| | INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT | | ARIZONA DEPARTMENT OF HEALTH SERVICES<br>1740 W Adams, Room 303<br>Phoenix, Arizona 85007<br>(602) 542-1040<br>(602) 542-1741 Fax |
|---|---|---|---|
| | Contract No: **ADHS12-007886** | Amendment No 1 | Procurement Specialist<br>Cindy Sullivan |

**Emergency Preparedness Program**

**It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:**

1 Effective August 31, 2011, replace Attachment A, Section 3, Activities, Pages Eighteen (18) through Twenty (20), of the original Agreement, with Attachment A, Section 3, Activities, Pages Two (2) through Three (3) of Amendment One (1).

**All other provisions of this agreement remain unchanged.**

Gila County Health and Emergency Services
**Contractor Name**

5515 S. Apache Ave, Suite 400
**Address**

Globe AZ 85501
**City State Zip**

**CONTRACTOR SIGNATURE**
In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

**Contractor Authorized Signature**

Tommie C. Martin, Chairman
**Printed Name**

Gila County Board of Supervisors
**Title**

**CONTRACTOR ATTORNEY SIGNATURE**
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

1 24 12
**Signature Date**

Bryan Chambers, Chief Deputy County Attorney
**Printed Name**

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

**State of Arizona**

**Signed this** 7th **day of** February **2012**

Christine Ruth
**Procurement Officer**

Attorney General Contract No. PIGA2011000344, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

2-6-12
Signature Date
Assistant Attorney General

Printed Name: John T. Ellel

RESERVED FOR USE BY THE SECRETARY OF STATE

**Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.**

## 3. ACTIVITIES

Report on the following activities in the semi-annual and annual progress reports

3.1 Tiers I, II & III Partners

3.1.1 Domain Specific Reporting: During each quarter, sub-recipients shall be required to focus on the resource elements that are designated as "priority" items by the CDC ADHS staff will produce a document before the start of each quarter that summarizes the priority resource elements for the quarter. Sub-recipients shall be required to review plans according to these priority resource elements or demonstrate that current plans are already sufficient In many cases, local jurisdictions shall have already met the planning requirements In some cases, additional plans or plan components shall be required

Planning, training, and exercise activities for each quarter shall be limited to the specified domain and capabilities It is understood that scheduling conflicts may require topics to be addressed outside of their assigned quarter, but sub-recipients shall make every effort to schedule activities according to the domain schedule where possible

3.1 2 Pandemic Influenza Response Plans: Update and submit the pandemic influenza response plans, based on improvements identified in the 2009 H1N1 response by October 14, 2012

3 1 3 SNS Program: Partners are required to attend a regional inventory system training delivered by ADHS before the midpoint of the grant cycle

An annual site assessment of primary and secondary RSS Warehouse locations shall be conducted and documentation submitted to ADHS SNS Program Coordinator by August 9, 2012.

3 1 4 Corrective Actions: Ensure after action reports (AAR) and improvement plans (IP) are generated for any public health emergency exercise or real world event in which the public health entity participates and has a role After action reports and improvement plans shall not need to be developed for the DSNS drills, if they are conducted as stand-alone drills

Track and manage corrective actions identified in responses and exercises. Provide a description of the methodology used to track and manage the corrective actions

Epidemiology

3.1 5 MEDSIS: County Partners shall designate and maintain a MEDSIS liaison, recruit and train additional external facilities on MEDSIS, and work with tribal health departments that are implementing MEDSIS. Tribal Partners shall work with ADHS to determine how or if they can utilize MEDSIS The MEDSIS liaison is responsible for requesting/approving new users and informing ADHS when users should be removed

3 1 6 CIFOR Evaluation: (County Only) County Partners shall have at least one (1) staff member participate in the CIFOR food borne disease toolkit evaluation

3 1 7 On-Call Testing: (County Only) Participate in semi-annual State testing of the communicable disease on-call system using local and ADHS developed protocols, and provide a description of additional steps that would be taken by their department to investigate the disease

3 2 Tiers I & II Partners

Epidemiology

3 2 1 Communicable Disease Reporting: (County Only) Percent of infectious disease reports entered into MEDSIS by county health department staff within three business days of receiving report Goal: Fifty percent or more

3 2 2 Communicable Disease Reporting: (County Only) Indicate the number of reports received, investigations conducted, specimens collected, responses with epidemiologist involvement for and average time from initiation of investigation to recommendation of interventions in suspected outbreaks; suspect cases of select agents, measles, meningococcal disease, shiga toxin-producing *E coli*, and hepatitis A; and non-communicable disease incidents

3 2 3 Registry Planning: Develop a plan for initiating a registry, including plans for exchanging information between health care facilities and a registry, during an emergency that involves within jurisdiction mass evacuation

3 2.4 County / Tribal Coordination: Meet with coordinating partners semi-annually and list dates and agencies involved for working with a) tribal entities or Indian Health Services, and b) other agencies or health department divisions, on communicable disease surveillance or investigations.

3.2 5 Assessment: (County Only) Conduct an assessment of communicable disease communications to health care providers

3 3 Tier I Partners

Epidemiology

3 3.1 Communicable Disease Reporting Validation: (County Only) Validate communicable disease reporting for hospital inpatient and emergency department visits and for mortality surveillance, follow up with non-reporters identified, and develop education plan to address any potentially countywide reporting gaps identified

3 3 2 Exercise/Real World Event: Conduct or participate in an exercise or real world event, involving activation of a registry during a mass evacuation.

3 3 3 Planning: (County Only) Develop a written protocol on the use of mortality data for the surveillance of major causes of morbidity and mortality due to reportable conditions

3 3 4 Gap Assessment: (County Only): Develop a plan to address any gaps found in the assessment of communicable disease communications to health care providers conducted during BP10X