

Public Health Emergency Preparedness (PHEP) Subcontractor

Programmatic Progress Report

FY 2020

Subcontractor: _____

CRI Planning Region: 1 2 3 4 5

Quarter 1 2 3 4

Quarterly reports are due 15 days after the end of each quarter to the contractor.

Description of Services

Provide a description of the activities and your jurisdiction's contributions for each quarter of the contract period

Collaborate with the Contractor on the development of a regional MCM Plan and MYTEP

Include dates of meetings and your contributions in the development of a Regional MCM Dispensing and Distribution Plan and MYTEP:

Q1.

Q2.

Q3.

Q4.

Participate in the workshops and exercises pursuant to the CRI's regional MYTEP including but not limited to:

If your jurisdiction completed the three (3) annual drills (Staff Notification and Assembly, Facility Set up, and Site Activation) this quarter, list the dates of the drills below.

Did you complete and submit the standardized drill forms to the contractor? Yes Q1 No

Q2.

Q3.

Q4.

Dates of meetings attended this quarter to discuss the Dispensing FSE to be conducted by the region's most populous city before April 1, 2021. Describe your jurisdiction's participation in this process.

Q1.

Q2.

Q3.

Q4.

Dates of meetings attended this quarter to discuss the two tabletop exercises, one focusing on Anthrax and the other on Pandemic Influenza, which must be completed prior to June 30, 2024. Describe your jurisdiction's participation in this process.

Q1.

Q2.

Q3.

Q4.

Dates of meetings attended this quarter to discuss the Functional Exercise focused on pandemic influenza and involving critical workforce prior to June 30, 2024. Describe your jurisdiction's participation in this process.

Q1.

Q2.

Q3.

Q4.

Provide a summary of any responses or MCM distribution and dispensing support your jurisdiction provided during an all-hazard event(s) that occurred this quarter:

Q1.

Q2

Q3.

Q4.

Date(s) the POD information and Jurisdictional Data Sheet data were submitted to contractor:

Q1.

Q2.

Q3.

Q4.

Dates you participated in a discussion/meeting with the contractor on the region's MCM ORR deliverables.

Describe your jurisdiction's contributions to the regional MCM ORR deliverables.

Q1.

Q2.

Q3.

Q4.

Dates verbal or written input and/or a status updates were provided to the contractor for the development and/or updating of the region's MCM Action Plan. (The region's Action Plan must be updated quarterly and submitted to the Department).

Please briefly describe the input or updates provided to the contractor:

Q1.

Q2.

Q3.

Q4.

On an annual basis, the Subcontractor shall demonstrate the establishment of emergency operation coordination systems as follows:

Dates of call downs completed this quarter and forms submitted to the contractor:

Q1.

Q2.

Q3.

Q4.

List the names of staff with WebEOC accounts and the date user accounts were updated or the date the system was last accessed:

1.

2.

3.

4.

5.

Has WebEOC been integrated into your jurisdictions plans and exercises?

Please list the plan(s).

Date of an exercise that utilized WebEOC during this quarter:

Q1.

Q2.

Q3.

Q4.

List the date your jurisdiction last reviewed and updated your Public Health Emergency Response Plan (PHERP) and annexes.

Date PHERP was last updated: _____

List the annexes and dates last updated: _____

The Subcontractor shall demonstrate competence with responding and reporting essential elements of information (EEI) as follows:

As requested by DPH, the date WebEOC was used to report EEI to OPHPR:

Q1.

Q2.

Q3.

Q4.

As requested by DPH, list any date(s) your jurisdiction complied with reporting directives from the DPH Commissioner or OPHPR related to public health disasters, events, or emergencies. (i.e. Zika or EEE)

Q1.

Q2.

Q3.

Q4.

The Subcontractor shall attend a minimum of 75% of their Region's monthly meetings and annual statewide HCC meeting including associated workgroups.

List dates and name of individual(s) who attended the region's monthly and annual statewide HCC meetings:

Q1.

Q2.

Q3.

Q4.

When changes occur to the status of POD and LDS/RDS sites, report those changes immediately to the Department's SNS Coordinator and the Contractor. Status changes include the following:

- I. Facility name, address, status as primary, backup, tertiary, or alternate;
- II. Contact information for jurisdictions staff authorized to sign for deliveries of MCM or medical material from the Department or vendors;
- III. Two 24/7 voice telephone number and one facsimile number for communication between state and POD emergency management leadership;
- IV. Annually updated population numbers served by PODs including potential seasonal fluctuations affecting the jurisdiction; and
- V. Changes to LDS/RDS information that may impact the receipt of SNS. Updates are recorded on a LDS/RDS Survey that is provided by the Department to CRI regions and local health departments/districts where LDS/RDSs are located.

Date POD/LDS/RDS contact information was provided to the Contractor and to the DPH SNS Coordinator:

Date annual population number served by PODs were sent to the contractor and the Department. [a form or forms will be developed and distributed by the Department]

Q1.

Q2.

Q3.

Q4.

Date 24/7 form was submitted to the contractor:

Additional information or comments not covered above:

MRC Section

MRC subcontractors shall complete the following MRC activities:

Date of the Statewide MRC Advisory Council and the names of individuals who attended for your unit. (Information will be provided once the Council is created by the Department)

Q1

Q2

Q3

Q4

Dates and a brief description of the MRC meetings attended this quarter:

Q1

Q2

Q3

Q4

Has your unit participated in discussions, planning, or implementation of standardized MRC volunteer training for new and existing volunteers in the region? Yes No

Please describe below.

Q1

Q2

Q3

Q4

Has your unit participated in discussions, planning, or implementation of the MRC Activation protocols? Yes No

Have the MRC activation protocols and request processes been shared with all ESF 8 partners in the Region? Yes No

Please describe below.

Q1

Q2

Q3

Q4

Has your unit participated or engaged its MRC volunteer's in an exercise, drill, or real event this quarter? Yes No, please describe below.

(MRC volunteer participation and engagement is required each year)

Q1

Q2

Q3

Q4

Has your unit participated in training offered by the Department on the new volunteer management system, CT Responds! ? Yes No

List of dates of the trainings and names of individuals who attended below.

*** The CT Responds! volunteer management system is still in development by the Department, MRC units will be notified once training has been scheduled and the system is launched.**

Q1

Q2

Q3

Q4

List individuals that utilized the volunteer management system this quarter below.

*** not applicable at this time, see note above**

Q1

Q2

Q3

Q4

Additional information or comments not covered above:

