

Client

Prepared for:

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Scope of Services

The City of West Allis Health Department (WAHD) is obligated to complete Budget Period 3 (BP3) 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

1. PHEP & CRI Objectives

Project start-up - Objective Research

- Reviewing in detail the 2014-15 PHEP and CRI objectives
- Reviewing gaps from West Allis 2013-14 assessment
- Reviewing and understanding the new Medical Countermeasures (MCM) Operational Readiness Review (ORR) tools and guidance

Training for WAHD staff

- Volunteer and Community Resources (How Workforce Coordination is handled; can lead into an easy drill after Nathan Hale is mapped and plan set)
- Demobilization & Evaluation (How to properly “close” out an event)

PHERP updates: There have been some minor additions and changes since the last update

Update and submit to DPH the Point of Dispensing (POD) List

CRI Drill Suite (enter online using CDC reporting site)

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

2. Family Assistance Center (FAC) plan

Based upon the FEMA G-386 training guide of February 2012, write a local public health department plan as a scalable framework for the West Allis Health Department to begin a dialogue within their communities and with emergency response partners, in understanding the public health role in fatality management.

All materials will be saved and distributed electronically (unless printed plans are chosen as specified in the cost estimate below).

- Determine an appropriate location (i.e. hotel) for Family Assistance Center
- Map facility
- Develop signs
- Develop plan and job action sheets
 - Components of the plan will include:
 - Purpose
 - Scope
 - Population Served
 - FAC Operational Checklist (in line with PHERP checklists)
 - Equipment and Supplies
 - FAC Signs
 - Site Specific Plans
 - Interior Floor Maps & Exterior Maps
 - FAC Command Structure
 - Media FAQs about FAC
 - PIO Cheat Sheet
 - Family Resource Packet
 - Family-Friend Registration Form
 - FAC Daily Sign-in/Sign-out Sheet
 - Job Action Sheets
 - Family Briefing Guidelines

This plan will contribute to the following CPG Capability 5: Fatality Management item completion:

Function 1: Determine role for public health in fatality management: T3(in part), P1, P2(in part), P4, S1(in part)

Function 2: Activate public health fatality management operations: P1(in part)

Function 3: Assist in the collection and dissemination of antemortem data: T1, T3(in part), P1, P2, S1

Function 4: Participate in survivor mental/behavioral health services: T1(in part), T3(in part), P1 and P3(in part)

It will also aid in satisfying #12 of the Contract Deliverables in the Local Public Health Preparedness Contract Objectives CDC Cooperative Agreement Year 3: July 1, 2014 – June 30, 2015 which states “Complete a local or regional mass fatality management plan.”

3. PHEP CPG Gap Closure

The other objectives that will be completed by BVAM include:

- **CPG Gaps:** Pick 3 gaps to close in two of the three DPH-chosen capabilities: Community Recovery #2 and Mass Care #7

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- C2F1P2: WRITTEN PLAN. Community assessment and follow-up monitoring after an incident: Written plans should include how the health agency and other partners will conduct a community assessment and follow-up monitoring of public health, medical, and mental/behavioral health system needs after an incident.
 - BVAM to develop a template assessment and protocol for use to achieve this capability.
 - C2F1P5: WRITTEN PLAN. Recovery strategies for the repair or rebuilding of public health services: Written plans should include recovery strategies for the timely repair or rebuilding of public health services (e.g., wastewater treatment and potable water supply).
 - BVAM will develop a template to begin the process for the city to continue and finalize via the City Council and Mayor.
 - C2F1P8: WRITTEN PLAN. Identification of community sectors that can provide support to the recovery effort: Written plans should include documentation that 'addresses the identification of the sectors (e.g., business, nongovernmental organizations, community and faith-based organizations, education, social services) that can provide support to the recovery effort.
 - For examples of potential sectors, see: Building Community Resilience for Children and Families, Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center
 - Plan or annex should also include the process to facilitate or assist these organizations with developing their own continuity of operations plans that detail how they will perform these functions in all-hazards recovery situations.
 - Recommended components include the following elements:
 - What community stakeholder operations are necessary to sustain public health operations/functions
 - What health support operations do/can they provide (e.g., shelter, day care, spiritual guidance, food, medication support, and transportation)
 - Planning process should document the inclusion of regularly scheduled meetings prior to an incident at which representatives from the different community sectors can meet to do the following:
 - Establish and maintain interpersonal relationships
 - Share promising practices/approaches to recovery from similar incidents
 - Learn about relevant response and recovery processes and policies within the jurisdiction
 - Ask questions and exchange information
 - (For additional or supporting detail, see Capability 1: Community Preparedness)
 - BVAM will develop a protocol to achieve this capability.
 - C5F1P4: WRITTEN PLAN. All-hazards fatality management including addressing public health roles: Written plans should include processes and protocols for jurisdictional all-hazards fatality management including addressing public health roles in fatality management. The plan should address the following items:
 - Coordination of facilities (e.g., morgue locations, portable and temporary morgues, decontamination, decedent storage, hospitals, and healthcare facilities)
 - Coordination of family relations (e.g., notification, grief services, antemortem information, and call centers)
 - Procedures to acquire death certificates or permits (including sending human remains to international destinations)
 - Regulations for crematoriums and other support groups

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- Antemortem data management (e.g., establish record repository, identify repository physical location, enter interview data into library, and balance victim needs with those who have lost family members)
 - Personnel needs (e.g., medical and mental/behavioral, including psychological first aid)
 - Frequency that critical documentation is reviewed and updated (e.g., comprehensive fatality management mission critical list, and contingency plans with local, state, and private entities regarding final disposition of human remains)
 - BVAM can begin this process with a Family Assistance Center plan (see above item #2 in proposal) but further direction is needed from county Emergency Management and WI Division of Public Health on the role of local public health in Fatality Management before this CPG can be completed.
 - C5F2P1: WRITTEN PLAN. List of potential fatality management advisory roles that public health may need to fill: Written plans should include a list of potential fatality management advisory roles that public health may need to fill to support a response per the jurisdiction's plan. Consideration should be given to the inclusion of these elements:
 - Search and recovery of human remains
 - Removal, transfer/transportation, storage, and temporary burial of human remains
 - Identification and re-burial of human remains where grave sites have been disrupted by the incident
 - Assessment of morgue/examination center capacities
 - Morgue/examination site staff
 - Disposal of human remains
 - Mental/behavioral health services
 - Public affairs/communications
 (For additional or supporting detail, see Capability 4: Emergency Public Information and Warning and Capability 15: Volunteer Management)
 - BVAM will update the current PHERP's Fatality Management Checklist, but further direction is needed from county Emergency Management and WI Division of Public Health on the role of local public health in Fatality Management before this CPG can be completed.
 - C7F3P3: WRITTEN PLAN. Procedures to coordinate with partner organizations for patient transfer: (Priority) Written plans should include procedures to coordinate with partner agencies to transfer individuals from general shelters to specialized shelters or medical facilities if needed, including the following procedural elements:
 - Patient information transfer (e.g., current condition and medical equipment needs)
 - Physical transfer of patient
 - BVAM will develop line items in the current PHERP's Sheltering Checklist to address these issues and update spreadsheets to provide working resources for this capabilities achievement.
 - C7F3P5: WRITTEN PLAN. Scalable congregate location staffing matrix: (Priority) Written plans should include a scalable congregate location staffing matrix identifying at least one back-up for each population monitoring and decontamination response role. Skill sets at a minimum should include the following elements:
 - The ability to manage population monitoring operation
 - The ability to monitor arrivals for external contamination and assess exposure
 - The ability to assist with decontamination services
 - The ability to assess exposure and internal contamination
 - BVAM will develop a template protocol to address this capability.

- C7F4P2: WRITTEN PLAN. Templates for disaster surveillance forms: (Priority)
Written plans should include templates for disaster-surveillance forms, including Active Surveillance and Facility 24-hour Report forms.
 - BVAM will develop templates to fulfill this capability

Cost Estimate

1. PHEP & CRI Objectives	Units	Total
Objective Research (Professional fees at \$120/hr for 20 hours)	20 @ \$120	\$ 2,400
Training Preparation (5 hours per training x 2 trainings)	10 @ \$120	\$ 1,200
Training Delivery (2 hour per training x 2 trainings)	4 @ \$120	\$ 480
PHERP Updates	10 @ \$120	\$ 1,200
Required Online Objective Completion (including POD list update, CRI drill reporting, and CPG assessment entry)	13 @ \$120	\$ 1,560
OBJECTIVES TOTAL	57 @ \$120	\$ 6,840
2. Family Assistance Center (FAC) Planning		
	Units	Total
Research of Best Practices Nationally		
Professional fees (at \$120/hr for ~11 hours)	11 @ \$120	\$ 1,320
FAC Plan Development		
Professional fees (at \$120/hr for ~37 hours)	37 @ \$120	\$ 4,440
Job Action Sheet Development		
Professional fees (at \$120/hr for ~15 hours)	15 @ \$120	\$ 1,800
Optional Items		
Signs: Corrugated & Grommated plastic signs - One set for facility	One set	\$ 2,200
Large Laminated & Grommated Command Structure	1 structure	\$ 550
One Professionally printed and bound plan and additional Family Resource Packet printed and bound	Printed Plans	\$ 485
Large Laminated & Grommated maps: all interior floors and 1 exterior (will be adjusted upon completion dependent upon map originals from hotel and detail desired) One set for facility by Ruekert & Mielke	One set	\$ 4,100
FAC PROJECT TOTAL		\$ 14,895
3. PHEP Capabilities Planning Guide (CPG) Gap Closure		
	Units	Total
CPG Research (Professional fees at \$120/hr for 20 hours)	20 @ \$120	\$ 2,400
Plan Write-up (Professional fees at \$120/hr for 20 hours)	20 @ \$120	\$ 2,400
CPG PROJECT TOTAL	40 @ \$120	\$ 4,800
GRAND TOTAL FOR ENTIRE PROPOSAL		\$ 26,535

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

Timeline

- Gather materials and objective research: December 2014
- WAHD Staff Trainings: December 2014 & January 2015
- CPG gaps: December 2014 - February 2015
- PHERP Updates: January 2015
- Submit to DPH the Point of Dispensing (POD) List: January 2015

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- FAC Plan Development: January-April 2015
 - Complete online CRI Drill Suite (using CDC reporting site): February 2015
 - Complete online CPG assessment (using PCA portal): April 2015