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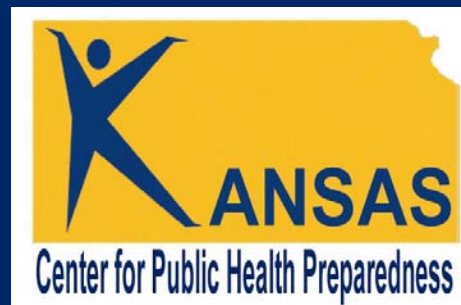
How to Use H1N1 Response Activities to Strengthen TAR Scores

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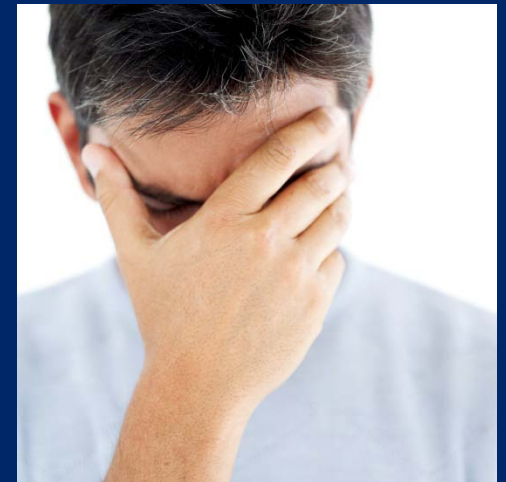
Objectives

- Discuss the H1N1 activities and how they relate to the TAR
- Discuss methods to capture information



Guiding Ideas

- If you don't write it down it didn't ever happen
- It's easier to capture things at the time than to try and reconstruct
- Real life is the best teacher



Writing it down

- Plans, procedures, and guides
- Sign In Sheets
- After Action Reviews and Improvement Plans



Section 1 – Plan Development

- Did you review/update the plan?
 - 1.2 Annual update requirement
- Did you work with partners on updating the plan?
 - 1.3 Multi-discipline planning group



Section 2 – Management of SNS

- Call down roster
 - 2.2 Functions and personnel
 - 2.3 Rosters updated quarterly
- Call down to test response rates
 - 2.4 Quarterly tests and documented results
- Utilization and notification of volunteers
 - 2.6 Annual test of notification and activation of volunteers



Section 4 – Tactical Comms

- Communications pathways established
 - 4.3 Flow chart of communications pathways
 - 4.4 Four systems in place and tested quarterly
 - 4.5 Systems and equipment are tested quarterly and have corrective plans
 - 4.6 personnel trained in redundant communications equipment



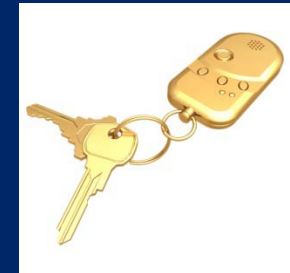
Section 5 – Public Information

- Trained PIOs on H1N1
 - 5.1 Training documented & JAS developed
- Clinic messages
 - 5.4 Messages for the mass campaign
- Updated materials
 - 5.6 Materials on clinics and H1N1



Section 6 – Security

- Primary and secondary coordinators
 - 6.1 Trained, contact info documents, support agencies identified
- Site security
 - 6.3 Vulnerability assessment, interior & exterior security, command, evacuation, and security breach
- Identification
 - 6.4 Badging procedures for all clinic personnel
- Site specific security plans
 - 6.5 All sites with specific security plan



Section 8 – Controlling Inventory

- Inventory Management System
 - 8.1 IMS in place
 - 8.2 Inventory management staff identified and trained in IMS; all documented
 - 8.3 Tracking pharmaceutical lot numbers (written procedures)



Section 10 – Dispensing

- General public clinics
 - 10.4 Altering model to increase flow
- Target/priority group
 - 10.6 Homebound and at-risk populations
- Specific POD design
 - 10.7 Site specific plans
- POD logistics
 - 10.8 Providing forms and support to POD



Section 10 – Dispensing cont.

- Volunteers and staffing
 - 10.9 Core management teams trained
 - 10.10 Personnel available to staff
 - 10.11 Volunteer/staff database
- Updated JAS for vaccination clinics
 - 10.12 JAS & JIT training for POD positions



Section 11 – Hospital Coordination

- Requesting medical material
 - 11.1 Hospitals informed of procedures
 - 11.2 Persons identified and updated
 - 11.3 Written process in SNS plan
- Training
 - 11.4 Trained on material request
 - 11.5 Procedures have been exercised



Section 12 – Training & Exercising

- Volunteer sign in sheets
 - 12.3 Evidence of training participation
- After actions and improvement plans
 - 12.5 AARs, IPs, and follow ups are conducted and written



Questions?

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