

PHEP EBOLA CONTRACT AWARDS			
<u>LEAD COUNTY</u>	<u>COUNTIES/PARTNERS COLLABORATING</u>	<u>CONTRACT AMOUNT</u>	<u>PLANNED CONTRACT ACTIVITIES</u>
ADAIR	ADAIR AND SCHUYLER	\$ 49,985.08	<p>Develop an exercise plan with community/regional/DHSS partners containing training materials and focused on identified gaps.</p> <p>Conduct a community/regional tabletop exercise followed by a field exercise and continue training opportunities for partners including Healthcare Coalition based on results of the exercise. Accomplish an 80% improvement of the identified gaps by establishing timelines and prioritization. Pursue and develop training programs/protocol for staff and volunteers who will be assisting Epi within trainable/acceptable perimeters. Conduct mini exercises prior to the community wide exercise. Target identified healthcare providers and responders for input in closing the gap and assist with coordination and presentation of training, education and exercises. Provide public information through media outlets, brochures, flyers and public presentations to reach 70% of the population increasing their knowledge of self-preservation. Develop MOUs establishing the role of LPHAs, healthcare providers, and support partners. Review current plans, polices, local and state ordinances/laws governing interventions. Establish an advisory committee to assist the LPHA in developing and implementing MOUs with support partners for equipment, supplies and badging. Develop, train and implement just-in-time training packets and job position descriptions/guidelines. Establish an MOU with local mental/behavior health agencies to assure their support during and post incident. Provide training and fitting of PPE for LPHA staff. Complete plan development, initiate and exercise VRC (Volunteer Reception Center) plan with support of VRC advisory committee. Establish an emergency public information and warning framework as a baseline for inter-agency and regional cooperation and coordination. Develop a process for joint regional procurement of future emergency public information and warning tools including "Text Caster". Increase the capability to work with partner organizations in order to reach people with access and functional needs, and limited English proficiency. Develop policy and guidance for social media use and integrate social media activities into response plans. Identify training requirements to increase knowledge and use of all methods of emergency public information and warning. Assess the current state of medical surge planning and patient tracking plans and efforts throughout the region. Identify policies and procedures to support regional cooperation and response with committee partners. Implement NIMS training opportunities for local and regional support partners. Develop MOUs for sharing of personnel, supplies and equipment. Implement and test through exercises, the plans, completed trainings and NIMS enhancements.</p>

BUTLER	BUTLER-- John Hopkins University Bloomberg School of Public Health trainings offered to Region E, contiguous LPHA's, DHSS and SEMA staff.	\$ 24,548.00	Annex M, the Health and Medical component of the Local Emergency Operations Plan (LEOP), is comprised of 22 organizations and is the only LEOP Annex that meets regularly. The Butler County Health Department (BCHD) and Butler County Emergency Management Agency (BCEMA) lead this coalition. BCEMA will form Infectious Disease committee fully representing healthcare entities serving Butler county. BCEMA to create an Elected Officials forum to provide emergent infectious disease information to Local and State elected officials of Butler County. BCEMA to form First Responder committee fully representing Butler County. BCHD to form a Local Public Health Agency (LPHA) Response Team of staff members. BCHD to enhance response team by utilizing members from Annex M organizations and the Infectious Disease (ID) Committee. Johns Hopkins University (JHU) Bloomberg School of Public Health subject matter expert to provide specialized training to established committees: Infectious Disease, Elected Officials, First Responders and LPHA response team. Professional Development plans to be created for each response team member. BCEMA and BCHD will successfully conduct funded activities and send final report to DHSS regarding the funded activities. Convene a meeting of all infection control staff at local hospitals and surveillance reporting entities. JHU subject matter expert (DJB) to provide training on Haddon Matrix. Saint Louis University (SLU) to conduct Haddon Matrix for Butler County. BCHD to host reportable disease training for community medical providers. All trainings will be offered to Region E, contiguous LPHA's, DHSS and SEMA staff. Create graduate student epidemiology project with SLU. LPHA Response Team members to use SLU Learning Management System (LMS) for online Epidemiology training. BCEMA and BCHD will successfully conduct funded activities. Final report to DHSS regarding the funded activities. BCEMA to form Non-Pharmaceutical Interventions (NPI) response team. NPI response team to hold regular meetings. BCHD will meet with legal counsel and infectious disease committee to draft a Quarantine/Isolation ordinance for Butler County. BCEMA and BCHD will successfully conduct funded activities and submit final report to DHSS regarding the funded activities. JHU subject matter expert (DJB) to provide First Responder Committee specialized training related to: A) Ebola and (Re-)Emerging Infectious Diseases: Crisis Risk Communication. JHU subject matter expert (DJB) to provide First Responder Committee specialized training related to: B) Category A Bioterrorism Threats: A Public Health Perspective for Response Agencies. JHU subject matter expert (DJB) to provide First Responder Committee specialized training related to: C) Ebola and Infectious Disease Threats: Mental Health Dimensions for Public Health Practitioners and Other Responders. Emergent Infectious Disease tabletop exercise. Infectious Disease Professional Development Plans to be created for responders by agency type/specialty. Review of State and Federal training offered in Southeast Missouri related to Ebola and/or highly infectious diseases. BCEMA and BCHD will successfully conduct funded activities and send final report to DHSS regarding the funded activities. Create a Show Me Response account for Butler County. Form Show Me Response groups for response organizations. Hold a media relations forum with local newspaper. Design and implement information dissemination strategies. BCEMA and BCHD will successfully conduct funded activities and submit final report to DHSS regarding the funded activities. Tabletop exercise by JHU subject matter expert (DJB) on Emergent Infectious Diseases Medical Surge capability. Convene LPHA Response Team and the Infectious Disease committee after the tabletop exercise to develop baseline information. Final report to DHSS regarding the funded activities.
CAPE GIRARDEAU	CAPE GIRARDEAU, STODDARD, BOLLINGER, MADISON, ST. FRANCOIS, SCOTT, NEW MADRID, MISSISSIPPI, DUNKLIN, PEMISCOTT, IRON, WAYNE, STE. GENEVIEVE	\$ 172,272.16	Planners and administrators from the participating agencies will meet to develop a regional infections disease plan, devoting a portion of the plan to address healthcare systems. Share the developed plan with agencies both inside and outside the region. Determine the PPE and infectious disease training needs of the first responder and medical partners in the counties. Determine PPE and infectious disease training needs of the first responder and medical partners in the participating counties. Research training resources and develop a CD with links and other information to distribute to participating LPHA's and within the healthcare system. Distribute the CD containing the training and links to training to all first responder organizations in the region. Exercise the developed regional plan with community partners, including the areas of monitoring, information sharing, and patient referral, as well as specimen collection/submissions. Exercise the regional plan, with community partners, through a tabletop exercise with specific components for monitoring, identified individuals, communication capabilities between LPHA's and hospitals. Corrective actions will take place to rectify any weaknesses in the regional response plan. Conduct a capability assessment that considers allowable expenses, LPHA financial limitations, county demographics, NACCHO & CDC guidance, and serves to prepare a draft policy for all LPHA Board of Trustees to consider adopting. Compile list of resources, potential support agencies, funding sources, and recognized strategies specific to accommodating those placed on restricted movements in the region, to be initiated at the planned tabletop event, and completed by each LPHA. Contract with MOPERM identified firm to determine feasibility of an insurance policy for public health agencies to explore potential LPHA cost reimbursement claims and per diem allowances based on demographic data. Determine and schedule LPHA staff to attend the regional PPE training provided by DHSS. At a minimum the staff scheduled will include the Director, planner, Communicable Disease Nurse, Health Educator, and Environmental Specialist. Solicit community partners with a target audience of EMS, Law Enforcement, Fire fighters, LPHA staff, and medical providers to attend the regional PPE training provided by DHSS. Serve as liaison to scheduled PPE Training with DHSS and to schedule Table Top Exercise. Develop a set of at least 10 standardized public health messages appropriate for use in disease threat situation. Complete a survey of the LPHAs need for staff PIO training. Exercise the use of the public messages during the table top exercise including forms of communicating those messages. Publish a set of standardized public messages for use in a disease threat. Coalitions, including local hospitals, healthcare providers, FQHC's, LPHA's, and EMS will finalize the jurisdiction's plan for Ebola response. Develop and participate in a multiagency, multi-jurisdictional tabletop exercise that tests coordination of the healthcare system in the areas of information sharing, patient referral, and laboratory specimen collection and submission. Corrective actions to rectify any weaknesses in the regional plan.

CHARITON	CHARITON, Hospitals in Moberly, Columbia, and Marshall, ambulance department	\$ 9,550.82	Plan to meet with hospitals in Moberly, Columbia, and Marshall to discuss their current Ebola guidelines and other infectious disease guidelines. Talk to local EMT's and discuss at the Local Emergency Management meetings. Plan to meet at the local ambulance department. Share plans and have MOU with hospitals and the ambulance department. Will close the gap between health departments, hospitals, and ambulance department. Form a committee with area hospitals, 911, EMS, first responders and medical clinics. Develop plans for better information sharing. Have in-services at teacher's workshops throughout the school year on disease prevention. Approach school administrator for education and information of Hepatitis A vaccine for dietary staff and Hepatitis B for housekeeping staff. Offer assistance to the Chariton County Sherriff's office for Tuberculosis screenings yearly for staff members. Also give them education on Hep A and B. Offer to set up training on communicable diseases for meetings the ambulance district sets up for staff. Work with 911 to send the message in how a responder would respond to a communicable disease call for assistance. Reach out at least by phone to infection control in area hospitals to share concerns and gather information on circulating infectious diseases. Utilize social media (example- Facebook) to alert the public to health concerns specific to our area for prevention information. Do more information sharing with 911 staff, EMS, and nursing homes.
OSAGE	COLE, BOONE, HOWARD, AUDRAIN, CALLAWAY, OSAGE, MILLER, CAMDEN, MORGAN, MONITEAU, COOPER, MONTGOMERY, GASCONADE	\$ 20,545.00	Each county will identify those county facilities wanting to receive these automatic updates or provide education on accessing messages as per above and note this in their EOP. They may provide the list to HANs or provide the contact information to the facilities to register themselves. Individual lphas will work on own Ebola plans and a Region F plan. A committee (representatives of Region F LPHAs) will be formed to develop a regional approach and discuss what materials should be on hand for an LPHA to perform interviews and monitoring of travelers. A committee of LPHAs will be formed and review current regional plans will take place to identify gaps in assistance of other LPHAs in the case of interviewing and monitoring. Each lpha will identify needed POD supplies for their county. The Region F Administrators will review the current supplies on the trailer to determine additional needs. Lists will be shared with all LPHAs in Region F to put together two kits per LPHA. Any supplies that are needed for LPHA kits should be purchased with grant funds. Region F LPHAs will provide regional plan that includes coordination of interview and monitoring. Conduct a Region F LPHA Ebola exercise facilitated by the regional DHSS epidemiologist specialist focusing on surveillance and investigation of Ebola persons under investigation. Continue to participate in the collaboration meetings to determine a consistent plan of action to support a person with restricted movement or quarantine anywhere in the state. LPHAs will work with partners in developing either a county specific plan or a region plan, depending on the recommendation of the committee, in how to work with partners to provide for the needs of a person with restricted movement or quarantine. Public health will gather information from their community partners on types of training completed by county responders (EMS, Law Enforcement, Firefighters, and LPHA staff and medical providers). LPHAs will solicit applicable community partners to attend a Region F DHSS sponsored PPE training. Coordinate with DHSS to utilize the regional cache of PPE. This may be part of the tabletop exercise. Each county will identify those county facilities wanting to receive these automatic updates or provide education on accessing messages as per above and note this in their EOP. They may provide the list to HANs or provide the contact information to the facilities to register themselves.
DOUGLAS	WRIGHT, TEXAS, SHANNON, REYNOLDS, CARTER, OREGON, HOWELL, DOUGLAS, OZARK	\$ 66,130.00	Conduct a survey of members of the general public to identify a baseline of understanding about communicable diseases and their risks, prevention methods, and response strategies. Host meetings with the general public, civic groups, clubs and/or local organizations to share information about communicable diseases and their risks, prevention methods, and response strategies. Develop clear, credible public information messages and materials that can be utilized consistently throughout the region to increase the public's knowledge about communicable diseases and their risks, prevention methods, and response strategies. Utilize their websites and social media accounts to share materials and information about communicable diseases and their risks, prevention methods, and response strategies. Conduct a survey of first responders to identify a baseline of understanding about communicable disease prevention and PPE selection, usage, donning and doffing. Host meetings with first responders to share information about PPE selection, use, donning and doffing and will encourage first responders to attend DHSS-sponsored PPE training in Region G. Add links to their websites and social media sites to CDC and other credible online PPE training and information. Host meetings for health care system partners to share information about its role in preventing and responding to a suspect or confirmed case of a communicable disease, such as a novel virus or Ebola. Discuss how the health care system can work together to prevent and respond to a communicable disease outbreak or potential outbreak, including communication, NPIs and surge strategies. Host a regional meeting for LPHA and hospital decision-makers to discuss communication, resource sharing, and collaboration in responding to a communicable disease outbreak or potential outbreak. Host meetings for community partners in order to share information and solicit engagement in a community-level response to a communicable disease outbreak or potential outbreak, especially when NPIs are implemented. Develop a list of anticipated resource needs and potential sources for meeting those needs. Work with the local healthcare system, community partners, neighbor LPHAs, and the regional healthcare coalition to revise the jurisdiction's plan for responding to infectious disease outbreaks or potential outbreaks, such as that caused by a novel virus or Ebola.

FRANKLIN	FRANKLIN, JEFFERSON, ST. CHARLES, ST. LOUIS CITY, ST LOUIS COUNTY, LINCOLN, WARREN	\$ 20,010.22	<p>Create and share an Ebola/Infectious Disease Policy that can be used across the region for First Responder Emergency Operation Plans. This shall be tested in a Tabletop exercise. Create a COAD in both Jefferson and Franklin County that will comprise of Faith-based groups, local hospital, Red Cross, Salvation Army, EMA and local businesses to name a few. This activity will occur simultaneously to the St. Louis City COAD activities, and each will result in separate local COAD groups that are able to operate independently of one another. This is necessary because during a large scale event, resources from the larger metro areas may not be able to support outlying jurisdictions, which is why Jefferson and Franklin counties are developing their own COAD group. Information and best practices will be shared among the groups to the benefit of the COADS and to prevent isolation and a “silo” mentality. Incorporate a significant disease investigation into the Ebola response table top exercise in order to stress the current staff and evaluate the needs of a real world, large scale investigation. Conduct trainings as necessary to familiarize staff with disease investigation support roles, in order to enhance the LPHA’s capacity. Overhaul resource database to reflect the current availability of facilities and resources in the jurisdiction for NPI support. Including forming new partnerships to better equip the LPHA for isolation and quarantine operations. Conduct a table top exercise with LPHA staff and local partners with a portion focused to help evaluate the County NPI plan revisions and to determine future goals. The local table top will follow the larger regional exercise conducted by St. Louis County in order for Jefferson and Franklin Counties to capitalize on best practices and lessons learned generated from the St. Louis exercise. The local table top exercise will also allow staff to participate that may otherwise not be able to attend the STL full scale event. Develop and provide Ebola/Infectious Disease training to local supporting agencies through coordination with the healthcare coalition. Purchase appropriate PPE, Quick Series Guidebooks, training materials and staff needs required to conduct training for PPE. Coordinate with Saint Louis County with the implementation of the Medical waste safety toolkit by contacting the local agencies within Franklin and Jefferson counties, and making training available to interested organizations. Engage local media outlets in order to strengthen partnerships and will incorporate input from those agencies in updating the messaging plan. At least two Health Department staff members will complete basic level PIO training, G289/IS-29 depending on availability. Conduct a table top exercise with LPHA staff and local partners with a portion to evaluate the messaging plan updates and procedures in order to establish future public information and warning goals.</p>
KANSAS CITY	KANSAS CITY, INDEPENDENCE, JACKSON, CASS, PLATTE, CLAY	\$ 156,843.17	<p>Form Design Team to develop a cross-jurisdictional tabletop exercise that incorporates the six public health capabilities included in this contract. Conduct a cross-jurisdictional tabletop exercise with key stakeholders (public health, healthcare, EMS, emergency management,) and an HSEEP compliant AAR/IP completed. Convene a meeting/workshop (either locally or regionally) with Public Health and other community partners, e.g., faith based, mental health, funeral directors to review existing plans and provide input into revisions and design of new protocols. Develop committee to address regional outbreak response protocols and notification strategy across jurisdictions and among healthcare facilities (identify points of contact, notification timing, etc.). Update regional outbreak response protocols. Develop a communication strategy for notification/activation across jurisdictions during an outbreak response. Convene Epidemiology Specialists from each of the LPHAs participating in the grant to research and determine the capacity assessment process and tools. Conduct the capacity assessment; results will be reviewed and presented to area LPHA Directors and community partners. Workgroup will design capacity enhancement training materials (both Just-In-Time and pre-event). Conduct pre event trainings, evaluate and modify based on participant feedback. Form an appointed committee comprised of at least one representative from each LPHA to address and measure the gaps in meeting basic care needs for individuals, including those with functional needs or require additional specialized care and ethnic/cultural considerations. In 3 months, LPHAs will develop and submit listings identifying partners who could assist LPHAs and resources that LPHAs could use in a restricted movement or quarantine situation, including points of contact. The committee will collect and assess submissions. Meet with identified partners/entities regarding role(s) in providing assistance to individuals or families under quarantine or restricted movement. If necessary, draft the necessary memoranda of understandings outlining roles for public health and partners. Draft a regional plan that includes a final listing of available partners and resources and will be reviewed by all 6 LPHAs for final input. Recommendations or suggestions will be included as a result of all LPHAs engagement. An inventory of LPHA PPE will be compiled to provide a regional overview and identify gaps in each LPHA’s capacity to provide PPE to employees, volunteers and other responders during an event. Develop PH responder entry/exit medical monitoring protocol to provide guidance/procedures to LPHAs, Volunteer Organizations and Health Care Agencies when preparing their employees to operate in an environment requiring Level C PPE equipment. Create a PH “Incident Entry Team Accountability” protocol. Using the MARC Region’s KC Team badging system, the protocol will provide organizations with a tool to properly account for each responder as they enter and exit a specific response scene. Poll LPHAs to determine percentage of first response team members that are Hazardous Materials Response Awareness Level trained to identify gaps in basic training levels of initial response team members. Poll LPHAs to determine percentage of first response team members that are trained in donning and doffing PPE during an infectious disease event such as Ebola to identify gaps in basic training levels of initial response team members. Address PPE, medical monitoring and Team Accountability functions in the regional tabletop exercise. Include local PIO representation in a planned Ebola tabletop exercise to ensure adequate messaging process is not excluded. Assess, coordinate, and bring into agreement public messaging LPHA plans for communicable disease with assistance from a local PIO. Develop and implement plan to practice EMResource, MO-HNS, WebEOC, and radio use. Create video presentation to educate the public on disease transmission and symptoms, publish on the web. Form a committee that includes members from the six KC metro health departments and hospitals to identify waste management experts and resources to assist during a medical surge. Participate in the design of the regional Tabletop Exercise Design (including representation from the waste management committee) to address medical surge issues. Participate in a regional TTX to facilitate discussion with local partners (Regional Homeland Security Coordinating Committee healthcare coalition, EMS, emergency management, law enforcement, and volunteer organizations) on developing a plan for regional waste management. Include medical surge exercise outcomes in the after action report-improvement plan.</p>

KNOX	KNOX, CLARK, LEWIS, LINN, MACON, MONROE, PUTNAM, SCOTLAND, SHELBY, SULLIVAN	\$ 75,238.00	<p>Each LPHA Administrator will invite their community partners to meet for two to three meetings in fall 2015 and early 2016 to identify the Ebola patient process and gaps. HSEEP report based on an exercise of the Ebola Plan with our Community Partners/Region B Healthcare Coalition in June-July 2016. Region B Healthcare Coalition will be updated by LPHA Planner at their monthly meetings following community meetings to solicit input for problems/issues. Acquire supplies/equipment identified as deficiencies. Each LPHA Administrator will invite their community partners to meet for two to three meetings in fall 2015 and early 2016 to identify the Ebola patient process and gaps. An Ebola Plan for the Participating LPHA's will be written by the Planner. Develop an exercise that includes a scenario depicting a traveler becoming symptomatic during their monitoring. Test the Ebola Plan process by conducting a regional exercise with community partners and Region B Healthcare Coalition. Each LPHA Administrator will invite their community partners to meet for two to three meetings in fall 2015 and early 2016 to identify the Ebola patient process and gaps. LPHA Planner will attend and facilitate meetings according to a one hour agenda. In addition, LPHA will update the Region B Healthcare Coalition at their monthly meetings and ask for input to problems and issues related to the planning process. An Ebola Plan for the Participating LPHA's will be written by the Planner. Test process of the Ebola Plan by conducting an exercise (using HSEEP guidelines) with our community partners and Region B Healthcare Coalition in June-August 2016. Each LPHA Administrator will invite their community partners to meet for two to three meetings in fall 2015 and early 2016 to identify the Ebola patient process and gaps. LPHA Planner will attend and facilitate meetings according to a one hour agenda. An Ebola Plan for the Participating LPHA's will be written by the Planner that encompasses just the instruction and use of PPE. LPHA staff will attend and local community partners will be invited to attend MO DHSS PPE training offered in their Region. Planner will create a training tool for current and future LPHA employees that addresses equipment and process. Identification of the supplies needed by LPHA's to monitor/assess the Ebola patient. Planner will determine with each LPHA staff the Ebola specific information available for the Public 2 This Ebola specific information will be placed on LPHA websites as an internet resource. Planner will share this resource with the Region B Healthcare Coalition at their monthly meetings after the tool is developed.</p>
LINCOLN	LINCOLN, WARREN	\$ 32,871.00	<p>Provide SEMA sponsored infectious disease course to all first responders. This course was a pilot course at Lincoln County Health Department and we are waiting on Train-the-Trainer. (Activity 5 in State application). Once the course, Basic Infectious Disease Training, is available from SEMA we will offer the course to all first responders in Lincoln and Warren County within 90 days of approval. Bi-annual refresher training will be provided for two years then evaluated. Infectious disease outbreak response plan integrated into Lincoln and Warren County EOP's. Two full scale exercises (One in each county) – Coordinating with SEMA to use training caches of equipment. Implementation of all-inclusive surveillance database, integrated into the Communicable Disease program at Lincoln County Health Department. Research and planning towards a possible isolation and quarantine ordinance. Documented annex in public health plans for collaboration with community partners on meeting the needs of a person subject to restricted movement. There will be an intern at both Lincoln County Health Department and Warren County Health. Department. Training with local PPE and two full scale exercises, using HSEEP guidelines – Coordinating with SEMA to use training caches of equipment. Provide SEMA sponsored infectious disease course to all first responders. Once the course, Basic Infectious Disease Training, is available from SEMA we will offer the course to all first responders in Lincoln and Warren County within 90 days of approval. Bi-annual refresher training will be provided for two years then evaluated. Include surveillance database directly into HAN system. Implement VDOT into current Communicable Disease program. One of the two full scale exercises will occur at Lincoln Hospital Mercy – Coordinating with SEMA to use training caches of equipment.</p>
PERRY	PERRY, health care providers, hospital, FQHC, Immediate Care Centers, EMS, local government	\$ 6,640.00	<p>Bring together community health care providers and other partners in order to share individual plans that currently exist and help identify gaps. Plan and organize at least 3 meetings. Create written document that outlines existing plans in the community. Develop a contact list of who may need information on the monitoring of Ebola cases. Coalition to determine method of communication. Include contact list as part of the written document "Community Preparedness and Response Plan for Ebola and Other Infectious Diseases". Create a spreadsheet that identifies resources, with contact information. Identify lead agency in the community to procure needs of the individual or individuals. Develop a questionnaire for the individual to complete regarding their basic needs. Notify community partners on dates of training and encourage attendance. Staff will attend one of the scheduled regional trainings. Coalition to decide what types of messages could be developed prior to an event and develop those messages. Include pre-selected messages in the "Perry County Preparedness and Response to Ebola and Other Infectious Diseases" plan.</p>

PHELPS	PHELPS, MARIES, CRAWFORD, DENT, PULASKI, LACLEDE	\$ 35,508.00	<p>Region I administrators will meet to plan the tabletop exercise, write scenario, develop materials and comprise partner list of attendees. Training kits and communicable disease competency training curriculum will be established to train new personnel and maintain annual drills. Using HSEEP guidelines, conduct a Region I multi-agency tabletop exercise on monitoring, tracking and supporting patients and the community with virulent communicable diseases in our jurisdiction. Prepare an HSEEP compliant after action report, work plan and communicable disease competency training plan based on the gaps identified from the tabletop exercise. LPHA administrators will meet via conference call to plan PPE staff requirements, plan to minimize responder exposure using LEAN strategies, and determine technology resources and training needs. Recruit and facilitate community partner attendance in the 2 PPE Region I trainings. Each LPHA will have 3 staff members complete 1 of the trainings. Each Region I LPHA will develop resources and train staff to use technology to reduce responder exposure. Each LPHA will acquire a PPE training package and drill curriculum. Region I LPHA's will establish a workgroup with a local hospital, a FQHC, a behavioral health provider, nonprofits including food pantries, the faith community and IT support to address the basic needs of a quarantined patient requiring outpatient care. The Region I workgroup will meet quarterly (2 in person meetings, 2 conference calls) and work with a local hospital to identify housing nearby to be routinely available to house personnel during inclement weather, but in an emergency be available to house a quarantined patient. The housing will be provided with technology to support video directly observed therapy, behavioral health counseling and social interactions. Non-profits and the faith community that can support food, supplies or pastoral needs will be identified and recruited. The local, hospital will assist with laundry support.</p>
POLK	POLK, DADE, DALLAS, HICKORY, WEBSTER	\$ 64,515.00	<p>Identify the primary and secondary contacts in each community for first responders, healthcare providers, local law enforcement and other community preparedness partners and establish local coalition, if not already identified. Develop survey tool to assess community planning efforts and training needs for coalition members. Survey coalition members regarding their current planning efforts and training needs, to identify gaps in ability to respond to a communicable disease outbreak such as Ebola. Prioritize education/training needed based on survey results and develop training/educational materials based on gaps identified. Provide training and planning sessions through a series of community forums throughout the five county region for coalition members regarding community planning efforts and response to a potential a communicable disease exposure. Meet with coalition members to establish a communication plan to quickly identify potential contagious individuals for investigation and monitoring. Meet with local coalition members to develop policies for local EMS, the local hospital and health care providers to notify LPHA when working with a potentially contagious individual to allow for immediate investigation and monitoring. Plan and conduct a regional tabletop exercise to practice the developed communication plan using HSEEP guidelines. Plan and conduct a regional tabletop exercise using HSEEP guidelines to assure understanding how to conduct an investigation and monitoring of a potentially contagious individual. Provide training for community partners regarding when quarantine and isolation measures are appropriate, when closing public/private gathering places are warranted, and the proper use of PPE in a communicable disease outbreak. Work with local coalition to determine support resources necessary when quarantine and isolation interventions are implemented. Develop assessment tool to identify available resources to support quarantine and isolation interventions. Complete community assessment with local coalitions to identify what resources are available within the community or region to support individuals subject to quarantine and isolation. Update local community plan regarding available resources for individuals during quarantine and isolation interventions. Identify key community partners, local decision makers, elected officials, and healthcare providers who would have the authority to approve staff to attend PPE trainings. Provide information to identified partners and staff regarding the availability of regional PPE trainings and facilitate attendance by local coalition members. Identify and facilitate attendance by community partners and LPHA to attend regional PPE trainings – Administrators, Community Health Nurses, Environmental Public Health Specialists, Medical Assistants, and Emergency Planners – estimated 25 staff for five counties. Meet with local coalitions to establish coordinated public information messaging plans to be utilized for public education and information, including MOU's with school districts for utilization of their all-call systems. Train at least 2 LPHA employees on using Risk Communication using Emergency Response Public Information Toolkit. Train at least 2 LPHA employees with Administrative rights to social media sites to use social media as an outlet for public health information. Develop risk communication messages and notification system plans regarding risks to the public, risk of transmission and protective measures. Identify contacts with vulnerable and ethnic populations, including local Mennonite/Amish communities, to allow for information to be sent to and received from local health authorities.</p>

CITY OF ST. JOSEPH	ANDREW, CALDWELL, CITY OF ST. JOE, CLINTON, DAVIESS, GRUNDY, HARRISON, HOLT, LIVINGSTON, MERCER, NODAWAY, TRI COUNTY	\$ 149,368.25	<p>Each participating LPHA will host a Faith Based Meeting in their jurisdiction to build partnerships to support health preparedness. A common agenda and supporting documents will be used across the region. Psychological First Aid and/or Mental Health First Aid courses will be offered in three regional locations (east, central and west) to foster mental health/social networks. Certified trainers from the City of St. Joseph Health Department will provide training to create a Region H network of locally trained individuals. Develop and participate in a tabletop exercise that tests coordination with the regional healthcare sector, including EMS, hospitals, and emergency management. Each participating LPHA will send representatives of the pre-identified POD Command Team. Capabilities tested will include Community Preparedness, Emergency Operations Coordination, Information Sharing, Public Health Surveillance and Epidemiological Investigation, and Responder Safety and Health. Development of an Environmental Health Shelter Cache in each jurisdiction: including wash tubs, thermometers, testing supplies, and laminated safe food handling instructions. A common supply list will be used so that EPHS caches across the region are the same. A EPHS Shelter Cache would be made available to shelter managers and EPHS staff to support community shelters, including those use in the event of a stop movement. Each LPHA in Region H will provide LEOs in their jurisdiction with information/access to CD (communicable disease)/Ebola training opportunities. Training may be provided by the LPHA if such training is not readily available. Uniformity of training across the region is encouraged. This may be conducted during annual trainings/refreshers or staff meetings. LPHA staff members in the Region shall have the opportunity to participate in an annual district epidemiology training that includes Ebola monitoring and communications training. LPHAs in Region H supporting the development of the Region H POD Command Team shall send those employees designated as POD Command Team members to participate in an annual POD Command Team exercise to promote swift response to a potentially lethal disease/outbreak. The Team Members become experts in their POD position and have permission to respond anywhere in the Region for the purpose of setting up and running a POD (likely a regional POD, but could also function in a single jurisdiction if the event is not widespread) during those critical, initial 12-48 hours of operation. A portion of participating jurisdictions lack the needed equipment to set up a mobile investigation check station. Identified participating agencies will purchase needed equipment include: portable generator, cords, cord covers for protection, and portable signage. Each participating Local Public Health Agency (LPHA) will conduct a meeting/training with Faith-based Organizations (FBOs) in their respective jurisdiction to establish a partnership with the intent and potential to identify and secure resources available to meet the needs of persons subject to restricted movement or quarantine due to infectious disease. A common agenda and materials for the meeting/training shall be created for use across the 15-county region – ensuring that the entire region receives a uniform training/message from public health. LPHAs in Region H supporting the development of the Region H POD Command Team shall send those employees designated as POD Command Team members to participate in an annual POD Command Team exercise to promote swift response to a potentially lethal disease/outbreak. The Team Members become experts in their POD position and have permission to respond anywhere in the Region for the purpose of setting up and running a POD (likely a regional POD, but could also function in a single jurisdiction if the event is not widespread) during those critical, initial 12-48 hours of operation. (Capability 11: Function 2) The exercise of the POD Command Team shall test public health staff roles and responsibilities in determining use of appropriate NPI measures and swift resource identification. Each participating LPHA will send staff to State sponsored PPE training, held in our region. Each jurisdiction will determine who should attend. Each participating LPHA will provide State sponsored PPE training information to local health partners, such as the Region H Healthcare Coalition, hospitals, clinics, FQHC, EMS, Emergency Management, Law Enforcement, and others as appropriate. Adapt current message templates or develop new message templates to address communicable disease, targeting the healthcare community and public. Message development should include: risk to the public, risk of transmission, and protective measures. Develop a Joint Information Center (JIC) Protocol that can be used across the region by health partners or Emergency Management. Using HSEEP guidelines, develop and participate in a tabletop exercise that tests public health staff</p>
ST. CHARLES COUNTY	ST. CHARLES, ST. LOUIS CITY, FRANKLIN, JEFFERSON, ST LOUIS COUNTY, LINCOLN, WARREN	\$ 9,050.00	<p>Distribute educational materials to be displayed throughout hospitals, urgent-care centers, schools, churches, and businesses. These will serve as reminders to observe preventative measures and to contact the LPHA when public health concerns arise. Conduct three planning meetings to organize efforts related to the TTX. Conduct TTX with St. Charles County emergency response partners to allow in-depth discussion of various agencies' roles in planning and response to infectious diseases.</p>
ST. CLAIR	ST CLAIR, SW Hospital Coalition. Two PPE trainings in each of the 9 state regions for EMS, Law Enforcement, Firefighters, LPHA staff, and medical providers	\$ 5,480.00	<p>Work with the SW Hospital Coalition to identify gaps in Region D for training in the area. Collaborate with the healthcare system and regional SW healthcare coalition to assess the jurisdiction's public health and healthcare system training needs; coordinate with MDHSS to provide materials and facilitate training designed to improve the integration of the public health and healthcare response to Ebola and other infectious diseases including infection control and surveillance activities. Develop, update, and conduct a tabletop exercise at the community level plan to maintain consistent contact with monitored travelers and include state and local partners that would work in collaboration with St. Clair County Health Center in the event a monitored traveler has not maintained contact for a period in excess of 12 hours or two temperature readings. The tabletop exercise will address the communication pathways between St. Clair County Health Center and Ellett Memorial Hospital which may receive PUI and EMS which may transport PUI to assure appropriate level of readiness. Develop a plan to meet the needs of persons subject to restricted movement or quarantine due to infectious diseases. Collaborate with community partners to determine what resources are available within the community or region to be designated for safe housing, as well as meeting the daily needs of persons subject to restricted movement or quarantine. Determine (at a minimum) what if any community resources would be utilized to provide shelter if needed and resources that can provide adequate food, medications, laundry, etc. for the persons during the duration of time restricted movement or quarantine is required. Two PPE trainings will be conducted within each of the nine regions within the state according to MDHSS. The target audience will be EMS, Law Enforcement, Firefighters, LPHA staff, and medical providers. In coordination with MDHSS, St. Clair County Health Center will solicit applicable community partners to attend training within Region D with the St. Clair County Health Center staff. Develop and participate in a multiagency and multijurisdictional tabletop exercise that tests public health information and warning /information coordination with the healthcare sector, EMS providers, MDHSS, emergency management and other disciplines. Develop and participate in a multiagency tabletop exercise that tests coordination with the healthcare sector, EMS providers, and emergency management, such as information sharing, patient referral, and laboratory specimen collection and submission to test potential operational gaps.</p>

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