

Division of Public Health
Kansas Immunization Program
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Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

9/28/2016

Harper County Health Department
123 N Jennings
Anthony, Ks 67003

Dear Sidney Stranathan D.O.,

The Kansas Immunization Program appreciates your support in providing vaccinations through the Vaccines for Children (VFC) Program. We understand that there are many challenges associated with running a successful office and would like to thank you for taking the time to participate in the VFC Compliance Visit on 09/27/2016. We hope you found the visit to be informative and educational.

Below is a list of the 2016 Requirements and Recommendations that are intended to offer ongoing support for you and your staff as you implement the VFC Program in your office.

Congratulations: no compliance issues were identified during this visit. We appreciate your efforts to upholding the standards of the VFC Program.

If you have any questions, please contact me. Thank you again for your participation in the VFC Program and your continued efforts to immunize the children of Kansas.

Sincerely,

Dena Rueb, Nurse Consultant 785-250-3292

Kansas Immunization Program

2016 VFC Compliance Visit Requirements & Recommendations

ELIGIBILITY & DOCUMENTATION

Changes to Key Staff [CDC Requirement]

All changes in key staff must be communicated to the Immunization Program in the manner and timeframe defined by the Immunization Program. Key staff include: the Medical Director or equivalent who signed the Provider Agreement; the Vaccine Coordinator; and the Back-up Coordinator. VFC Providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

VFC Eligibility Categories [CDC Requirement]

VFC Providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. In order to receive VFC vaccine, a patient MUST be under the age of 19 and must be at least one of the following: (1) MEDICAID ELIGIBLE; (2) UNINSURED (i.e. child has no health insurance); (3) UNDERINSURED (i.e. child has health insurance, but coverage does not cover any or certain vaccines, underinsured children may only receive VFC vaccines in FQHC/RHC or deputized VFC Provider offices and only for vaccines not covered by insurance; and (4) AMERICAN INDIAN OR ALASKA NATIVE (AI/AN).

Billing Practices [CDC Requirement]

VFC Providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to both the VFC Provider and eligible children. At no time should billing occur for the cost of VFC vaccine. When administering VFC vaccine, Providers should NEVER bill two different "payers" (i.e. patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed within the state/territory cap established by the Centers for Medicare and Medicaid (CMS). However, established patients cannot be turned away or reported to collections for inability to pay the administration fee.

Vaccine Administration Fee Cap [CDC Requirement]

The VFC Provider's vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare and Medicaid (CMS). Kansas Fee cap is \$20.26.

Eligibility Screening & Documentation [CDC Requirement]

VFC Providers must screen for and document VFC eligibility at EACH immunization visit. Documentation must include date of the visit and the specific eligibility category. VFC Providers must document screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use.

Vaccine Dose Documentation [CDC Requirement]

In accordance with Federal law, all VFC Providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS; (5) name of vaccine manufacturer; (6) lot number; (7) name and title of person who administer the vaccine; (8) address of clinic where vaccine was administered.

Record Retention [CDC Requirement]

VFC Providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

Borrowing Documentation & Reasons [CDC Requirement]

VFC Providers are expected to maintain an adequate inventory of vaccine for VFC and non-VFC-eligible patients - it is the responsibility of the VFC Provider to appropriately schedule and place vaccine orders. VFC Providers must also rotate stock to ensure timely use of short-dated vaccines. Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a VFC Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

Vaccine Management Plan [CDC Requirement]

VFC Providers must develop, maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan must contain: the current Vaccine Coordinator and Back-up Coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures; procedures for vaccine ordering; inventory control (e.g. stock rotation); how to handle vaccine wastage; and staff training/documentation on vaccine management, storage and handling. The plan must be reviewed/updated annually or more frequently if changes occur. A "review date" and signature are required on all plans in order to validate that they are current.

VIS & VAERS [CDC Requirement]

VFC Providers are required to distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VIS visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

STORAGE & HANDLING

CDC-Recommended Storage Units [CDC Recommendation]

Recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

Thermometer in the unit [CDC Requirement]

VFC Providers MUST have a working calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain the measurement results and a statement indicating that it meets ISO 17025 standards. All certificates of calibration testing must contain: model number; serial number; date of calibration; measurement results indicating that the unit passed testing; documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1° Fahrenheit or 0.5° Celsius); and the name of the device (optional).

CDC-Recommended Thermometer [CDC Recommendation]

CDC recommends the use of a continuous temperature monitoring and recording device with a detachable probe in a buffered material and a digital display that can be easily read from the outside of the unit. Routine review and accessibility of temperature data is critical for determining whether vaccine has been properly stored and for assessing usability of vaccine that was involved in an excursion.

When selecting a data logger, CDC also recommends the following features:

- Alarm for out-of-range temperatures
- Current, minimum and maximum temperatures
- Low battery indicator
- Accuracy of +/- 1° F (0.5° C)
- Memory stores at least 4,000 readings

Probes should be placed in buffered material so that they measure temperatures that are more representative of the temperature of the vaccine in the vial rather than the air temperature of the storage unit. Examples of buffers include:

- A vial filled with liquid (Example: glycol, ethanol, glycerin)
- A vial filled with loose media (Example: sand, glass beads)
- A solid block of material (Example: Teflon®, aluminum)

CDC does not recommend the following temperature monitoring devices: Fluid-filled bio-safe liquid temperature monitoring devices; Bi-metal stem temperature monitoring devices; food temperature monitoring devices; household mercury temperature monitoring devices; chart recorders; infrared temperature monitoring devices; temperature monitoring devices that are not calibrated. These devices can have significant limitations, can be difficult to read and most only provide information on the temperature at the precise time they are read. Therefore, so temperature fluctuations outside the recommended range may not be detected.

Certificate of Calibration Testing [CDC Requirement]

Certificates of calibration testing provide confidence that the temperature-monitoring device is measuring temperatures accurately. All units storing VFC vaccines MUST have a calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain a statement indicating that it meets ISO 17025 standards. All certificates must contain: name of device (optional); model number; serial number; date of calibration testing; and measurement results indicate unit passed test and the documented uncertainty is within suitable limits (recommended uncertainty = $\pm 1^{\circ}$ F ($\pm 0.5^{\circ}$ C)).

Thermometer Placement [CDC Requirement]

The thermometer (or probe) should be placed in a central area of the section of the storage unit directly with the vaccines in order to properly measure vaccine temperature. Thermometers should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical units with built-in probes that are not in the center of the section of the storage unit, consult your Immunization Program for guidance.

Temperature Documentation [CDC Requirement]

Vaccines must be stored under appropriate temperatures at all times. Acceptable temperature ranges for refrigerated vaccines are 36° F and 46° F (2° C and 8° C) and for frozen vaccines between -58° F and +5° F (-50° C and -15° C). Exposure to temperatures outside of the required ranges can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases. In order to maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST twice a day. Temperature documentation must contain: (1) at least two temperature readings per day, (2) the time and date of each reading and (3) the name (or initials) of the person who assessed and recorded the readings. CDC also recommends that VFC Providers using a data logger record the minimum and maximum temperatures of each unit once each workday (preferably in the morning).

Temperature Excursions [CDC Requirement]

The Provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as "DO NOT USE"; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine.

Vaccine Placement [CDC Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the unit, with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit. Water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit in order to: (1) stabilize or extend temperatures during a power outage and (2) to serve as physical blocks preventing the placement of vaccines in areas of the unit that are at higher risk for temperature excursions (such as in doors, vegetable bins, floor, or near/under cooling vents).

Disconnection from Power Source [CDC Requirement]

VFC Providers must take steps to protect the power source for all vaccine storage equipment by means of having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. For large hospitals and/or developing appropriate policies/protocols.

Dorm-Style Units [CDC Requirement]

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered non-viable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

Storage Unit Space Availability [CDC Requirement]

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year without overcrowding. Vaccines should be in their original packaging from the manufacturer and/or CDC centralized distributor and placed in the middle of the unit, with space between the vaccines and the side/back of the unit. Vaccines should not be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit.

Expired Vaccines [CDC Requirement]

Vaccines should be rotated weekly and when a new shipment comes in so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled "Do not use" and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

Back-up Thermometer [CDC Requirement]

VFC Providers must have a readily available back-up thermometer (i.e. a thermometer not being used to monitor any other vaccine storage unit) with a current and valid certificate of calibration testing. CDC recommends that the backup thermometer be stored on site at the VFC Provider location. To avoid space issues and confusion resulting from differing temperature readings, the back-up thermometer should be stored outside of the storage unit until needed. To prevent the certificates of calibration testing of the primary and back-up thermometers from expiring at the same time, the date of calibration testing (or issue date) of the back-up thermometer should be different from the date of calibration testing (or issue date) of the primary thermometer.

Preparation of Vaccine [CDC Recommendation]

CDC recommends preparing vaccines immediately prior to administration in order to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

INVENTORY

Inventory Comparison [CDC Requirement]

VFC Providers must order and stock routine vaccines in accordance with their most recent Provider Profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks prevents the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

ACIP-Recommended Vaccines [CDC Requirement]

VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for the vaccines identified and agreed upon in the Provider Agreement and Provider Profile UNLESS:

1. In the VFC Provider's medical judgment, and in accordance with accepted medical practice, the VFC Provider deems such compliance to be medically inappropriate for the child;
2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

The VFC Program entitles children to the following vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Polio, Rotavirus, Tdap/TD and Varicella. VFC Providers are also required to ensure that VFC-eligible children have access to non-routine vaccines as needed.

Separation of Stock [CDC Requirement]

In order to ensure that VFC vaccines are only administered to VFC-eligible children, VFC Providers that serve both VFC and non-VFC-eligible children must maintain their vaccine inventories in such a way that they can clearly differentiate public stock from private stock as well as VFC from other public stock(i.e. T21, private, and 317).



Harper County Health Department / Home Health Agency

(620) 842-5132 / FAX (620) 842-3152 / 123 N. Jennings / P.O. Box 66 / Anthony, Kansas 67003-0066

October 6, 2016

RE: Advisory Board Meeting

Dear Board Member:

The quarterly meeting for the Harper County Health Department/Harper County Home Health Agency has been scheduled for **Monday, October 24, 2016 at noon**. The meeting will be held at the Harper County Health Department/Harper County Home Health Agency and lunch will be provided. **Please note that the meeting day has changed from Tuesday to Monday.**

Enclosed please find a copies of the agenda for the October 24, 2016 meeting and the April 26, 2016 minutes. The meeting will be completed by 1:00 p.m, however I will be available after that time if you have any additional questions or concerns. If you are not able to attend the meeting, please let our office know at 620-842-5132.

Sincerely,

Sherry Vierthaler, LBSW
Administrator
Harper County Health Department
Harper County Home Health Agency

Enc.

**Harper County Health Department/Harper County Home Health Agency
Advisory Board Meeting Agenda
Monday, October 24, 2016; Noon to 1:00 p.m.
HCHD Conference Room**

- I. Introductions
- II. Review Monday, October 24, 2016 Agenda
- III. Review April 26, 2016 Minutes
- IV. 2016 Harper County Resource Guide
- V. Current Business:
 - a. Public Health Program updates
 - i. WIC
 - 1. FFY 2017 began 10/1/2016.
 - 2. WIC audit scheduled 11/14/2016 – 11/17/2016.
 - ii. Family Planning
 - 1. Implementing data import from KIPHS into DAISEY to avoid duplicate data entry.
 - 2. Policy manual updates.
 - iii. Immunizations
 - 1. Flu mist nasal spray not being provided for the 2016-2017 flu season due to ACIP (national Advisory Committee on Immunization Practices) recommendations.
 - 2. Immunization audit September 27, 2016.
 - iv. Maternal Child Health/Healthy Start Home Visitor Service
 - 1. Did not apply for SFY 2016-2017 grant
 - 2. Will continue to encourage breastfeeding and address issues in the office with pregnant/postpartum women, infants and children as appropriate.
 - 3. BF class scheduled Tuesday, October 25, 2016 at our office from 6-8pm through LACCT.
 - v. Disease Investigation/Animal Bites
 - 1. Limited activity at this time
 - vi. Public Health Emergency Preparedness
 - 1. Completed Ebola grant 9/30/2016.
 - 2. Beginning SFY 2017 PHEP work plan
 - vii. Basic PH services – continue blood pressure clinics & basic services in office settings in all three communities.
 - viii. Environmental Services Update
 - 1. Health Department continues to collect fees for services and make deposits
 - b. In-Home Service Program Updates
 - i. Currently have cut service hours and have a waiting list for these programs due to local and state budget cuts:
 - 1. HCBS – KanCare Medicaid funding
 - 2. SCA – 26% cut in funding for SFY 2017

3. IIB – Based on FFY, but will assume some cuts to be made
 4. Private Pay – Limiting private pay hours on the sliding fee scale
 - c. Home Health Program Updates
 - i. Quality Assurance activities continue
 - ii. CMS Chart audits
 - d. Purpose of Advisory Board
 - i. Review agency by-laws – sent by email
 - ii. Advice on professional issues
 - iii. Evaluation of professional service program - sent by email
 - iv. Assistance in maintaining liaison with other community groups
 - e. Personnel updates
 - i. Staffing updates
 - f. Budget information
 - i. Budget reductions for 2017 at the local level
 - ii. Funding cuts from Medicare, Medicaid, SCA and other funding sources
 - iii. Plan to continue to provide basic services to the extent possible, but limiting new projects and reviewing expenditures
- VI. Schedule next meeting – Monday, January 23, 2016 at noon.

**Harper County Health Department/Harper County Home Health Agency
Advisory Board Meeting Minutes**

Tuesday, April 26, 2016; Noon to 1:00 p.m.; HCHD Conference Room

Members Attending: Jennifer Wolff, Nancy Rogers, Jerry Turner, Lois Hofmeier, Virginia Downing,

Commissioners: Brian Waldschmidt, Lee Adams, Carla Pence

County Employees: Sherry Vierthaler, HCHD/HHA; Melinda McCurley, Environmental Services/Zoning

- I. Introductions
- II. Briefly reviewed January 26, 2016 minutes and April 26, 2016 agenda.
- III. Sherry advised the 2016 Harper County Resource Guide is available on the county website and hard copies are in the process of being printed.
- IV. Current Business:
 - a. Public Health Program Updates
 - WIC
 1. NSP – Encourage other businesses to develop lactation accommodation policies - Harper Industries has updated the lactation area for nursing mothers
 2. Clinic Action Plan – Showed the Think Before You Drink displays currently being used with WIC clients.
- V. Family Planning:
 - a. Reviewed efforts being taken at no show rates
- VI. Immunizations:
 - a. Advised that the health department would participate with the sports physical clinic at Chaparral on Monday, May 11, 2016, providing adolescent immunizations.
- VII. Maternal Child Health/Healthy Start Home Visitor Service
 - a. Advised this grant will not be continued following the end of June, however nurses will still address parenting questions and issues during one-on-one office visits as needed and provide additional resource materials.
- VIII. Disease Investigation/Animal Bites
 - a. Reviewed recent rabies cases and process used to obtain confirmation from state lab and follow-up provided to individuals involved through public health.
 - b. Topic of where treatment is available for snake bites and initial rabies dose ensued, due to cost and rapid expiration dates.
- IX. Public Health Emergency Preparedness
 - a. Reviewed recent exercises and follow-up improvement plan processes.
 - b. Advised that Todd Pettegrew has been hired as the Emergency Manager/911 Director.
 - c. Reviewed information regarding Zika virus, mosquito and tick control.
- X. Basic Public Health Services – continue to provide services at Attica, Harper and Attica sites.
- XI. Environmental Services Update
 - a. Introduced Melinda McCurley, current County Sanitarian and current duties.
- XII. In-Home Service Program Updates

- a. Reviewed information regarding provision of service to in-home service clients when roads are bad, worker safety, etc.

XIII. Home Health Program Updates

- a. Administrator will send a copy of current by-laws out to the Advisory Board prior to the July meeting for review and questions.

XIV. Next meeting is scheduled for Tuesday, July 26, 2016 at noon.

Harper County LEPC Meeting
Local Emergency Planning Committee – LEPC
Wednesday, October 26, 2016
3:00 – 4:00 p.m.
Harper County Health Department Conference Room
Agenda

- I. Introductions**
- II. Review October 26, 2016 Agenda**
- III. Review July 27, 2016 Minutes**
- IV. LEPC Compliance Certification - EM**
- V. Update TEPW/Review TEPW progress - EM**
 - a. Update TEPW for 2017**
 - b. Exercise for Hospital/Public Health (TTX) – review scenario options/timeframe/joint activity**
 - i. Capabilities to be met include:**
 - 5 – Fatality Management
 - 7 – Mass Care
 - 14 – Responder Health & Safety
 - c. Active Shooter training/exercise with USD 361 – Doug Murphy**
 - d. EOC Activation –EM**
- VI. ESF-8 Update – Health Department/Hospital/Virginia**
 - a. Biological Incident Annex (BIA) –Sherry updated and sent out to ESF-8 group members for review from 8/30/2016 through 9/16/2016 – any discussion or approve.**
 - b. MD SOG, COOP SOG & BIA – Sherry reviewed and updated – sent to KDHE PHEP and Regional Coordinator/Virginia Downing**
- VII. EOP/COOP/HMP (Emergency Operations Plan/Continuity of Operations Plan/Hazard Mitigation Planning)**
 - a. Hazard Mitigation Plan & County EOP (review and approve before end of year)– EM**
- VIII. County Wide Action Areas**
 - a. 911 Communications Update – EM/911**
 - b. Increase Private Sector/Volunteer Involvement in LEPC –EM /911**
- IX. South Central Kansas Health Care Coalition activity update – Virginia/Stacy/Loretta**
- X. Regional Homeland Security Council Update - EM**
- XI. Set Next Meeting Wednesday, January 25, 2017 at 3:00 pm**
- XII. Adjourn**

Harper County LEPC Meeting Minutes
Local Emergency Planning Committee – LEPC
Wednesday, July 27, 2016: 3:00 – 4:00 pm

Harper County Health Department Conference Room

Attended by: Loretta Kerschen, Harper Hospital; Stacy Kristek, AMC; Theresa Rathgeber, AMC; Virginia Downing, SKCPH Regional Coordinator; Larry Olivier, Danville resident; Sandy Smith, ALTCU; Melinda McCurley, GIS/Floodplain, Cheryl Adelhardt, HCHD PIO; Todd Pettegrew, Harper County EM/911 Director; Sherry Vierthaler, HCHD.

- The group then completed self-introductions.
- April 27, 2016 minutes and July 27, 2016 agenda reviewed.
- Todd Pettegrew stated he had submitted an updated list of LEPC membership to KDEM. No changes made to HC EOP assignments and plans during this meeting. He stated he has gained access to the information in the BOLD systems and will be reviewing that information. He also plans to set up TTX meetings to update information on resources available in Harper County.
- TEPW –
 - TEPW will be updated for 2017 during the October 26, 2016 meeting.
 - Active Shooter training – planning still in process.
 - Loretta Kerschen advised that the Harper Hospital is putting together a mass casualty exercise that will involve EOC activation. They are also planning to set up a time to review the KHA video, “Lessons Learned: from the Hesston shooting.” She will send Sherry an email on these events and Sherry will forward out to the LEPC membership.
 - EOC activation – plan to set up meetings with responding agencies to update information.
- South Central Kansas Health Care Coalition – Virginia gave an update on the recent steering committee and advised contracts and work plans are still being developed for SFY 2017. The new PHEP Director for KDHE is Michael Bear.
- Regional Homeland Security Council Update – did not review this item.
- EOP/COOP/HMP (Emergency Operations Plan/Continuity of Operations Plan/Hazard Mitigation Planning) – No new information – will add review of Hazard Mitigation Plan and Harper County Emergency Operations Plan to October agenda.
 - Discussed moving election of officers to next year, since elections for 2016 were not held until the last meeting on April 27, 2016 due to the vacancy in the Emergency Manager position.
 - Reviewed ESF8 Ebola TTX AAR item
 - Entities who should be involved in JIS (Joint Information System) include: city and county officials; hospitals; nursing facilities; PIOs; EM; schools, law enforcement; ministerial alliance; health department.
 - Discussed the importance of providing consistent messages to the public.
 - Also reviewed the procedure of contacting Emergency Management to request resources to respond to an emergency.
- County Wide Action Areas:
 - 911 Communications Update - Todd also discussed the need to get an emergency notification system in place for Harper County and is looking at Nixel as an option. He is scheduling a training to review the Nixel system and

will send out a notice of when this is available so LEPC members can attend. He stated there is also a free phone app for this system for individuals by going to the Nixel website. He is still looking for applicants to fill the vacant dispatch position.

- Increase private sector/volunteer involvement in LEPC – Todd stated he plans to hold additional weather spotter training and CERT training later this year.
- The next LEPC meeting will be held on Wednesday, October 26, 2016 at 3:00 pm at the Harper County Health Department conference room. Meeting adjourned.