

## **Client**

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**Prepared for:**

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## **Scope of Services**

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The City of West Allis Health Department (WAHD) is obligated to complete Budget Period 4 (BP4) Centers for Disease Control and Prevention (CDC) annual preparedness grant objectives known as Cities Readiness Initiative (CRI) as well as the Public Health Emergency Preparedness (PHEP) objectives. Bay View Advanced Management, LLC will assist the City of West Allis Health Department toward completion of some of the annual PHEP and CRI objectives as outlined below.

## **Steps in the Process**

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### **1. PHEP Objectives**

**PHERP updates:** There have been many additions and changes since the last update

**CPG gap closure:** Development of policies and procedures or updates to PHERP checklists and documents (see additional detail in #4 below)

Online PHEP Capabilities Planning Guide (**CPG**) **assessment** based off of previous years updates (due at end of objective year)

**HVA completion:** 14. Update the jurisdictional Hazard Vulnerability Assessment (HVA) by June 30, 2016.

### **2. CRI Objectives**

**CRI Drill Suite** (enter online using CDC reporting site)

**MCM ORR**

- Complete BP4 new tool and reference documents that meet the requirements.
- Create a list of where gaps exist
- Utilize the knowledge gained during the CDC review of Franklin to enhance your plans

### **3. Trainings**

- FAC training for staff

- PHERP review for staff
- Response role review for Department Heads

#### 4. PHEP CPG Gap Closure

The CPG gaps that will be completed by BVAM include:

- **CPG Gaps:** Pick at least 3 gaps to close in the three DPH-chosen capabilities: Mass Care #7, Medical Surge #10, and Volunteer Management #15 (I chose 4 in each for a total of 12).
  - C7F3P4: WRITTEN PLAN. Coordinate public health, medical, and mental health mass care services: Process to coordinate with partners to monitor populations at congregate locations: Written plans should include a process to coordinate with partner agencies to monitor populations at congregate locations, including but not limited to the following processes:
    - Establishing registries for exposed or potentially exposed individuals for long-term health monitoring
    - Separate shelter facilities for monitoring individuals at congregate locations
    - Identifying, stabilizing and referring individuals who need immediate medical care or decontamination
    - Prioritization of at-risk populations at congregate locations that have specific needs after a radiation incident (e.g., children, elderly, and pregnant women)
    - See suggested resources on page 67 of CPG guide
      - BVAM will develop line items in the current PHERP's Sheltering or Hazardous Materials Checklist to address these issues and update spreadsheets to provide working resources for this capabilities achievement.
  - C7F3P7: WRITTEN PLAN. Coordinate public health, medical, and mental health mass care services: Coordination with partners responsible for decontamination of individuals at congregate locations: Written plans should include a process to coordinate, if requested, with response partners (e.g., HazMat, Radiation Control Authority, and Emergency Medical Services) responsible for decontamination of individuals at congregate locations. Processes should include but are not limited to the following elements:
    - Coordination with organizations trained in decontamination
    - Establishment of decontamination stations, including handicap-accessible stations, at congregate locations
    - Delivery of decontamination supplies (e.g., shower supplies, plastic bags to collect possibly contaminated materials, medication, and medical supplies) to congregate locations
    - Removal or storage of contaminated materials away from congregate location populations
      - BVAM will modify the PHERP's Hazardous Materials Checklist for this capabilities achievement.
  - C7F3P10: WRITTEN PLAN. Written plans should include processes for service animal decontamination at congregate locations, including provision of washing stations for owners to conduct pet decontamination.
    - BVAM will enhance the PHERP's current Sheltering and Hazardous Materials functions to achieve this capability.
  - C7F4P3: WRITTEN PLAN. Monitor mass care population health: Demobilization procedures: Written plans should include demobilization procedures, including but not limited to the following elements:
    - Processes to inform responding agencies of demobilization

- Responsibilities/agreements for reconditioning and return of equipment when no longer needed
- Time frame for ending mass care health services upon shelter closure notice
  - BVAM will enhance the PHERP's current Demobilization & Evaluation function to achieve this capability.
- C10F2P8: WRITTEN PLAN. Support activation of medical surge: Pre-identification of federal medical station sites: Written plans should include process to coordinate with the applicable U.S. Department of Health and Human Services Regional Emergency Coordinator to assess these sites and environmental suitability and pre-identify potential federal medical station sites.
  - BVAM will modify the current PHERP and PHERP Workbook to include this information in appropriate locations to achieve this capability.
- C10F2P9: WRITTEN PLAN. Support activation of medical surge: Process to address the need for federal medical station wrap around services: Written plans should include process to coordinate with the applicable U.S. Department of Health and Human Services Regional Emergency Coordinator to address the need for wrap around services (e.g., biomedical waste and medical waste disposal) or provide information regarding accessing other services (e.g., food service and waste disposal) at potential federal medical stations.
  - BVAM will modify the current PHERP to include this information in appropriate locations to achieve this capability.
- C10F2P10: WRITTEN PLAN. Support activation of medical surge: Disseminate volunteer resources to establish call centers: Written plans should include processes to disseminate volunteer resources to healthcare organizations and healthcare coalitions for the establishment of call centers to respond to call volumes.
  - See suggested resources on page 97 of CPG guide
    - BVAM will modify the current PHERP to include this information in appropriate locations to achieve this capability.
- C10F3P3: WRITTEN PLAN. Support jurisdictional medical surge operations: Processes to support or implement family reunification: Considerations should include the following elements:
  - Capturing and transferring the following known identification information throughout the transport continuum:
    - Pickup location (e.g., cross streets, latitude & longitude, and/or facility/school)
    - Gender and name (if possible)
    - For nonverbal or critically ill children, collect descriptive identifying information about the physical characteristics or other identifiers of the child.
    - Keep the primary caregiver (e.g., parents, guardians, and foster parents) with the patient to the extent possible
    - BVAM will develop protocols to address these issues and update spreadsheets to provide working resources for this capabilities achievement.
- C15F1P2: WRITTEN PLAN. Agreements with jurisdictional volunteer sources: Written plans should include memoranda of understanding or other letters of agreement with jurisdictional volunteer sources. Suggested partners include but are not limited to the following groups:
  - Professional medical organizations (e.g., nursing and allied health)
  - Professional guilds (e.g., behavioral health)
  - Academic institutions
  - Faith-based organizations
  - Voluntary Organizations Active in Disasters
  - Medical Reserve Corps

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- Non-profit, private, and community-based volunteer groups
  - Partnership agreements should include plans for the following:
    - Partner organizations’ promotion of public health volunteer opportunities
    - Referral of all volunteers to register with jurisdictional Medical Reserve Corps and/or ESAR-VHP
    - Policies for protection of volunteer information, including destruction of information when it is no longer needed (e.g., Red Cross, Community Emergency Response Teams, and member organizations of the National and State Voluntary Organizations Active in Disasters)
    - Liability protection for volunteers
    - Efforts to continually engage volunteers through routine community health activities
    - Documentation of the volunteers’ affiliations (e.g., employers and volunteer organizations) at local, state, and federal levels (to assist in minimizing “double counting” of prospective volunteers), and provision for registered volunteer Identification cards denoting volunteers’ area of expertise
      - BVAM will develop template MOUs that can be added to the PHERPs Resource Management Function to achieve this capability.
  - C15FIP4: WRITTEN PLAN. Coordinate volunteers: Protocol to address eligibility of volunteers: Written plans should include a process and protocol to address eligibility of volunteers based on pre-existing health conditions or background screening (either conducted by health department or in conjunction with other partner agency) to determine if prospective volunteers have any history that would preclude them from doing a certain type of volunteer activity (e.g., previous convictions, sexual offender registry, or licensing issues).
    - BVAM will modify PHERPs Resource Coordination Function to achieve this capability.
  - C15F2P3: WRITTEN PLAN. Process to confirm credentials of responding volunteers: Written plans should include a process to confirm credentials of responding volunteers through jurisdiction’s ESAR-VHP or Medical Reserve Corps.
    - BVAM will add a resource to the PHERP Resource Coordination Function that will quickly detail how this can be done.
  - C15F3P6: WRITTEN PLAN. Protocol to request volunteer assets: Written plans should include a request protocol for state and local health departments that should contain, at a minimum, protocols for the following elements:
    - Local/ state health department requests for interjurisdictional volunteer assets
    - Local health department escalation requests for federal public health assets through the state. The request from local to state should include a clear statement of the role of the requested asset.
    - State health department escalation requests for federal public health assets. The request should include a clear statement of the role of the requested asset.
    - State health departments to communicate information received from/about federal response teams to local health departments
    - Communication between state and local health departments about volunteer needs and assignments during an incident
      - BVAM will amend the PHERP’s Resource Coordination Function Checklist to reflect this capability.

## Cost Estimate

<b>1. &amp; 2. PHEP &amp; CRI Objectives</b>	<b>Units</b>	<b>Total</b>
<b>PHERP Update</b> Professional fees (\$120/hr for ~30 hours)	30 @ \$120	\$ 3,600
<b>CPG Assessment</b> Professional fees (\$120/hr for ~5 hours)	5 @ \$120	\$ 600
<b>HVA completion</b> Professional fees (\$120/hr for ~5 hours)	5 @ \$120	\$ 600
<b>CRI Drill Suite</b> Professional fees (\$120/hr for ~3 hours)	3 @ \$120	\$ 360
<b>MCM ORR</b> Professional fees (at \$120/hr for ~10 hours)	10 @ \$120	\$ 1,200
<b>OBJECTIVES TOTAL</b>	<b>53 @ \$120</b>	<b>\$ 6,360</b>
<b>3. Trainings</b>		
Training Preparation: Professional fees (\$120/hr for ~15 hours) (5 hours per training x 3 trainings)	15 @ \$120	\$ 1,800
Training Delivery: Professional fees (\$120/hr for ~10 hours)	10 @ \$120	\$ 1,200
<b>4. PHEP Capabilities Planning Guide (CPG) Gap Closure (12)</b>	<b>Units</b>	<b>Total</b>
CPG Research (Professional fees at \$120/hr for 27 hours)	27 @ \$120	\$ 3,240
Plan Write-up (Professional fees at \$120/hr for 20 hours)	20 @ \$120	\$ 2,400
<b>CPG PROJECT TOTAL</b>	<b>47 @ \$120</b>	<b>\$ 5,640</b>
<b>TOTAL FOR ENTIRE PROPOSAL</b>		<b>\$ 15,000</b>

Included in project total are mileage (\$.56/mile), photocopying, and other presentation materials.

## Timeline

- CPG gaps: August-September 2015
- Update PHERP: September-October 2015
- MCM ORR: August – October 2015
- HVA completion: September-October 2015
- CRI Drill Suite and CPG Assessment: November 2015
- Trainings: November 2015-March 2016