



Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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January 30, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a Memorandum of Agreement (MOA) with the Department of Safety (vendor #177878) 33 Hazen Drive, Concord, NH 03302-0002 for the purpose of improving infection prevention capacity in pre-hospital care settings in New Hampshire, in an amount not to exceed \$226,009.00, effective upon the date of Governor and Council approval through May 17, 2020. 100% Federal Funds.

Funds to support this request are available in the following account in State Fiscal Year 2017, and anticipated to be available in State Fiscal Years 2018, 2019, and 2020, upon the availability and continued appropriation of funds in future operating budgets with authority to adjust encumbrances between State Fiscal Years if needed and justified, without Governor and Executive Council approval.

05-95-90-902510-50840000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EBOLA

State Fiscal Years	Class/Account	Class Title	Job Code	Total Amount
2017	049-584923	Transfer to Other State Agencies	90077735	\$6,200.00
2018	049-584923	Transfer to Other State Agencies	90077735	\$117,850.00
2019	049-584923	Transfer to Other State Agencies	90077735	\$67,850.00
2020	049-584923	Transfer to Other State Agencies	90077735	\$34,109.00
		Total		\$226,009.00

EXPLANATION

Approval of this Memorandum of Agreement will allow the Department to provide funding to the New Hampshire Department of Safety, Division of Fire Standards and Training, Bureau of Emergency Medical Services to develop an Ebola and high-threat infectious disease preparedness program for local emergency responders. This program will enhance and support local responders with advanced training on emerging and high-threat infectious diseases, establishing infection control officer education for each service in New Hampshire, evaluating and updating standards to assure safe transportation of an infected patient, and improve emergency communications with all services. The end goal of this project is to ensure all services have access to up-to-date infection control officer

training, update current infection control equipment standards, and improve communication with local services in order to protect the public and responders from high-threat infectious diseases.

The New Hampshire Department of Safety, Division of Fire Standards and Training, Bureau of Emergency Medical Services, will provide a program coordinator who will be responsible for facilitating training and equipment standard revisions, collaborating with local services, and ensuring the work plan is implemented.

Should Governor and Executive Council determine not to approve this Request, the Department may not be able to improve infection prevention capacity in the pre-hospital Emergency Medical Services setting in New Hampshire, which was noted as a high priority gap during the 2014-2016 Ebola virus disease response. Without these funds, the Bureau of Emergency Medical Services may not be able coordinate services to support local efforts, review and update standards to assure safety of responders, and develop an infection control officer program to ultimately protect the public and responders from high-threat infectious diseases.

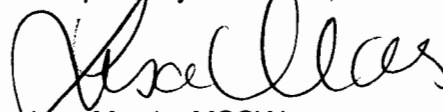
As referenced in the Memorandum of Agreement, this Agreement has the option to renew, pending availability of funding, the agreement of the parties, and approval of the Governor and Council. Furthermore, the Agreement provides that the maximum amount of funds available for reimbursement under this Agreement from the Division of Public Health Services shall be a total of \$226,009.00 for program activities through May 17, 2020 with one hundred percent (100%) of those costs covered by funds provided by the Assistant Secretary for Preparedness and Response. Neither the Division of Public Health Services, nor the Bureau of Emergency Medical Services will be responsible for any expenses or costs incurred under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the Division of Public Health Services prior to the work being performed, agreement of the parties, and Governor and Council approval.

Area served: Statewide

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities (CFDA # 93.817). Attached is the Memorandum of Agreement between the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Department of Safety.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Lisa Morris, MSSW
Director



Approved by:
Jeffrey A. Meyers
Commissioner

MEMORANDUM OF AGREEMENT
between the
DEPARTMENT OF HEALTH AND HUMAN SERVICES
and the
DEPARTMENT OF SAFETY

Subject: Hospital Preparedness Program (HPP) Ebola Preparedness and Response Grant

This Memorandum of Agreement (MOA) describes activities that have been agreed to between the Department of Health and Human Services, Division of Public Health Services (DPHS), Bureau of Infectious Disease Control (BIDC) and the Department of Safety (DOS); Division of Fire Standards and Training and EMS, Bureau of Emergency Medical Services (BEMS) related to collaboration on Ebola and other emerging infectious disease pathogens preparedness and response activities.

This new grant awarded by the Assistant Secretary for Preparedness and Response (ASPR) is intended to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is expected that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Health care worker safety is best achieved through a deep understanding and correct implementation of infection control, appropriate use of personal protective equipment (PPE), continuous training, demonstration of competencies, and participation in frequent exercises. Assuring that Ebola patients are safely and well cared for in the health care system and that frontline providers are trained to recognize and isolate a person with suspected Ebola are the cornerstones of this grant.

This Agreement sets forth the roles and responsibilities of both DHHS and DOS in carrying out the grant.

This MOA will take effect upon Governor and Council approval and remain in effect through May 17, 2020. This agreement has the option to renew pending availability of funding, the agreement of the parties, and approval by Governor and Council.

For the purposes of this Agreement, DHHS and DOS agree to cooperate as follows:

I. Department of Health and Human Services

The Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, agrees to:

- 1. Accept and administer the cooperative agreement for the project.*
- 2. Serve as the Principal Investigator/Project Coordinator for the Cooperative Agreement.*
- 3. Assure that the Cooperative Agreement funds budgeted for the Bureau of EMS will be made available to the Bureau of EMS, Department of Safety (DOS), through an interagency transfer of \$226,009, approved by Governor and Council. Such funds will enable the Bureau of EMS to carry out the identified responsibilities of the Cooperative Agreement.*
- 4. Provide the DOS with funding in the amount of \$226,009, on a reimbursement basis, to fund the part-time services of a Project Coordinator, and to contribute to expenses necessary for the implementation of this project, as set forth in the project budget and workplan.*

5. *Assist the BEMS staff with project implementation.*
6. *Monitor the activities of the Cooperative Agreement as outlined in the Cooperative Agreement workplan.*
7. *Meet quarterly or as indicated with the Bureau of EMS staff to discuss the Cooperative Agreement activities carried out by the Bureau of EMS staff.*
8. *Be responsible for assuring that any program reporting requirements requested by the Assistant Secretary for Preparedness and Response (ASPR) are provided to the ASPR.*
9. *Work with the Bureau of EMS staff to obtain performance measure data and program information necessary for monitoring the Cooperative Agreement and developing and writing any required reports.*
10. *Attend/participate in any ASPR-required meetings, trainings, or presentations with the Bureau of EMS staff as appropriate.*

II. Department of Safety

The Department of Safety, Bureau of EMS agrees to:

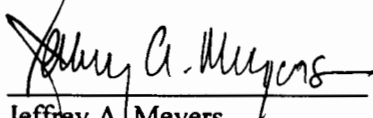
1. *Accept and administer the cooperative agreement workplan detailed in Attachment A: Cooperative Agreement Workplan,*
2. *Employ the part-time position of Project Coordinator as outlined in the Cooperative Agreement Workplan application and job description.*
3. *Utilize grant funds for budgeted project-related expenses to enhance Ebola and other infectious disease readiness among statewide EMS as outlined in the Cooperative Agreement budget if approved in advance by the Governor and Council. Reimbursement for the expenses will be paid to the Department of Safety, through an interagency payment not less than monthly, which will enable the BEMS to carry out the identified responsibilities of the Cooperative Agreement.*
4. *Collaborate with the DPHS to carry out the requirements of the Cooperative Agreement Workplan including participation in the development of a safe ground transport plan that allows for intra-state transport of potential Ebola patients, infection control training and participation in training and exercises.*

It Is Further Understood and Agreed Between DPHS, BIDC and DOS, Bureau of EMS:

1. *That neither DHHS, DPHS, BIDC nor DOS, Bureau of EMS will be responsible for any expenses or costs incurred under this Agreement prior to the date of Governor and Council approval.*

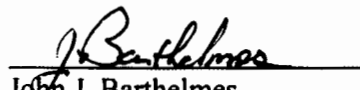
2. *That the maximum amount of funds available for reimbursement under this Agreement from the DPHS shall be a total of \$226,009 for program activities through May 17, 2020 with one hundred percent (100%) of those costs covered by funds provided by the ASPR. Neither DPHS, nor the Bureau of EMS will be responsible for any expenses or costs incurred under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the DPHS prior to the work being performed, agreement of the parties, and Governor and Council approval.*
3. *That Bureau of EMS agrees to commence the project upon Governor and Council approval. Failure to meet this deadline without good cause may cancel the DPHS participation in this project, at the discretion of DPHS. Any remaining funds will be forfeited. DOS is responsible for informing DPHS if any condition arises that may result in this deadline being unattainable.*
4. *DPHS agrees to provide funding based on the availability of ASPR funds received for this program.*
5. *Alterations and updates to the work plan can be made through a written agreement by both parties. The work plan is part of this MOA and referenced as Attachment A.*
6. *This MOA can be terminated by either party with 30 days written notice to the parties listed below. All expenses as of the date of termination or MOA expiration will be considered due the DOS.*

IN WITNESS WHEREOF, the respective parties have hereunto set their hands on the dates indicated.



Jeffrey A. Meyers
Commissioner
Department of Health and Human Services

9/12/16
(Date)



John J. Barthelme
Commissioner
Department of Safety

9/1/16
(Date)

Approved by Attorney General (Form, Substance and Execution)

By:  ~~Assistant Attorney General~~, on 2/16/17

Secretary of State This is to certify that the GOVERNOR AND COUNCIL on _____ approved this AGREEMENT.

(Date)

(Attest)

(Secretary of State)

ATTACHMENT A – COOPERATIVE AGREEMENT WORKPLAN
FOA EP-U3R-15 002 Hospital Preparedness Program (HPP)
Ebola Preparedness and Response Activities (CFDA #93.817)

NH DHHS, Division of Public Health Services
Approach and Work Plan

Activity/Strategy	Outcome	Targeted Change	Timeline for Completion	Output/Milestone
1. Project Coordinator identified and hired.	Project Coordinator hired.	Project Coordinator manages details of achieving outcomes.	Within 60 days of award	Project Coordinator hired.
2. Identify personal protective equipment.	Personal protective equipment meeting CDC guidelines is identified.	Personal protective equipment is identified.	Within 90 days of award	Personal protective equipment that creates an ensemble meeting CDC guidelines is identified.
3. Education and training on personal protective equipment is identified.	Personal protective equipment education and training is identified.	Education and training is identified.	Within 120 days of award	Education on selected personal protective equipment is identified.
4. Education and training on personal protective equipment is available.	Education and training on personal protective equipment is available.	Education and training is used by EMS Providers and Units.	Within 180 days of award	Education and training programs are used by EMS Providers and Units.
5. Group purchase of identified personal protective equipment.	Personal protective equipment meeting CDC guidelines is purchased.	Personal protective equipment is purchased.	Within 180 days of award	Personal protective equipment is purchased for distribution to EMS Units.
6. Group purchase of N-95 Fit Testing kits.	Fit test kits will be available for Units to perform fit testing.	Increased fit test equipment availability.	Within 180 days of award	Fit test kits purchased and distributed.
7. Distribute personal protective equipment to EMS Units.	Personal protective equipment is distributed to EMS Units for use by EMS Providers.	Personal protective equipment available for use by EMS Providers.	Within 270 days of award	Personal protective equipment distributed to all EMS Units.

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NH DHHS, Division of Public Health Services
Approach and Work Plan

Activity/Strategy	Outcome	Targeted Change	Timeline for Completion	Output/Milestone
8. Infection Control Officer program research and development.	Infection Control Officer program available for delivery.	Infection Control Officer program is attended by Units.	Within 270 days of award	Infection Control Officer program delivered.
9. Fit test training program.	Fit test training program available.	Units have personnel on staff or locally available to perform fit testing.	Within 360 days of award	Fit test trainer program is offered.
10. Exercises to evaluate transportation	EMS Units participate in exercises with local healthcare coalition partners	EMS Units and coalition partners are familiar with capabilities.	Within 360 days of award	Annual exercise and after action report completed. Changes to response plan made based on report.
YEAR 2				
1. Ongoing education and training.	Education and training on personal protective equipment is used.	Education and training is used by EMS Providers and Units.	Annually	Education and training programs are used by EMS Providers and Units.
2. Infection Control Officer program.	Infection Control Officer program delivered.	EMS Providers and Units train personnel to become Infection Control Officers.	Annually	Infection Control Officer program delivered.
3. Local exercises.	EMS Units participate in exercises with local healthcare coalition partners.	EMS Units and coalition partners are familiar with capabilities.	Annually	Annual exercise and after action report completed. Changes to response plan made based on report.

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NH DHHS, Division of Public Health Services
Approach and Work Plan

Activity/Strategy		Outcome	Targeted Change	Timeline for Completion	Output/Milestone
YEAR 3					
1.	Ongoing education and training.	Education and training on personal protective equipment is used.	Education and training is used by EMS Providers and Units.	Annually	Education and training programs are used by EMS Providers and Units.
2.	Infection Control Officer program.	Infection Control Officer program delivered.	EMS Providers and Units train personnel to become Infection Control Officers.	Annually	Infection Control Officer program delivered.
3.	Local exercises.	EMS Units participate in exercises with local healthcare coalition partners.	EMS Units and coalition partners are familiar with capabilities.	Annually	Annual exercise and after action report completed. Changes to response plan made based on report.
YEAR 4					
1.	Ongoing education and training.	Education and training on personal protective equipment is used.	Education and training is used by EMS Providers and Units.	Annually	Education and training programs are used by EMS Providers and Units.
2.	Infection Control Officer program.	Infection Control Officer program delivered.	EMS Providers and Units train personnel to become Infection Control Officers.	Annually	Infection Control Officer program delivered.

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NH DHHS, Division of Public Health Services
Approach and Work Plan

Activity/Strategy	Outcome	Targeted Change	Timeline for Completion	Output/Milestone
3. Local exercises.	EMS Units participate in exercises with local healthcare coalition partners.	EMS Units and coalition partners are familiar with capabilities.	Annually	Annual exercise and after action report completed. Changes to response plan made based on report.