners for plan integration with other preparedness plans, collaboration with other Divisions within CCHHS such as Epidemiology, and to the Public Health Preparedness manager. The contractor will participate in bi-weekly meetings for project progress and completion. Contractor will provide a proof of concepts presentation to key CCHHS staff for plan approval.

Name of Contractor, Subrecipient: TBD

**Total \$25,000**

This project can be completed by the PHP Planner instead of contractor.

Method of Selection: Competitive Bid

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Develop Quad-County Region Mass Care/Sheltering agreement to include cost-sharing agreements, staffing agreements, operational accountability statements, resource placement, and non-profit/non-governmental partnership identification.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$25,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$25,000.00</b>

Method of Accountability:

Contractors will be accountable to the Quad-County PHP planners for integration of other preparedness plans, Quad-County emergency managers for alignment with respective EOPs, and to the Quad-County PHP manager on a bi-weekly basis for project progress and completion. Final deliverable will be a Quad-County mass care agreement.

Name of Contractor, Subrecipient: TBD

**Total \$25,000**

This project can be completed by the PHP Planner instead of contractor.

Method of Selection: Competitive Bid

Period of Performance: July 1, 2022 - June 30, 2023

Scope of Work: Collect data and develop presentation of Quad-County Community Profile in preparation for Quad-County Regional THIRA and JRA.

\* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$25,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$25,000.00</b>

**Method of Accountability:**

Contractors will be accountable to the Quad-County PHP planners, Quad-County emergency managers, and the Quad-County PHP manager for a detailed description of the the Quad-County community as a tool to prepare for the regional THIRA and JRA. Final product to be a robust and detailed community profile of the region and each county.

**Part-Time Office Specialist**

**Total \$5,130**

This project can be completed by the PHP Planner instead of contractor.

**Method of Selection:** Joinder contracts used by the State of Nevada for Staffing Services

**Period of Performance:** July 1, 2022 - June 30, 2023

**Scope of Work:** Part-time administrative support with revision of volunteer management documents, address scope of work for nurses and liability coverage as well as alignment with statewide policies for volunteer management.

\* **Sole Source Justification:** Define if sole source method, not needed for competitive bid

**Budget**

Personnel	\$5,130.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$5,130.00</b>

**Method of Accountability:** Staff will be accountable to the Quad-County Public Health Preparedness Manager. Will participate in bi-weekly staff meetings to provide updates on project progress.

**Other Total: \$39,869**

**Provide a description and the purpose/need for each item. Show the calculation for the cost of each item and provide supporting information/justification.**

Printing Services: \$500/mo. x 12 months \$6,000

Web Conferencing Service for Monthly Healthcare Coalition Meetings, Quarterly Leadership Meetings, Meetings with Clinical Advisor, and Meeting with community preparedness partners (\$60/month x 12 months -- 50% charged to ASPR, 50% charged to CDC) \$360

Satellite Phone Subscription: \$260.00 per mo. \$3,120

Allstream Phone Lines: \$15 per mo. x 12 months x 4.50 FTE \$810

Vehicle maintenance: City Vehicles used by CCHHS to travel across Quad-County region to meet with Coalition partners, meet with community preparedness partners, and conduct trainings and exercises. \$9,000

Web-Based Training Tool for Coalition and community partner Trainings \$209

Online Survey Software for Coalition and community partner Exercise Feedback and Gap Analyses \$480

NACCHO Prep Summit Registration (\$600 per person x 4 staff members) \$3,000

Staff Training: \$85/month x 12 months x 4.50 FTE \$4,590

Disaster Epidemiology Conference Registration \$500

Nevada Emergency Preparedness Association (NEPA) Conference Registration for 5 staff \$500

CHEMPACK Room WiFi Access \$50/month for 12 months \$600

IT Infrastructure Updating/Website Maintenance \$6,700

POD and Outreach Event Educational Materials in Various Languages \$4,000

Justification: *Staff Training* - This is to cover registration fees for staff to complete advanced training related to their positions. These trainings may include, but not be limited to, plan development, leadership in preparedness, CBRNE, radiation training, or grant management training. *Vehicle Maintenance* - Quad-County PHP staff regularly utilize Carson City vehicles to travel throughout the Quad-County region. The maintenance for the City vehicles to travel outside the City is required to be paid for by the program. *IT Infrastructure Updating/Website Maintenance* - Regular upgrades are needed to the PHP portion of the CCHHS website to ensure 508 compliance and whole community access. *POD and Outreach Event Educational Materials* - These materials (which include but are not limited to, preparedness bags, sun and heat safety items, West Nile Virus, and disease prevention items, and preparedness education items for those with Access and Functional Needs) are used to support the education provided at community events, points of dispensing, and National Preparedness Month events.

<b>TOTAL DIRECT CHARGES</b>	<b>\$751,699</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>0.000%</b>	<b>\$0</b>
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**Indirect Methodology:** Explain how indirect is calculated (e.g. 10% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement.

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$751,699</b>
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Domain Summary		
Domain Name	Biosurveillance	
Domain Description	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.	
Associated Capabilities	<ul style="list-style-type: none"> <li>Public Health Laboratory Testing</li> <li>Public Health Surveillance and Epidemiological Investigation</li> </ul>	
Public Health Laboratory Testing Definition	Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.	
Public Health Surveillance and Epidemiological Investigation Definition	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Biosurveillance	
1a. Planned Objective		
Sustain CCHHS abilities to conduct disease surveillance and detection through collaboration with national and statewide partners throughout the budget period.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Throughout BP4, CCHHS Epidemiologist will conduct surveillance and monitor disease outbreaks to include, but not be limited to, flu, Pertussis, West Nile virus, COVID-19, RSV, norovirus, and other diseases. CCHHS Epidemiologist will lead epidemiological investigations for any infectious disease outbreaks as necessary.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Biosurveillance

		<input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Monthly Flu Reports, updates on current outbreaks		
Planned Activity:	By June 30, 2023, the CCHHS Epidemiologist will attend the National Disaster Epidemiology Conference endorsed by the CDC.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Conference registration documentation, agenda		
Planned Activity:	By June 30, 2023, CCHHS Epidemiologist will participate in Statewide Council of State and Territorial Epidemiologists (CSTE) Workgroup Meetings to address current and ongoing surveillance efforts during a disease outbreak or public health threat.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting Minutes, Agendas, Sign-In Sheets from State Epidemiology Meetings		
Planned Activity:	CCHHS Disease Prevention and Control Division will write a Disease Investigations Annex to the CCHHS Emergency Operations Plan.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Completed Disease Investigations Annex to CCHHS EOP		
Planned Activity:	CCHHS Disease Prevention and Control Division will work with a contractor to revise the CCHHS Pandemic Flu Plan to include the Quad-County region and mass illness components.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Contract, Quad-County Pandemic Influenza and Mass Illness Plan		
Planned Activity:	CCHHS Epidemiologist to complete CHEMPACK check monthly and maintain climate controlled CHEMPACK room.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CHEMPACK review forms, invoices		
Planned Activity:	CCHHS Epidemiologist will participate in the NSPHL CHEMPACK training on sample collection for chemical agents, with potential tabletop or functional exercise.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, meeting notes, training presentation		
Planned Activity:	QCPHP and CCHHS Epidemiologist will conduct a CHEMPACK training for QCHCC and HazMat partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, training presentation		
<b>1c. Function Association (Select all that apply):</b>		
<b>Subrecipients must select the functions used to guide planned activities.</b>		
<b>Public Health Laboratory Testing:</b>		

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Biosurveillance

	Conduct laboratory testing and report results
X	Enhance laboratory communications and coordination
X	Support training and outreach
<b>Public Health Surveillance and Epidemiological Investigation:</b>	
X	Conduct or support public health surveillance
X	Conduct public health and epidemiological investigations
X	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	CCHHS Epidemiologist maintains situational awareness on disease outbreaks and disease concerns that may impact jurisdiction throughout the reporting period.
Proposed Output:	CCHHS Epidemiologist informed of best practices and lessons learned from conference presenters from across the country.
Proposed Output:	Completed Disease Investigations Annex to CCHHS EOP
Proposed Output:	Revised Quad-County Pandemic Influenza and Mass Illness Plan
Proposed Output:	CHEMPACK contents, room, and alarm maintained to ensure viability
Proposed Output:	CCHHS Epidemiologist trained in chemical sampling techniques and lab procedures
Proposed Output:	QCHCC and HazMat partners trained in CHEMPACK procedures

Domain Summary	
<b>Domain Name</b>	<b>Community Resilience</b>
<b>Domain Description</b>	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Community Preparedness</b></li> <li>• <b>Community Recovery</b></li> </ul>
<b>Community Preparedness Definition</b>	<p>Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to</p> <ul style="list-style-type: none"> <li>• Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness</li> <li>• Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health</li> <li>• Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs</li> <li>• Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community’s health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event</li> <li>• Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors</li> <li>• Convene or participate with community partners to identify and implement additional ways to strengthen community resilience</li> <li>• Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster</li> </ul>
<b>Community Recovery Definition</b>	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
<b>Capability: Community Preparedness</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Community Recovery</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

Strategies/Activities		
Domain Strategy	Strengthen Community Resilience	
<b>1a. Planned Objective</b>		
<i>Incorporate AFN populations into community response exercises.</i>		
<b>1b. Completion Timeline</b>		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	PHP Team will conduct one flu vaccine POD in Carson City along with flu outreach activities in Carson City, Douglas, and Lyon counties that will demonstrate planning strategies for those individuals that have access and functional needs.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.		
Planned Activity:	During BP4 the PHP team along with community partners will conduct Family Assistance Center activities, to include those with access and functional needs. <ul style="list-style-type: none"> <li>FAC training/workshop Q1</li> <li>FAC TTX Q3</li> <li>FAC exercise Q4</li> </ul>	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Training PowerPoint, Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.		
Planned Activity:	QCPHP staff will work with partner organizations that serve those with access and functional needs and vulnerable populations. <ul style="list-style-type: none"> <li>Northern Regional Behavioral Health EOP</li> <li>Mass Care and medical supplies</li> <li>Point-in-Time Count</li> <li>Partner meeting, trainings, and exercises</li> <li>State meetings, trainings, and exercises</li> </ul>	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting minutes, agendas		
<b>1c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Community Preparedness:</b>		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
<b>Community Recovery:</b>		
X	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Community Resilience

<p><b>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</b></p>		
Proposed Output:	Improved relationships and response capabilities for AFN and vulnerable populations	
Proposed Output:	Quad-County partners trained in FAC response roles	
<p><b>2a. Planned Objective</b></p>		
<p><b>In BP4, QCPHP will work with state, local, tribal, healthcare, and cross borders partners to prepare and respond to public health incidents in the Quad-County region.</b></p>		
<p><b>2b. Completion Timeline</b></p>		
<p>Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</p>		
<p><b>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</b></p>		
Planned Activity:	Throughout BP4, QCPHP will continue to participate and coordinate with the Quad-County MAC Group in quarterly and/or weekly meetings, group messages, and other information sharing.	<p>Completion Timeline:</p> <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting invites, Zoom calendar invites		
Planned Activity:	By April 30, 2023, QCPHP and QCHCC members will attend annual NACCHO Preparedness Summit conference in Atlanta, GA to learn about and/or present on leading practices and lessons learned from other public health and healthcare partners around the country.	<p>Completion Timeline:</p> <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Travel documentation		
Planned Activity:	Throughout BP4, QCPHP will participate in PHAB activities to include: <ul style="list-style-type: none"> <li>• PHAB subcommittees</li> <li>• QI projects</li> <li>• Health outcomes</li> <li>• PHAB improvements</li> </ul>	<p>Completion Timeline:</p> <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas and sign in sheets		
Planned Activity:	Throughout BP4, QCPHP will continue to participate in quarterly Local Emergency Planning Committee (LEPC) meetings and activities to improve planning and response coordination in the quad counties.	<p>Completion Timeline:</p> <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas and sign in sheets		
Planned Activity:	PHP will participate in the State THIRA/SPR as well as the State TEPW.	<p>Completion Timeline:</p> <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Agenda, calendar invite, updated TEPW calendars		
Planned Activity:	CCHHS will hire a contractor to complete the Quad-County Jurisdictional Risk Assessment (JRA) combined with a Quad-County THIRA/SPR.	<p>Completion Timeline:</p> <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Contract, meeting agendas, final Quad-County JRA/THIRA/SPR		
Planned Activity:	CCHHS will strengthen mass care and sheltering capabilities through the following activities: <ul style="list-style-type: none"> <li>Hire a contractor to write a Mass Care and Sheltering Plan for the Quad-County region – Q1</li> <li>Continue to build and train on the RN Triage Shelter kits based on lessons learned during the Tamarack and Caldor fires in 2021 – Q1</li> <li>Update standing orders, scopes of practice, and standard operating guidelines for medical care at shelters – Q4</li> </ul>	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> <li><input checked="" type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Contract, Quad-County Mass Care and Sheltering Plan, CCHHS shelter documents		
Planned Activity:	QCPHP staff will participate in various community preparedness activities throughout BP4.	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input checked="" type="checkbox"/> Q2: October 1 – December 31</li> <li><input checked="" type="checkbox"/> Q3: January 1 – March 31</li> <li><input checked="" type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: educational handouts, tri-fold board, flyers		
Planned Activity:	By March 30, 2023, QCPHP staff will attend the Nevada Emergency Preparedness Association conference in Northern NV.	Completion Timeline: <ul style="list-style-type: none"> <li><input type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input checked="" type="checkbox"/> Q3: January 1 – March 31</li> <li><input type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Conference registration, agenda		
Planned Activity:	By September 30, 2022, Quad-County Behavioral Health Coordinator to provide Northern Regional Behavioral Health EOP training to community partners.	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> <li><input type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Training sign-in sheets and other documentation		
Planned Activity:	By March 30, 2023, QCPHP will participate in the statewide public health drought workshop focused on the public health impacts of a widespread drought.	Completion Timeline: <ul style="list-style-type: none"> <li><input type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input checked="" type="checkbox"/> Q3: January 1 – March 31</li> <li><input type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Presentation, agenda		
Planned Activity:	CCHHS Disease Prevention and Control Division will work with a contractor to revise the CCHHS Pandemic Flu Plan to include the Quad-County region and mass illness components.	Completion Timeline: <ul style="list-style-type: none"> <li><input type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> <li><input checked="" type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Contract, Quad-County Pandemic Influenza and Mass Illness Plan		
Planned Activity:	CCHHS Disease Prevention and Control Division will write a Disease Investigations Annex to the CCHHS Emergency Operations Plan.	Completion Timeline: <ul style="list-style-type: none"> <li><input type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input checked="" type="checkbox"/> Q3: January 1 – March 31</li> <li><input type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Completed Disease Investigations Annex to CCHHS EOP		
Planned Activity:	CCHHS will hire a contractor to complete a Quad-County COVID-19 After Action Review and improvement plan based on lessons learned over the last two years.	Completion Timeline: <ul style="list-style-type: none"> <li><input type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> </ul>

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Community Resilience

		<input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Contract, CCHHS Recovery Plan		
Planned Activity:	CCHHS Director will attend the annual NACCHO conference in Washington D.C. by December 31, 2022.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Travel documentation		
<b>2c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Community Preparedness:</b>		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
<b>Community Recovery:</b>		
X	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Continued collaboration with the MAC Group to improve coordinated responses in the Quad-Counties.	
Proposed Output:	Partners informed of best practices and lessons learned from conference presenters from across the country	
Proposed Output:	CCHHS improvements based on PHAB activities	
Proposed Output:	Involvement in each local LEPC to coordinate Quad County activities related to public health preparedness.	
Proposed Output:	Updated five-year Quad-County Training and Exercise Calendars	
Proposed Output:	Combined Quad-County JRA/THIRA/SPR	
Proposed Output:	Completed Quad-County Mass Care and Sheltering Plan	
Proposed Output:	Public health nurses trained in sheltering response and triage	
Proposed Output:	Public informed of preparedness goals and activities	
Proposed Output:	QCPHP informed of best practices and lessons learned from conference presenters from across Nevada	
Proposed Output:	Partners trained in Northern Regional Behavioral Health EOP	
Proposed Output:	Lessons learned on how to improve public health response to drought	
Proposed Output:	Revised Quad-County Pandemic Influenza and Mass Illness Plan	
Proposed Output:	Completed Disease Investigations Annex to CCHHS EOP	
Proposed Output:	Completed CCHHS After Action Review Plan for COVID	
Proposed Output:	CCHHS Director informed of best practices and lessons learned from conference presenters across the country	

<b>Domain Summary</b>	
<b>Domain Name</b>	<b>Countermeasures and Mitigation</b>
<b>Domain Description</b>	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Medical Countermeasure Dispensing and Administration</b></li> <li>• <b>Medical Materiel Management and Distribution</b></li> <li>• <b>Nonpharmaceutical Interventions</b></li> <li>• <b>Responder Safety and Health</b></li> </ul>
<b>Medical Countermeasure Dispensing and Administration Definition</b>	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
<b>Medical Materiel Management and Distribution</b>	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
<b>Nonpharmaceutical Interventions</b>	<p>Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include</p> <ul style="list-style-type: none"> <li>• Isolation</li> <li>• Quarantine</li> <li>• Restrictions on movement and travel advisories or warnings</li> <li>• Social distancing</li> <li>• External decontamination</li> <li>• Hygiene</li> <li>• Precautionary protective behaviors</li> </ul>
<b>Responder Safety and Health</b>	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
<b>Planned Activity Type (Classify the Planned Activity Type for this Capability)</b>	
<b>Capability: Medical Countermeasure Dispensing and Administration</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Medical Materiel Management and Distribution</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Nonpharmaceutical Interventions</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Countermeasures and Mitigation

	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
X	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Responder Safety and Health</b>	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Strategies/Activities</b>	
<b>Domain Strategy</b>	<b>Strengthen Countermeasures and Mitigation</b>
<b>1a. Planned Objective</b>	
In BP4, CCHHS along with community partners will sustain skills to dispense and administer MCM, distribute and track medical materiel, and improve safety measures for staff and responders through various trainings and changes to processes.	
<b>1b. Completion Timeline</b>	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	By September 30, 2022, QCPHP will conduct administration and vaccinator training for public health nurses and MRC volunteers for flu events in the quad-counties.
	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training presentation, sign-in sheets	
Planned Activity:	QCPHP will conduct one flu vaccine POD in Carson City along with flu outreach activities in Carson City, Douglas, and Lyon counties that will demonstrate planning strategies for those individuals that have access and functional needs.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.	
Planned Activity:	By December 30, 2022, QCPHP will write the Closed Points of Dispensing (POD) Annex to the Quad-County MCD Plan.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: New Closed POD Annex	
Planned Activity:	By March 30, 2023, QCPHP will conduct a Closed POD Workshop to educate and train community partners and QCHCC members about procedures for receiving and dispensing MCM.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Countermeasures and Mitigation

Documentation: QCHCC meeting agenda, minutes, sign-in sheets, presentation		
Planned Activity:	QCPHP and CCHHS Epidemiologist will conduct a CHEMPACK training for QCHCC and HazMat partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, training presentation		
Planned Activity:	By September 30, 2022, CCHHS staff will request and participate in ICAMS training to help support logistics operations during an MCM response.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, ICAMS guide		
Planned Activity:	By March 30, 2023, QCPHP will conduct radiation training workshop for QCHCC members and outside partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training flyers, agenda, sign in sheets, certificates		
Planned Activity:	By September 30, 2022, Quad-County Behavioral Health Coordinator to provide Northern Regional Behavioral Health EOP training to community partners.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training sign-in sheets and other documentation		
Planned Activity:	By February 28, 2023, CCHHS will conduct N-95 fit tests to all employees.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, fit test records		
Planned Activity:	Throughout BP4, CCHHS Safety Committee will conduct monthly and quarterly site inspections and provide safety trainings and updates on risks and/or hazards that may impact public health staff.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Site inspection reports, sign-in sheets, presentations, emails		
Planned Activity:	CCHHS will hire a contractor to complete a Quad-County After Action Report for the COVID response.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation		
<b>1c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Medical Countermeasure Dispensing and Administration</b>		
X	Determine medical countermeasure dispensing/administration strategies	
X	Receive medical countermeasures to be dispensed/administered	

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Countermeasures and Mitigation

X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
X	Report adverse events
<b>Medical Materiel Management &amp; Distribution</b>	
X	Direct and activate medical materiel management and distribution
X	Acquire medical materiel from national stockpiles or other supply sources
X	Distribute medical materiel
X	Monitor medical materiel inventories and medical materiel distribution operations
X	Recover medical materiel and demobilize distribution operations
<b>Nonpharmaceutical Interventions</b>	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
<b>Responder Safety and Health</b>	
	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <b>additional</b> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Trained public health nurses and volunteers that can respond to a public health incident as vaccinators or admin staff
Proposed Output:	Enhanced capability to dispense and administer MCM according to public health guidelines
Proposed Output:	Improved processes for dispensing and administering MCMs to the closed POD partners
Proposed Output:	Trained community and coalition partners that may sign MOUs to become a Closed POD partner in BP4.
Proposed Output:	QCHCC and HazMat partners trained in CHEMPACK procedures
Proposed Output:	Enhanced understanding of how to utilize ICAMS to track medical materiel and equipment
Proposed Output:	Partners will have increased knowledge of risks and safety hazards of radiation incidents based on QCHCC plan
Proposed Output:	Partners trained in Northern Regional Behavioral Health EOP
Proposed Output:	Public health staff prepared for infectious disease emergency by knowing how to properly use an N-95 respirator
Proposed Output:	Continued improvements of CCHHS safety plans and procedures
Proposed Output:	Completed COVID After Action Report

Domain Summary		
<b>Domain Name</b>	<b>Incident Management</b>	
<b>Domain Description</b>	Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.	
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Emergency Operations Coordination</b></li> </ul>	
<b>Emergency Operations Definition</b>	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
<b>Capability: Emergency Operations Coordination</b>		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
<input type="checkbox"/>	<b>Build</b> – plan to increase the capability or capacity of the capability	
<input type="checkbox"/>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability	
<input type="checkbox"/>	<b>Scale back</b> – plan to reduce the capability or capacity of the capability	
<input type="checkbox"/>	<b>No planned activities this budget period</b> – there are no planned activities to address this capability	
Strategies/Activities		
<b>Domain Strategy</b>	<b>Strengthen Incident Management</b>	
<b>1a. Planned Objective</b>		
<b><i>Sustain current NIMS (National Incident Management System), NRF (National Response Framework), ICS (Incident Command System) training and exercises.</i></b>		
<b>1b. Completion Timeline</b>		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<b>Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</b>		
Planned Activity:	Throughout BP4, QC PHP will continue to share NIMS, NRF, ICS courses (basic and advanced) and other trainings with staff, coalition members, and community partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets for sponsored training		
Planned Activity:	Throughout BP4, QC PHP will continue to share information about and support advanced ICS training for CCHHS staff, coalition members, and community partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Applicable training certificates, shared flyers		
Planned Activity:	By June 30, 2023, CCHHS will conduct annual Department Operations Center (DOC) training for all staff.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Presentation, sign-in sheets		

<b>1c. Function Association (Select all that apply):</b>	
Subrecipients must select the functions used to guide planned activities.	
<b>Emergency Operations Coordination:</b>	
X	Conduct preliminary assessment to determine the need for activation of public health emergency operations
X	Activate public health emergency operations
X	Develop and maintain an incident response strategy
X	Manage and sustain the public health response
X	Demobilize and evaluate public health emergency operations
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Partners trained in NIMS, NRF, and ICS
Proposed Output:	Better understanding of ICS when working a public health incident
Proposed Output:	Better understanding of DOC operations when working a public health incident
<b>2a. Planned Objective</b>	
QCPHP and CCHHS will maintain emergency operations coordination and communication to improve the incident command structure as it applies to responding to public health threats and emergencies throughout the budget period.	
<b>2b. Completion Timeline</b>	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	<p>QCPHP will request WebEOC training from the Nevada Division of Emergency Management, then QCPHP will provide training on how healthcare partners should use WebEOC for patient tracking during evacuation or MCI.</p> <p>Completion Timeline:</p> <p><input checked="" type="checkbox"/> Q1: July 1 – September 30</p> <p><input type="checkbox"/> Q2: October 1 – December 31</p> <p><input type="checkbox"/> Q3: January 1 – March 31</p> <p><input type="checkbox"/> Q4: April 1 – June 30</p>
Documentation: WebEOC training presentation	
Planned Activity:	<p>During BP4 the PHP team along with community partners will conduct Family Assistance Center activities, to include emergency operations coordination among law enforcement, emergency management, and coroners/medical examiner.</p> <ul style="list-style-type: none"> <li>FAC training/workshop Q1</li> <li>FAC TTX Q3</li> <li>FAC exercise Q4</li> </ul> <p>Completion Timeline:</p> <p><input checked="" type="checkbox"/> Q1: July 1 – September 30</p> <p><input type="checkbox"/> Q2: October 1 – December 31</p> <p><input checked="" type="checkbox"/> Q3: January 1 – March 31</p> <p><input checked="" type="checkbox"/> Q4: April 1 – June 30</p>
Documentation: Training PowerPoint, Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.	
Planned Activity:	<p>Three QCPHP staff will attend G288 Local Volunteer and Donations Management &amp; G489 Management of Spontaneous Volunteers in Disasters.</p> <p>Completion Timeline:</p> <p><input checked="" type="checkbox"/> Q1: July 1 – September 30</p> <p><input type="checkbox"/> Q2: October 1 – December 31</p> <p><input type="checkbox"/> Q3: January 1 – March 31</p> <p><input type="checkbox"/> Q4: April 1 – June 30</p>
Documentation: Training documents, agenda	

PHEP Budget Period 4 Nevada Subgrantee Work Plan Template: Incident Management

Planned Activity:	QCPHP staff will attend grant management training to improve understanding of basic grant requirements, policies, and procedures.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Training documents, agenda		
<b>2c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Emergency Operations Coordination:</b>		
X	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
X	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
X	Demobilize and evaluate public health emergency operations	
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	QCPHP staff and partners trained on how to use WebEOC for Quad-County processes	
Proposed Output:	Quad-County partners trained in FAC response roles	
Proposed Output:	QCPHP staff trained in volunteer and donations management	
Proposed Output:	QCPHP staff trained in grants management	

Domain Summary	
<b>Domain Name</b>	<b>Information Management</b>
<b>Domain Description</b>	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial and tribal levels of governments and partners.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Emergency Public Information and Warning</b></li> <li>• <b>Information Sharing</b></li> </ul>
<b>Emergency Public Information and Warning Definition</b>	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
<b>Information Sharing Definition</b>	Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
<b>Capability: Emergency Public Information and Warning</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
<b>X</b>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Information Sharing</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	<b>Build</b> – plan to increase the capability or capacity of the capability
<b>X</b>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
Strategies/Activities	
<b>Domain Strategy</b>	<b>Strengthen Information Management</b>
<b>1a. Planned Objective</b>	
<b>Include public information components along with situational awareness in preparedness and response plans.</b>	
<b>1b. Completion Timeline</b>	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="background-color: yellow;">This objective was completed in BP2.</p> </div> <div style="width: 35%;"> <p>Completion Timeline:</p> <p><input type="checkbox"/> Q1: July 1 – September 30</p> <p><input type="checkbox"/> Q2: October 1 – December 31</p> <p><input type="checkbox"/> Q3: January 1 – March 31</p> <p><input type="checkbox"/> Q4: April 1 – June 30</p> </div> </div>
Documentation:	

1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
<b>Emergency Public Information and Warning:</b>		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
<b>Information Sharing:</b>		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	N/A	
2a. Planned Objective		
Throughout BP2, QCPHP will continue to share information and maintain situational awareness with all community partners using various platforms in supporting or responding to public health emergencies or exercises.		
2b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	QCPHP will hire a contractor to revamp the CCHHS webpage to adhere to universal design and 508 compliance standards.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting sign-in sheets, webpage changes		
Planned Activity:	QCPHP will request WebEOC training from the Nevada Division of Emergency Management, then QCPHP will provide training on how healthcare partners should use WebEOC for patient tracking during evacuation or MCI.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: WebEOC training presentation		
Planned Activity:	By June 30, 2023, QCPHP will maintain reliable, interoperable and redundant information with Quad County partners through drills and information sharing.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Information Management

	<ul style="list-style-type: none"> <li>Quarterly communications drills for quad county partners to include identified means of communication (800mhz, satellite, email, landline)</li> <li>Utilize the Zoom system line to host calls or webinars for information sharing and planning, during routine and emergency situations.</li> <li>Provide CCHHS staff, healthcare partners, and MRC volunteers with timely and accurate notifications on real time incidents, exercises, and drills via CodeRed, email, or phone.</li> </ul>	<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Communication drill documents, sign-in sheets, teleconferences, meeting agendas, minutes		
Planned Activity:	Throughout BP4, QCPHP Communications Specialist will create and/or provide press releases, social media posts, and/or other supporting documents for real-world incidents and exercises.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Press releases, social media posts, and other supporting documents		
Planned Activity:	Throughout BP4, QCPHP will support CCHHS in providing articles to the NV Appeal newspaper for weekly publication on various health and preparedness topics.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Published NV Appeal articles		
Planned Activity:	By June 30, 2023, QCPHP staff will attend one partners meeting in Las Vegas.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agenda, travel documentation		
Planned Activity:	Throughout BP4, QCPHP will continue to participate in quarterly Local Emergency Planning Committee (LEPC) meetings and activities to improve planning and response coordination in the quad counties.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Agendas, Meeting Minutes		
Planned Activity:	During BP4 the PHP team along with community partners will conduct Family Assistance Center activities, to include crisis and emergency risk communication components. <ul style="list-style-type: none"> <li>FAC training/workshop Q1</li> <li>FAC TTX Q3</li> <li>FAC exercise Q4</li> </ul>	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Training PowerPoint, Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.		
Planned Activity:	Throughout BP4, QCPHP staff will attend quarterly Quad-County Crisis Communicators Council meetings to engage public information officers in the region.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas, presentations		
<b>2c. Function Association (Select all that apply):</b>		
<b>Recipients must select the functions used to guide planned activities.</b>		
<b>Emergency Public Information and Warning:</b>		
X	Activate the emergency public information system	
X	Determine the need for a Joint Information System	

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Information Management

X	Establish and participate in information system operations
X	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications
<b>Information Sharing:</b>	
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs
X	Identify and develop guidance, standards, and systems for information exchange
X	Exchange information to determine a common operating picture
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
<p>Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i></p>	
Proposed Output:	Improved access to information on the CCHHS website to include those with AFN
Proposed Output:	QCPHP staff and partners trained on how to use WebEOC for Quad-County processes
Proposed Output:	Interoperable, redundant communication platforms are maintained and functional
Proposed Output:	Informed community about public health threats or events via social media, press releases, and print media
Proposed Output:	Community members educated about preparing for public health emergencies
Proposed Output:	Shared and discussed statewide preparedness projects for public health preparedness in Nevada
Proposed Output:	Involvement in each local LEPC to coordinate Quad County activities related to public health preparedness
Proposed Output:	Quad-County partners trained in FAC response roles
Proposed Output:	QCPHP staff engaged with other public information staff in the Quad-County region

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Surge Management

Domain Summary	
<b>Domain Name</b>	<b>Surge Management</b>
<b>Domain Description</b>	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Fatality Management</b></li> <li>• <b>Mass Care</b></li> <li>• <b>Medical Surge</b></li> <li>• <b>Volunteer Management</b></li> </ul>
<b>Fatality Management Definition</b>	<p>Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting</p> <ul style="list-style-type: none"> <li>• Recovery and preservation of remains</li> <li>• Identification of the deceased</li> <li>• Determination of cause and manner of death</li> <li>• Release of remains to an authorized individual</li> <li>• Provision of mental/behavioral health assistance for the grieving</li> </ul> <p>The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.</p>
<b>Mass Care Definition</b>	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
<b>Medical Surge Definition</b>	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
<b>Volunteer Management Definition</b>	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
<b>Planned Activity Type (Classify the Planned Activity Type for this Capability)</b>	
<b>Capability: Fatality Management</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<b>X</b>	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Mass Care</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<b>X</b>	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Surge Management

	<b>Scale back – plan to reduce the capability or capacity of the capability</b>	
	<b>No planned activities this budget period – there are no planned activities to address this capability</b>	
<b>Capability: Medical Surge</b>		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
X	<b>Build – plan to increase the capability or capacity of the capability</b>	
	<b>Sustain – plan to maintain the current level of capability or capacity of the capability</b>	
	<b>Scale back – plan to reduce the capability or capacity of the capability</b>	
	<b>No planned activities this budget period – there are no planned activities to address this capability</b>	
<b>Capability: Volunteer Management</b>		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	<b>Build – plan to increase the capability or capacity of the capability</b>	
X	<b>Sustain – plan to maintain the current level of capability or capacity of the capability</b>	
	<b>Scale back – plan to reduce the capability or capacity of the capability</b>	
	<b>No planned activities this budget period – there are no planned activities to address this capability</b>	
<b>Strategies/Activities</b>		
<b>Domain Strategy</b>	<b>Strengthen Surge Management</b>	
<b>1a. Planned Objective</b>		
<b>In BP4, QCPHP will continue to support partner agencies and community members to address fatality management, medical surge, mass care, and volunteer management through training and exercises, and during real-world events.</b>		
<b>1b. Completion Timeline</b>		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	During BP4 the PHP team along with community partners will conduct Family Assistance Center activities, to include fatality management and medical surge components. <ul style="list-style-type: none"> <li>FAC training/workshop Q1</li> <li>FAC TTX Q3</li> <li>FAC exercise Q4</li> </ul>	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input checked="" type="checkbox"/> Q3: January 1 – March 31</li> <li><input checked="" type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Training PowerPoint, Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.		
Planned Activity:	QCPHP will purchase a new mobile medical facility tent and associated supplies (e.g., HVAC system) to use for medical surge if necessary.	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> <li><input type="checkbox"/> Q4: April 1 – June 30</li> </ul>
Documentation: Invoices		
Planned Activity:	CCHHS will strengthen mass care and sheltering capabilities through the following activities: <ul style="list-style-type: none"> <li>Hire a contractor to write a Mass Care and Sheltering Plan for the Quad-County region – Q1</li> <li>Continue to build and train on the RN Triage Shelter kits based on lessons learned during the Tamarack and Caldor fires in 2021 – Q1</li> </ul>	Completion Timeline: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Q1: July 1 – September 30</li> <li><input type="checkbox"/> Q2: October 1 – December 31</li> <li><input type="checkbox"/> Q3: January 1 – March 31</li> <li><input checked="" type="checkbox"/> Q4: April 1 – June 30</li> </ul>

## PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Surge Management

	<ul style="list-style-type: none"> <li>Update standing orders, scopes of practice, and standard operating guidelines for medical care at shelters – Q4</li> </ul>	
Documentation: Contract, Quad-County Mass Care and Sheltering Plan, CCHHS shelter documents		
Planned Activity:	By September 30, 2022, Quad-County Behavioral Health Coordinator to provide Northern Regional Behavioral Health EOP training to community partners.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training sign-in sheets and other documentation		
Planned Activity:	By March 30, 2023, QCPHP will conduct radiation training workshop for QCHCC members and outside partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training flyers, agenda, sign in sheets, certificates		
Planned Activity:	QCPHP will request WebEOC training from the Nevada Division of Emergency Management, then QCPHP will provide training on how healthcare partners should use WebEOC for patient tracking during evacuation or MCI.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: WebEOC training presentation		
Planned Activity:	CCHHS Disease Prevention and Control Division will work with a contractor to revise the CCHHS Pandemic Flu Plan to include the Quad-County region and mass illness components.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Contract, Quad-County Pandemic Influenza and Mass Illness Plan		
Planned Activity:	PHP Team will conduct one flu vaccine POD in Carson City along with flu outreach activities in Carson City, Douglas, and Lyon counties that will demonstrate planning strategies for those individuals that have access and functional needs.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise staffing matrix, org chart, sign in sheets, ExPlan, etc.		
Planned Activity:	(Statewide Objective) QCPHP Public Health Program Specialist(s) will determine minimum requirements for new volunteers within SERV-NV based on current Western NV MRC and CCHHS policies, and share with other MRC units to promote a unified set of requirements.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, checklists or other volunteer documentation		
Planned Activity:	QCPHP Public Health Program Specialist(s) will work with Carson City Risk Management, Health Officer, and Director to research and potentially modify the existing scopes of practice for MRC volunteers based on their licensure.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Scopes of practice documentation, emails		
Planned Activity:	Throughout BP4, QCPHP staff will recruit and offer trainings for new and existing MRC, CERT, and other volunteers on topics such as: <ul style="list-style-type: none"> <li>Family Assistance Center (FAC) Functional Exercise</li> <li>Medical countermeasures events (Public PODs, Closed PODs, school clinics, community clinics)</li> </ul>	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Surge Management

Documentation: Sign-in sheets, call-down emails and alerts, event staffing matrices	
<b>1c. Function Association (Select all that apply):</b>	
Subrecipients must select the functions used to guide planned activities.	
<b>Fatality Management</b>	
X	Determine the public health agency role in fatality management
X	Identify and facilitate access to public health resources to support fatality management operations
X	Assist in the collection and dissemination of antemortem data
X	Support the provision of survivor mental/behavioral health services
X	Support fatality processing and storage operations
<b>Mass Care</b>	
X	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
<b>Medical Surge</b>	
X	Assess the nature and scope of the incident
X	Support activation of medical surge
X	Support jurisdictional medical surge operations
X	Support demobilization of medical surge operations
<b>Volunteer Management</b>	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
<b>Other (please specify)</b>	
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Quad-County partners trained in FAC response roles
Proposed Output:	Mobile medical facility that can be used for surge management
Proposed Output:	Completed Quad-County Mass Care and Sheltering Plan
Proposed Output:	Public health nurses trained in sheltering response and triage
Proposed Output:	Partners trained in Northern Regional Behavioral Health EOP
Proposed Output:	Partners trained in QCHCC Radiation Surge Annex
Proposed Output:	QCPHP staff and partners trained on how to use WebEOC for Quad-County processes
Proposed Output:	Revised Quad-County Pandemic Influenza and Mass Illness Plan
Proposed Output:	Enhanced capability to dispense and administer MCM according to public health guidelines

PHEP Budget Period 4 Cooperative Agreement Work Plan Template: Surge Management

Proposed Output:	Unified requirements for new volunteers in SERV-NV
Proposed Output:	Revised scopes of practice for MRC volunteers based on licensure and city policies
Proposed Output:	Enhanced recruitment and engagement of MRC, CERT, and other volunteers



# Public Health Preparedness Planner

Class Code:  
00777

Bargaining Unit: CARSON CITY EMPLOYEES  
ASSOCIATION

CONSOLIDATED MUNICIPALITY OF CARSON CITY  
Established Date: Jul 1, 2015  
Revision Date: Mar 2, 2018

## SALARY RANGE

\$26.69 - \$40.03 Hourly  
\$55,510.21 - \$83,264.48 Annually

### DESCRIPTION:

Under general supervision, responsible for providing public information and public health alerts to selected groups within the community. Grant funded employees are required to know and abide by rules of the grant they function under.

### EXAMPLE OF DUTIES:

***This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbent(s) may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.***

- Composes and develops required public health emergency preparedness and response plans.
- Participates in project planning, coordination, and promotion while providing logistical support and assistance in planning workshops, meetings, educational events, and preparedness training exercises.
- Implements public health emergency preparedness and response plans and ensure coordination with city and county emergency management and other identified leaders necessary to successfully complete the plan.
- Attends necessary meetings and maintain necessary liaisons to ensure preparedness efforts.
- Directs, coordinates, trains and supervises efforts of assigned volunteers.
- Organizes and manages Medical Reserve Corps (MRC) outreach efforts.
- Develop marketing and promotional material for program activities.
- Prepares evaluation reports following preparedness/planning exercises.
- Makes oral presentations before various commissions, committees or community groups as assigned.
- Assists in outreach immunization clinic efforts.
- Contributes to the overall quality of the department's service provision by developing and coordinating work teams and by reviewing, recommending and implementing improved policies and procedures.
- Uses standard office equipment, including a computer, in the course of the work.
- Demonstrates courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.

### QUALIFICATIONS:

***To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge,***

**skill, and/or ability required.****Education and Experience:**

Bachelor's degree in Public Health, Epidemiology, Nursing, Emergency Preparedness, Planning, or a closely related field; AND one (1) year of public health program management experience; OR an equivalent combination of education, training and experience as determined by Human Resources.

**REQUIRED CERTIFICATES, LICENSES, AND REGISTRATIONS:**

- Valid Driver's License.

**Required Knowledge and Skills**

Knowledge of:

- Principles, practices and techniques of public health preparedness planning.
- Knowledge of public health and epidemiology.
- Computer applications that relate to the job including but not exclusive to Microsoft Windows, Word, Office, Excel; Internet and E-Mail applications; modern office procedures.
- Mechanics of report writing, editing and development of planning documents. English usage, spelling, grammar and punctuation; technical and expository writing.
- Information services and trends in the field of public health preparedness.
- Laws, regulations and policies relating to public health powers and duties.
- Local government organizations and the functions of each as related to public health preparedness response.
- Business mathematics, including statistics and financial analysis techniques.
- Techniques for dealing with a variety of individuals, at all levels of responsibility, in person and over the telephone.
- Communicating effectively in oral and written forms.

Skill in:

- Disseminating pertinent public health information.
- Coordination assigned programs and activities.
- Gaining cooperation through discussion and persuasion.
- Communication of public health issues clearly and concisely, both orally and in writing.
- Contributing effectively to the accomplishment of team or work unit goals, objectives and activities.
- Demonstrating courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.
- Using initiative and independent judgment within established procedural guidelines.

**SUPERVISION RECEIVED AND EXERCISED:**

**Under General Supervision** - Incumbents at this level are given assignments and objectives that are governed by specifically outlined work methods and a sequence of steps, which are explained in general terms. The responsibility for achieving the work objectives, however, rests with a superior. Immediate supervision is not consistent, but checks are integrated into work processes and/or reviews are frequent enough to ensure compliance with instructions.

**PHYSICAL DEMANDS & WORKING ENVIRONMENT:**

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Mobility to work in a typical office setting, use standard office equipment and stamina to sit for extended periods of time; strength to lift and carry up to 20 pounds; vision to read printed materials; and hearing and speech to communicate in person or over the telephone; ability to operate a motor vehicle and safely travel to a variety of offsite locations.

**SUPPLEMENTAL INFORMATION:****CONDITIONS OF EMPLOYMENT:**

1. All new employees will serve a probationary period of twelve (12) months. Such employees are not subject to the collective bargaining agreement and may be laid off or discharged during this period for any reason.
2. Continued employment is contingent upon all required licenses and certificates being maintained in active status without suspension or revocation.
3. Any City employee may be required to stay at or return to work during emergencies to

*perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.*

*4. Employees may be required to complete Incident Command System training as a condition of continuing employment.*

*5. New employees are required to submit to a fingerprint based background investigation which cost the new employee \$56.25 and a drug screen which costs \$36.50. Employment is contingent upon passing the background and the drug screen.*

*6. Carson City participates in E-Verify and will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization. All candidates who are offered employment with Carson City must complete Section 1 of the Form I-9 along with the required proof of their right to work in the United States and proof of their identity prior to starting employment. Please be prepared to provide required documentation as soon as possible after the job offer is made. For additional information regarding acceptable documents for this purpose, please contact Human Resources at 775.887.2103 or go to the U.S. Citizenship and Immigration Services web page at [www.ucs.gov](http://www.ucs.gov).*

*7. Carson City is an Equal Opportunity Employer.*