



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Appendix E

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**Policy for Use of Emergency Preparedness Funds
To Attend Conferences and Trainings
Budget Period 5**

Training and continuing education are an important part of building and maintaining emergency-ready public health departments and healthcare organizations. There is increased emphasis by funders on ensuring that funds are utilized efficiently and effectively to advance regional preparedness. Training must be purposefully designed to close operational gaps and sustain jurisdictionally required preparedness competencies, and to achieve the capabilities established by the Centers for Disease Control and Prevention (CDC) and the Administration for Strategic Preparedness and Response (ASPR).

This policy establishes the criteria for use of Emergency Preparedness funds distributed by DPH OPEM to support participation by eligible local public health or healthcare personnel in conferences and trainings. It is the intent of this policy to provide a process that supports necessary training and education and ensures that all conference and training activities funded with emergency preparedness funds relate to identified preparedness capabilities.

In Budget Period 5 (BP5), a Public Health Coalition may use up to 10% or \$46,000 of CDC Public Health Emergency Preparedness (PHEP) funds, whichever is less, to support eligible expenses related to training and conference registration and travel costs over the course of the budget period.

Funding for training should be clearly identified in the budget, and documentation maintained to identify all personnel who have used emergency preparedness funding to attend a training or conference.

General Policy

Health and Medical Coordinating Coalition (HMCC) Sponsoring Organizations must submit a Training and Conference Request/Notification Form to the DPH OPEM at dphmcc@mass.gov prior to the conduct of or attendance at a training and conference that is supported by PHEP, HPP, or state funds.

Eligible Costs:

Emergency preparedness funds may be used for full conference/training registration fees if:

1. The in-state conference sponsor has sought and received prior approval from DPH OPEM documenting that the curriculum is designed to close operational gaps and sustain jurisdictionally required preparedness competencies; and
2. The attendee spends at least 50% of his or her time at the conference/training in eligible emergency preparedness session, based on the total of all training/session time; and
3. The attendee can provide a copy of his or her continuing education credit form or some other documentation of attendance to the HMCC Sponsoring Organization, if requested; and
4. There is a current written policy on file with the HMCC Sponsoring Organization that governs selection of personnel to attend approved conferences/trainings that will be supported by emergency preparedness funds.

Travel and Related Expenses:

Attendees must comply with their employer's or HMCC Sponsoring Organization existing travel policy as it pertains to expenditures for travel, overnight accommodations, meals and incidentals. It is the responsibility of the individual traveler to determine which policy is applicable. If there is not an employer or HMCC Sponsoring Organization travel policy in place, GSA rates must be used. In no case is it allowable to reimburse attendees for more than the scheduled GSA rates.

<http://www.gsa.gov/portal/content/110007>

Emergency preparedness funds may be used for travel expenses if the criteria below are met:

1. Travel:
 - a. Air travel must be coach or equivalent lowest cost option; and
 - b. Travel to/from the airport must be the most economical and reasonable method available. Carpooling is encouraged. Mileage is reimbursable; and
 - c. Additional reasonable costs including public transportation, shuttle, or taxi to/from the airport from home/office/hotel, airport parking, and tolls will be reimbursable with receipts. Car rentals are not reimbursable; and
 - d. Additional costs, such as seat upgrades or change fees, are not reimbursable.
2. Accommodations:
 - a. The one-way travel distance to the conference/training is 60 miles or greater from the attendee's office; and
 - b. Overnight accommodations are eligible for reimbursement the evening before a full day (at least 7 hours) of conference/training sessions which include eligible emergency preparedness sessions; and
 - c. Overnight accommodations for the evening of the final day of an out-of-state conference are eligible for reimbursement when traveling by air and if the

	Select an HPP Capability
Outline objectives of training/conference:	
Please specify funding source: <i>Check all that apply</i>	<input type="checkbox"/> PHEP Funds <input type="checkbox"/> HPP Funds <input type="checkbox"/> MRC Funds <input type="checkbox"/> HMCC SO Funds
Budget Description	<u>Amount</u>
Total Cost	
Registration fees	
Travel fees (breakdown costs below)	
Transportation (airfare, mileage, parking, etc)	
Lodging	
Per Diem Costs	
Personnel costs	In-Kind
Other costs (please describe any cost not listed above, including but not limited to contractor time/costs)	
Request to Attend Training (Please add agenda/flyer at time of request):	
Name(s) and affiliation(s) of proposed attendees: (Please attach a separate list if more than 3 attendees.)	
Organization sponsoring the Training/Conference:	
Name of Training/Conference:	
Date of Training/Conference:	
Location of Training/Conference:	
Agenda/Flyer attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approvals: *Please submit to your HMCC who will review and submit to OPEM for final approval.*

HMCC SO: _____ **Date:** _____ **Reviewed**

OPEM: _____ **Date:** _____ **Approved** **Denied**



Request to HOST a Training or Conference

Sponsoring Organization/Region:

This form must be completed, signed, and submitted to the OPEM HMCC mailbox (dphhmcc@mass.gov) by the HMCC Sponsoring Organization ***at least 30 days prior to*** the conduct of, or attendance at, any training/conference that is supported by PHEP, HPP, or state funds. Failure to submit the form prior to conducting, or attending a training or conference may result in restrictions on the use of federal or state emergency preparedness funding. Please refer to the *Policy for Use of Emergency Preparedness Funds to Attend Conferences and Trainings* in the OPEM Grants Management Manual for additional details. Please note funds cannot be used to pay for trainings if they are offered and available at no charge elsewhere.

Per federal grant requirements, all trainings and conferences need to address clearly identified gaps. As such, DPH OPEM conducted statewide training workshops to help identify broad statewide gaps that are applicable to all HMCC disciplines across the Commonwealth. The top 17 are listed below, and can be used to assist in the determination of appropriate training/conference hosting and attendance requests. If there are other gaps that have been identified by the requesting entity, please indicate them that below in the appropriate sections.

Statewide Training Gaps – please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> After Action Review/Improvement Planning | <input type="checkbox"/> Effective Communications | <input type="checkbox"/> People with disabilities and others with access and functional needs |
| <input type="checkbox"/> Animals in Disaster | <input type="checkbox"/> Emerging Infectious Diseases | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Incident Command System | <input type="checkbox"/> Volunteer-related |
| <input type="checkbox"/> Continuity of Operations | <input type="checkbox"/> Language Needs | <input type="checkbox"/> WebEOC |
| <input type="checkbox"/> Cross-discipline coordination | <input type="checkbox"/> Making it Simple/Real World/Operationalize | <input type="checkbox"/> Workplace Violence/Mass Shooter |
| <input type="checkbox"/> Demobilizing | <input type="checkbox"/> Media/PIO | |

Other: _____

General Information:

Requesting Entity Name:	
Date Submitted:	
Form Submitted by:	
Submitter email:	
Capability(ies) associated with this training/conference. Please choose more than one, if appropriate	Select a PHEP Capability

	Select an HPP Capability
Outline objectives of training/conference:	
Please specify funding source: <i>Check all that apply</i>	PHEP HPP MRC HMCC
Budget Description	Amount:
TOTAL Costs	
Speaker fees/honoraria	
Venue Costs (breakdown costs below)	
Rental space	
Food	
AV equipment	
Other	
Personnel Costs	In-Kind
Other costs (please describe, ie any cost not listed above, including but not limited to contractor time/cost)	
Will a subcontract be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If required, is the subcontractor ID packet attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

Request to host Training/Conference (Please add agenda/flyer at time of request):

Name of Training/Conference:	
Date of Training/Conference:	
Organization conducting the Training/Conference:	
Name of Instructor:	
Location of Training/Conference:	
Number of people to be trained or will attend:	

Approvals:

Please submit to your HMCC who will review and submit to OPEM for final approval.

HMCC SO: _____ **Date:** _____ **Reviewed**

OPEM: _____ **Date:** _____ **Approved** **Denied**



Exercise Request Form

Sponsoring Organization:

Region:

This form must be completed and submitted to the Regional Hospital/Public Health Coordinator and to the MDPH HMCC mailbox (dphhmcc@mass.gov) prior to the initial planning meeting for all exercises that will be supported wholly or in part with PHEP, HPP or state emergency preparedness (EP) funds received from the Office of Preparedness and Emergency Management.

In addition, this form must be completed and submitted when DPH resources such as the HHAN¹, WebEOC or the OPEM Duty Officers will be requested to be utilized during the exercise, regardless of whether the exercise is funded with EP dollars. Failure to submit the form prior to the initial planning meeting may result in restrictions on the use of federal or state emergency preparedness funding or availability of DPH resources.

General Information:

Requesting Entity Name:	
Date Form Submitted:	
Form Submitted by:	
Submitter email:	
Name of Exercise:	
Date of Exercise:	
Location of Exercise:	
Entity Sponsoring the Exercise:	
Type of Exercise:	<input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full-scale
Focus area of Exercise:	<input type="checkbox"/> Response <input type="checkbox"/> Recovery <input type="checkbox"/> Other
Scenario Type: (e.g. Pandemic, Biological, Natural Hazard etc.):	

¹ Please note that this does not apply to the EDS and HHAN drills that are conducted as part of the CDC PHEP annual deliverables.

Additional Exercise Information:

Please Specify Budget source:	<input type="checkbox"/> Coalition Budget (PHEP funds) Hospital Budget (HPP funds) MRC Budget (State funds) HMCC Budget (PHEP/HPP funds)
Is this funding part of a pre-approved budget by DPH OPEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget Detail (Breakdown of costs and what budget(s) will be used):	Amounts

Will DPH resources (including staff time to attend or participate) be requested for use during this exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What DPH resources are being requested?	WebEOC HHAN ² OPEM Duty Officer OPEM or other DPH Bureau Staff Time Other _____
Name of Person(s) Writing After Action Report:	
Email address of Person Writing After Action Report:	

² If the HHAN will be utilized, pre-scripted messages must be submitted at least one week prior to exercise.

Please write out a brief (1 to 2 paragraph) narrative of the exercise, including the objectives and the scenario.

Approvals:

Please submit to your HMCC who will review and submit to OPEM for final approval.

HMCC SO:

Date:

Reviewed

OPEM:

Date:

Approved Denied
