



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** August 5, 2021

Staff Contact: Nicki Aaker (naaker@carson.org)

Agenda Title: For Possible Action: Discussion and possible action regarding a request to reclassify one of the two Public Health Communication Specialist positions (CCEA A4) to a Public Health Program Specialist position (CCEA T2) in the Public Health Preparedness Division ("PHP Division") of the Carson City Health and Human Services Department. (Nicki Aaker, naaker@carson.org)

Staff Summary: The PHP Division is 100% federally grant funded. Currently there are two Public Health Communication Specialist positions and two Public Health Planners within the organizational chart. There are no Public Health Program Specialist positions within the organizational chart. One Communication Specialist position is filled and one is vacant. Both Public Health Planner positions are currently filled. This request is to reclassify the vacant Public Health Communication Specialist position upward to a Public Health Program Specialist, as the job description for this position aligns with the type of work required by the revisions made to the federal preparedness program and this position will better support the PHP Division.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to approve the reclassification as requested.

Board's Strategic Goal

Efficient Government

Previous Action

The reclassification was discussed at the Internal Finance Committee meeting on June 30, 2021.

Background/Issues & Analysis

Within the last four years, the federal preparedness program requirements within the PHP Division have been revised. Most of the additional work to be accomplished does not require the expertise of a Public Health Preparedness Planner and is outside the job description for a Communication Specialist. The work can be conducted by a Public Health Program Specialist and the job description for this position aligns with the program requirements. As such, the desire is to convert one of the Communication Specialist positions into a Public Health Program Specialist. Projects that fit within the Public Health Program Specialist job description include preparation of a Jurisdictional Risk Assessment, which requires survey collection, data review, collaboration with external agencies, project prioritization of resources, and working with coordinating teams. Additionally, the Public Health Program Specialist will be tasked with developing volunteer teams and measure/evaluate program delivery.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Grant Fund, Salaries 2756800-500101 and Benefits 2756800-500202, PHP PHEP - 44% - G680022001; IZ COVID Vax - 44% - G680021043; and IZ COVID Equity - 12% - G680022 (grant is going through signature process presently)

Is it currently budgeted? Yes

Explanation of Fiscal Impact: Funding of this position is budgeted and provided by the PHP PHEP, IZ COVID Vax and IZ COVID Equity grants.

Alternatives

Do not approve and provide alternative direction to staff.

Attachments:

[CCHHS Scope of Workplan_Round 4_PH Program Specialist.docx](#)

[D1 Community Resilience PHEP Workplan_BP3_PHPS.docx](#)

[D4 Countermeasures and Mitigation PHEP Workplan_BP3_PHPS.docx](#)

[Job Description - PH Communication Specialist.pdf](#)

[Job Description - PHP Program Specialist.pdf](#)

[2021_Public Health Preparedness Org Chart_2.3.2021.docx](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

NSIP COVID-19 Vaccination Program Scope of Work Template: Local Health Authorities

Date: 5/17/21

Instructions:

- Please use a new line for each activity. You may need to add a row to accomplish this.
- Please do not change the numbering in the objectives even if they aren't in numerical order. This is for the state's tracking purposes.
- Only change highlighted columns. Do not change Objectives, Phase, Performance Measure or Project Period Objective.

Scope of Work for **Subgrantee Name July 1, 2020 through June 30, 2024**

Objective	Activities	Target Population	Performance Measure
<p>2.1.1: Fund local health departments to work within each respective department to find other health programs to collaborate and promote COVID-19 vaccination within by July 1, 2021.</p>	<ul style="list-style-type: none"> • Collaborate with environmental health inspectors, WIC program staff, Community Health workers, and case workers to share information with clients about the COVID vaccine during every interaction by June 30, 2024 (begin July 1, 2021). • Create population-specific materials to be distributed to clients by other division in the health department to encourage vaccine uptake. Begin July 1, 2021 and complete by June 30, 2024. • On a quarterly basis, provide mobile or pop-up 	<p>Essential workers, low-income groups, individuals who receive any level of government assistance, inmates, individuals with behavioral health challenges, homeless, individuals who live in rural and frontier communities</p>	<p>(PM) 2.1.1 Sub award with each of the three LHAs by July 1, 2021.</p> <p>Required PM 2: Describe work in the past quarter to partner with local health departments to promote vaccine awareness and uptake.</p> <p>Required PM 3: Provide a description of the work and successes/challenges of health department partnerships in reaching the high risk and</p>

	<p>vaccination events and vaccine education opportunities in micro-communities within rural counties and to employers who hire underserved or transient work populations. To begin January 1, 2021 and be completed by June 30, 2024.</p> <ul style="list-style-type: none"> • Retrofit an existing city vehicle to serve as a mobile vaccination clinic in frontier and rural communities by October 1, 2021. 		<p>underserved populations in the past quarter.</p> <p>Required PM 5: Describe mobile COVID-19 vaccination efforts in the past quarter in communities facing disparities, including the number of events and the number of days the events were held.</p>
<p>2.1.2 By collaborating with local health department partners, including Immunize Nevada CHWs, identify and conduct mobile vaccination clinics and outreach at targeted sites across jurisdiction by August 2021. This can include HIV clinics, WIC clinics, etc.</p>	<ul style="list-style-type: none"> • On a quarterly basis throughout the grant period, partner with Immunize NV, UNR med school, rural healthcare partners, the Quad-County Healthcare Coalition, and rural community health nurses to provide at least two mobile vaccination and education clinics at targeted sites across the Quad-County region. 	<p>Individuals utilizing WIC services, Individuals who are served by an HIV case manager, transient groups, rural and frontier communities</p>	<p>Required PM 6: Describe the vaccination services available through CBOs and other local partners in the past quarter.</p>
<p>2.1.3 Fund interdepartmental educational</p>	<ul style="list-style-type: none"> • Collaborate with community organizations such, but not limited to, 	<p>Latinx populations; migrant worker populations on worker visas; service</p>	<p>Required PM 7: Describe work in the past quarter to partner with</p>

<p>campaigns, outreach, marketing approaches and materials with programs within the local health departments to increase acceptance of COVID-19 vaccination among at least three prioritized racial and ethnic minority groups per health jurisdiction by August 2021.</p>	<p>the business chambers, county Human Resources departments, Partnership Carson City, Partnership Douglas County, and Healthy Communities Coalition of Lyon and Storey Counties, to create a task force for message development to increase vaccination uptake among hard to reach populations across the Quad-Counties region by September 30, 2021.</p> <ul style="list-style-type: none"> • Develop Quad-County region-specific advertising and education outreach campaign that aligns with state education outreach campaign by October 25, 2021 • As needed, adjust region-specific advertising and education outreach campaign as vaccine authorization changes at the federal level and if booster shots are recommended. 	<p>industry workers; transient/seasonal workers (e.g., ski resort, casino, and restaurant workers)</p>	<p>community organizations, and other trusted sources to promote vaccine awareness and uptake.</p>
<p>2.1.4 Provide subject-matter expertise during all</p>	<ul style="list-style-type: none"> • Community Health Workers to provide subject matter expertise and 	<p>Hard to reach rural/frontier residents; racial/ethnic</p>	

<p>community events promoting and/or educating about COVID-19 vaccination in racial and ethnic population sub-groups throughout the response. Examples of community events include townhalls, round-tables, and Q/A sessions.</p>	<p>education about COVID-19 vaccinations at all community events throughout the grant period. Events may include, but not be limited to, virtual town halls, back to school events, flu vaccination events, back to school vaccination events, National Night Out, community safety days, and doc talks</p>	<p>minorities including Latinx, black, and Asian groups; Transient workers; migrant workers on work visas</p>	
<p>2.1.5 Engage in existing community outreach activities and collaborate and/or contract with local Community Health Workers, immunization coalitions, and patient navigators to improve education and outreach to prioritized communities of focus. Please note, these efforts should complement other existing Federally-funded efforts.</p>	<ul style="list-style-type: none"> • Hire at least two community health workers to serve as liaisons with other community outreach groups to enhance those outreach efforts with additional COVID education and to offer COVID education across the Quad-County region. • Community health workers will collaborate with disease investigations unit, human services division, and HIV coordinator to connect COVID patients with services they may need in the community while in isolation/quarantine or 	<p>All Quad-County residents</p>	

	while recovering from COVID-19.		
3.6.1 Fund LHDs to partner with local jails and detention centers to vaccinate inmates against COVID-19 and flu.	<ul style="list-style-type: none"> Partner with jails in Carson City, Douglas County, Lyon County, and Storey County to offer flu and/or COVID vaccinations on a quarterly basis throughout the grant period. Partner with juvenile probation temporary and residential facilities to offer flu and/or COVID vaccinations on a quarterly basis throughout the grant period. Partner with court-ordered drug treatment or behavioral health programs to offer flu and/or COVID-19 vaccinations on a quarterly basis throughout the grant period. 	<p>Incarcerated individuals in the county jails of the Quad-County region. Youth in temporary and residential facilities.</p> <p>Individuals in court-ordered drug treatment or behavioral health programs</p>	(PM) 3.6 All Nevada correctional facilities have access to COVID-19 and flu vaccine by October 2021.

Objective	Activities	Target Population	Performance Measure
4.1.1 Fund LHDs to complete assessments to determine what type of event would best serve the community, host appropriate events,	<ul style="list-style-type: none"> Collaborate with emergency management, healthcare partners, and other community stakeholders to conduct a survey with the public and employers as to the best type of vaccination events 	All Quad-County residents, visitors, and employees	(PM) 4.1: Sub awards with LHDs executed by July 1, 2021.

<p>and/or work with partners to host appropriate events.</p> <p>This can should include contracting with a mobile clinic if needed.</p>	<p>to be held in each of the four counties that make up the Quad-County region by September 30, 2021.</p> <ul style="list-style-type: none"> Collaborate with partners to include, but not be limited to, Immunize NV, Quad-County Healthcare Coalition, Emergency Management, Chambers of Commerce, private partners, to host vaccination events that align with results of surveys and interviews regarding types of events throughout the grant period. These events may involve the mobile clinic or a pop-up design. 		
<p>4.3.1 Encourage LHDs to hire culturally competent medical personnel (CHWs, Mas, other vaccinating providers as necessary) to serve the identified community to administer COVID-19 vaccine.</p>	<ul style="list-style-type: none"> Hire and/or employ a culturally diverse and competent vaccination workforce by August 30, 2021. Maintain a culturally diverse and competent vaccination workforce throughout the grant period. 	<p>All Quad-County residents, visitors, and employees</p>	<p>(PM) 4.3: Technical assistance and/or training with LHDs to discuss how to hire for cultural competency held by July 31, 2021.</p>
<p>4.3.2 NSIP, LHDs, and Immunize Nevada</p>	<ul style="list-style-type: none"> Collaborate with UNR Medical School, UNR Orvis 	<p>All Quad-County residents, visitors, and employees</p>	

<p>will work with professional medical organizations to that specifically represent communities of color to promote COVID-19 vaccinations.</p>	<p>School of Nursing, and student groups of color to assist with promoting COVID-19 vaccinations throughout the grant period.</p> <ul style="list-style-type: none"> • Collaborate with WNC Nursing program to have faculty/students be part of media development collaborative for Quad-County region to support COVID-19 vaccination uptake by communities of color throughout the grant period. • Collaborate with the Governor's Council for Developmental Disabilities to assist with media development to support COVID-19 vaccination uptake by communities with developmental disabilities throughout the grant period. 		
<p>4.6.1 Funded partners will ensure ease of access and remove barriers that may exist for patient registration and appointments. Encourage walk in</p>	<ul style="list-style-type: none"> • Continue to seek ways to improve access and remove barriers for patients interested in receiving the COVID-19 vaccine. Methods to include, but not be limited to, increasing walk-in 	<p>All Quad-County residents, employees, and visitors; Any Quad-County resident who may not have access to technology to make an appointment; All Quad-County vaccine providers</p>	<p>Required PM 8: Describe the work in the past quarter to simplify COVID-19 vaccine registration processes, including successes and challenges. Describe existing non-</p>

<p>vaccine availability across the state.</p>	<p>availability, offering COVID-19 vaccines along with other vaccines, and utilizing call-in appointment options.</p> <ul style="list-style-type: none"> • CCHHS to serve as a regional distributor of COVID-19 vaccines to support vaccines being offered through a variety of providers who are unable to store large amount of vaccine. 		<p>digital options for COVID-19 registration.</p>
<p>LHDs to ensure at least 50% of clinics are walk ins at community-based clinics.</p>	<ul style="list-style-type: none"> • Ensure at least 50% of vaccines offered at community-based clinics are available for walk-in patients by July 31, 2021. 	<p>All Quad-County residents, employees, and visitors.</p>	
<p>LHDs to conduct school-based clinics with simple registration processes.</p>	<ul style="list-style-type: none"> • Offer school-based COVID-19 vaccination events beginning May 1, 2021. Events to be held in accordance with school schedule and willingness to participate. • All registration processes for school-based events will be simplified to allow for appointments and at least 50% walk ins. • All registration processes for school-based events will have materials provided in multiple 	<p>All Quad-County students and school-based staff</p>	

	languages to include, but not be limited to English and Spanish.		
Optional 4.7 Provide option to LHDs and Immunize Nevada to support free or subsidized transportations options in each respective community by partnering with transportation agencies and companies.	<ul style="list-style-type: none"> Provide free or subsidized transportation to community-vaccination events through community-based transportation options to include, but not be limited to, taxis, public bus transportation, faith-based transportation options, and ride-share services. 	All Quad-County residents, visitors, and employees	(PM) 4.7: Sub awards established with LHDs and Immunize Nevada by July 1, 2021.

Objective	Activities	Target Population	Performance Measure
7.2 Fund LHDs and Immunize Nevada to sustain COVID-19 Vaccine Program efforts, including compliance visits and other activities as required in the COVID-19 supplement 3, through June 30, 2024.	<ul style="list-style-type: none"> Sustain COVID-19 compliance visits with Quad-County healthcare providers offering the COVID-19 vaccine from July 1, 2022 through June 30, 2024. 	Quad-County healthcare providers offering COVID-19 vaccines.	

Domain Summary	
Domain Name	Community Resilience
Domain Description	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
Associated Capabilities	<ul style="list-style-type: none"> • Community Preparedness • Community Recovery
Community Preparedness Definition	<p>Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to</p> <ul style="list-style-type: none"> • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs • Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event • Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster
Community Recovery Definition	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Community Preparedness	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Community Recovery	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability

Strategies/Activities		
Domain Strategy		Strengthen Community Resilience
1a. Planned Objective		
Nevada will conduct community preparedness and resilience improvement planning from COVID-19 response lessons learned and After Action Reports.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	PHP Team will update any appropriate plans (Quad-County Medical Countermeasures Distribution Plan, Volunteer Management Plan) based on lessons learned from COVID-19 response by March 31, 2022.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: updated Quad-County Medical Countermeasures Distribution Plan, Volunteer Management Plan		
Planned Activity:	PHP Team will conduct one flu vaccine exercise implementing lessons learned from COVID-19 response by November 15, 2021.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: staffing matrix, org chart, data summary gathered from events, ExPlan, sign in sheets		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Updated Quad-County plans	
Proposed Output:	Improved flu vaccinations operations and response	
2a. Planned Objective		

PHEP Budget Period 3 (SFY22) Nevada Subgrantee Work Plan Template: D1: Community Resilience

In BP3, QCPHP will work with state, local, tribal, healthcare, and cross borders partners to prepare and respond to public health incidents in the Quad-County region.

2b. Completion Timeline

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.
 Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Throughout BP3, QCPHP will continue to participate and coordinate with the Quad-County MAC Group in quarterly and/or weekly meetings, group messages, and other information sharing.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting invites, Zoom calendar invites		
Planned Activity:	By April 30, 2022, QCPHP and QCHCC members will attend annual NACCHO Preparedness Summit conference in Atlanta, GA to learn about and/or present on leading practices and lessons learned from other public health and healthcare partners around the country.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Travel documentation		
Planned Activity:	By April 30, 2022, CCHHS Director will attend the NACCHO annual conference in to learn about and/or present on leading practices and lessons learned from other public health partners around the country.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Travel documentation		
Planned Activity:	In BP3, QCPHP Public Health Accreditation Board (PHAB) Coordinator will assist with reaccreditation relating to preparedness efforts for CCHHS.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Reaccreditation documentation and agendas		
Planned Activity:	Throughout BP3, QCPHP will participate in PHAB Committee, Staff Development Subcommittee, Data Subcommittee, and Performance Management Team (PMT) Subcommittee to assist with reaccreditation relating to preparedness efforts for CCHHS.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Reaccreditation documentation		
Planned Activity:	Throughout BP3, QCPHP will continue to participate in quarterly Local Emergency Planning Committee (LEPC) meetings and activities to improve planning and response coordination in the quad counties.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Agendas, meeting minutes		
Planned Activity:	By August 30, 2022, QCPHP will participate in the Nevada Statewide Training and Exercise Planning Workshop (TEPW).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31

PHEP Budget Period 3 (SFY22) Nevada Subgrantee Work Plan Template: D1: Community Resilience

		<input type="checkbox"/> Q4: April 1 – June 30
Documentation: Agenda, calendar invite, updated TEPW calendars		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Continued collaboration with the MAC Group to improve coordinated responses in the Quad-Counties.	
Proposed Output:	Partners informed of best practices and lessons learned from conference presenters from across the country	
Proposed Output:	CCHHS Director informed of best practices and lessons learned from conference presenters from across the country	
Proposed Output:	CCHHS reaccreditation	
Proposed Output:	CCHHS reaccreditation	
Proposed Output:	Involvement in each local LEPC to coordinate Quad County activities related to public health preparedness.	
Proposed Output:	Updated five-year Quad-County Training and Exercise Calendars	

Domain Summary	
Domain Name	Countermeasures and Mitigation
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
Associated Capabilities	<ul style="list-style-type: none"> • Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
Nonpharmaceutical Interventions	Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include <ul style="list-style-type: none"> • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	

PHEP BP3 (SFY22) Nevada Subgrantee Work Plan Template: Domain 4: Countermeasures & Mitigation

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Responder Safety and Health	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	
Domain Strategy	Strengthen Countermeasures and Mitigation
1a. Planned Objective	
Nevada will conduct Countermeasures Dispensing and administration improvement planning from COVID-19 response lessons learned and After Action Reports.	
1b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.	
Planned Activity:	<p>PHP Team will update Quad-County Medical Countermeasures Distribution Plan based on lessons learned from COVID-19 response by March 31, 2022.</p> <p>Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30</p>
Documentation: updated Quad-County Medical Countermeasures Distribution Plan	
Planned Activity:	<p>PHP Team will conduct one flu vaccine exercise implementing lessons learned from COVID-19 response by November 15, 2021</p> <p>Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30</p>
Documentation: staffing matrix, org chart, data summary gathered from events, ExPlan, sign in sheets	
1c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
X	Report adverse events
Medical Materiel Management & Distribution	
X	Direct and activate medical materiel management and distribution

PHEP BP3 (SFY22) Nevada Subgrantee Work Plan Template: Domain 4: Countermeasures & Mitigation

	Acquire medical materiel from national stockpiles or other supply sources
X	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.	
Proposed Output:	Updated Quad-County Medical Countermeasures Distribution Plan
Proposed Output:	Improved flu vaccinations operations and response
2a. Planned Objective	
Nevada will conduct improvement to Non-Pharmaceutical Intervention planning based on lessons learned and After Action Reports from the COVID-19 Response.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.	
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.	
Planned Activity:	<p>THIS OBJECTIVE WAS LARGELY LED BY THE GOVERNOR'S OFFICE AND STATE PARTNERS. NO CHANGES TO QUAD-COUNTY PLANS WILL BE MADE FOR NON-PHARMACEUTICAL INTERVENTIONS.</p> <p>Completion Timeline:</p> <p><input type="checkbox"/> Q1: July 1 – September 30</p> <p><input type="checkbox"/> Q2: October 1 – December 31</p> <p><input type="checkbox"/> Q3: January 1 – March 31</p> <p><input type="checkbox"/> Q4: April 1 – June 30</p>
Documentation:	
2c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
	Activate medical countermeasure dispensing/administration operations
	Dispense/administer medical countermeasures to targeted population(s)

PHEP BP3 (SFY22) Nevada Subgrantee Work Plan Template: Domain 4: Countermeasures & Mitigation

	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.	
Proposed Output:	
3a. Planned Objective	
In BP3, QCPHP and CCHHS will work to improve safety measures for staff and responders through various trainings and changes to processes.	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.	
Planned Activity:	By September 30, 2021, QCPHP will conduct vaccinator training for public health nurses and MRC volunteers for flu events in the quad-counties.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training presentation, sign-in sheets	
Planned Activity:	By February 28, 2022, CCHHS will conduct N-95 fit tests to all employees.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, fit test records	

PHEP BP3 (SFY22) Nevada Subgrantee Work Plan Template: Domain 4: Countermeasures & Mitigation

Planned Activity:	Throughout BP3, CCHHS Safety Committee will conduct monthly and quarterly site inspections, and provide safety trainings and updates on risks and/or hazards that may impact public health staff.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Site inspection reports, sign-in sheets, presentations, emails		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Trained public health nurses and volunteers that can respond to a public health incident as vaccinators	
Proposed Output:	Public health staff prepared for infectious disease emergency by knowing how to properly use an N-95 mask	
Proposed Output:	Continued improvements of CCHHS safety plans and procedures	



Public Health Communication Specialist

Class Code:
00683

Bargaining Unit: CARSON CITY EMPLOYEES
ASSOCIATION

CONSOLIDATED MUNICIPALITY OF CARSON CITY
Established Date: Jul 1, 2015
Revision Date: Mar 5, 2018

SALARY RANGE

\$19.21 - \$28.81 Hourly
\$3,328.88 - \$4,993.39 Monthly
\$39,946.61 - \$59,920.64 Annually

DESCRIPTION:

Under general supervision, responsible for providing public information and public health alerts to selected groups within the community.

EXAMPLE OF DUTIES:

This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbent(s) may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.

- Manages information flow, tracking and update of health responder databases to include: clinicians, first responders and other public health support personnel.
- Transmits public health alerts and other pertinent technical information to healthcare providers and authorities.
- Researches and recruits community healthcare providers and support personnel for participation in the Health Alert Network.
- Creates and maintains a call-down listing of public health responders and volunteers; develops a comprehensive health resource list (personnel and material) that can be quickly accessed and utilized by public health responders.
- Assists Health Educator with preparation of educational material for distribution to community.
- Provides logistical support in emergency response and preparedness exercises.
- Provides logistical support to Immunization Program by ordering and managing inventory of all vaccines.
- Enter a variety of data into electronic databases.

- Contributes to the overall quality of the department's service provision by developing and coordinating work teams and by reviewing, recommending and implementing improved policies and procedures.
- Uses standard office equipment, including a computer, in the course of the work.
- Demonstrates courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.

QUALIFICATIONS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

Education and Experience:

High School diploma or GED; AND two (2) years of public health program experience; OR an equivalent combination of education, training and experience as determined by Human Resources.

REQUIRED CERTIFICATES, LICENSES, AND REGISTRATIONS:

- A valid driver's license.

Required Knowledge and Skills

Knowledge of:

- Principles and practices of communications.
- Current public health issues in the community.
- Pertinent Federal, State, and local laws, codes, and regulations.
- Computer applications related to the work.
- Business mathematics, including statistics and financial analysis techniques.
- Techniques for dealing with a variety of individuals, at all levels of responsibility, in person and over the telephone.
- Communicating effectively in oral and written forms.

Skill in:

- Disseminating pertinent public health information.
- Coordination assigned health education program.
- Gaining cooperation through discussion and persuasion.
- Communication of public health issues clearly and concisely, both orally and in writing.
- Contributing effectively to the accomplishment of team or work unit goals, objectives and activities.
- Demonstrating courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.
- Using initiative and independent judgment within established procedural guidelines.

SUPERVISION RECEIVED AND EXERCISED:

Under General Supervision - Incumbents at this level are given assignments and objectives that are governed by specifically outlined work methods and a sequence of steps, which are explained in general terms. The responsibility for achieving the work objectives, however, rests with a superior. Immediate supervision is not consistent, but checks are integrated into work processes and/or reviews are frequent enough to ensure compliance with instructions.

PHYSICAL DEMANDS & WORKING ENVIRONMENT:

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Mobility to work in a typical office setting, use standard office equipment and stamina to sit for extended periods of time; strength to lift and carry up to 20 pounds; vision to read printed materials; and hearing and speech to communicate in person or over the telephone; ability to operate a motor vehicle and safely travel to a variety of offsite locations.

SUPPLEMENTAL INFORMATION:

CONDITIONS OF EMPLOYMENT:

1. *All new employees will serve a probationary period of twelve (12) months. Such employees are not subject to the collective bargaining agreement and may be laid off or discharged during this period for any reason.*
2. *Continued employment is contingent upon all required licenses and certificates being maintained in active status without suspension or revocation.*
3. *Any City employee may be required to stay at or return to work during emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.*
4. *Employees may be required to complete Incident Command System training as a condition of continuing employment.*
5. *New employees are required to submit to a fingerprint based background investigation which cost the new employee \$56.25 and a drug screen which costs \$36.50. Employment is contingent upon passing the background and the drug screen.*
6. *Carson City participates in E-Verify and will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization. All candidates who are offered employment with Carson City must complete Section 1 of the Form I-9 along with the required proof of their right to work in the United States and proof of their identity prior to starting employment. Please be prepared to provide required documentation as soon as possible after the job offer is made. For additional information regarding acceptable documents for this purpose, please contact Human Resources at 775.887.2103 or go to the U.S. Citizenship and Immigration Services web page at www.ucis.gov.*
7. *??Carson City is an Equal Opportunity Employer.*





Public Health Program Specialist

Class Code:
00945

Bargaining Unit: CARSON CITY EMPLOYEES
ASSOCIATION

CONSOLIDATED MUNICIPALITY OF CARSON CITY
Established Date: Jul 1, 2013
Revision Date: Apr 22, 2020

SALARY RANGE

\$20.84 - \$31.26 Hourly
\$43,345.33 - \$65,017.89 Annually

DESCRIPTION:

Under general supervision, responsible for providing public information and coordinating a public health program to selected groups within the community.

EXAMPLE OF DUTIES:

This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbent(s) may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.

- Manages all aspects of assigned projects and develop detailed project schedule including all major milestones.
- Establishes and monitors project schedules; analyze business needs and prioritize resource allocation.
- Participates in meeting and coordinates efforts with partners.
- Identifies targets appropriate for service based upon audits, analysis of available statistical data and participation in stakeholder meetings.
- Provides direction to a diverse, cross functional project team, which may include collaboration with various partners.
- Prepares a variety of monthly and quarterly reports on program activities and operations; gathers statistical data as required.
- Devise project measurement and /or evaluation processes.
- Function as the interface between management team members and operational personnel with associated agencies as well as with any other related organizations.
- Develop and maintain productive working relationships with management, team members and agencies.
- Directs efforts of assigned team members and volunteers.

- Contributes to the overall quality of the department's service provision by developing and coordinating work teams and by reviewing, recommending and implementing improved policies and procedures.
- Participates in quality improvement projects.
- Uses standard office equipment, including a computer, in the course of the work.
- Demonstrates courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.

QUALIFICATIONS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

Education and Experience:

Two (2) years of college-level coursework in health or a closely related field; AND two (2) years of public health program experience; OR an equivalent combination of education, training and experience as determined by Human Resources.

REQUIRED CERTIFICATES, LICENSES, AND REGISTRATIONS:

- A valid driver's license.

Required Knowledge and Skills

Knowledge of:

- Principles and practices of project management.
- Technical reporting and deliverable requirements.
- Current health issues in the community.
- Application and management of performance measures and metrics.
- Computer applications related to the work.
- Business mathematics, including statistics and financial analysis techniques.
- Techniques for dealing with a variety of individuals, at all levels of responsibility, in person and over the telephone.
- Communicating effectively in oral and written forms.

Skill in:

- Analyze situations and provide critical thinking and problem solving skills.
- Project management.
- Coordination of assigned health programs.
- Reading, interpreting and explaining regulations, policies procedures and medical guidance.
- Surveying, interpreting and reporting statistical data.
- Gaining cooperation through discussion and persuasion.
- Communication of health issues clearly and concisely, both orally and in writing.
- Contributing effectively to the accomplishment of team or work unit goals, objectives and activities.
- Demonstrating courteous and cooperative behavior when interacting with public and staff; acts in a manner that promotes a harmonious and effective workplace environment.

- Using initiative and independent judgment within established procedural guidelines.

SUPERVISION RECEIVED AND EXERCISED:

Under General Supervision - Incumbents at this level are given assignments and objectives that are governed by specifically outlined work methods and a sequence of steps, which are explained in general terms. The responsibility for achieving the work objectives, however, rests with a superior. Immediate supervision is not consistent, but checks are integrated into work processes and/or reviews are frequent enough to ensure compliance with instructions.

PHYSICAL DEMANDS & WORKING ENVIRONMENT:

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

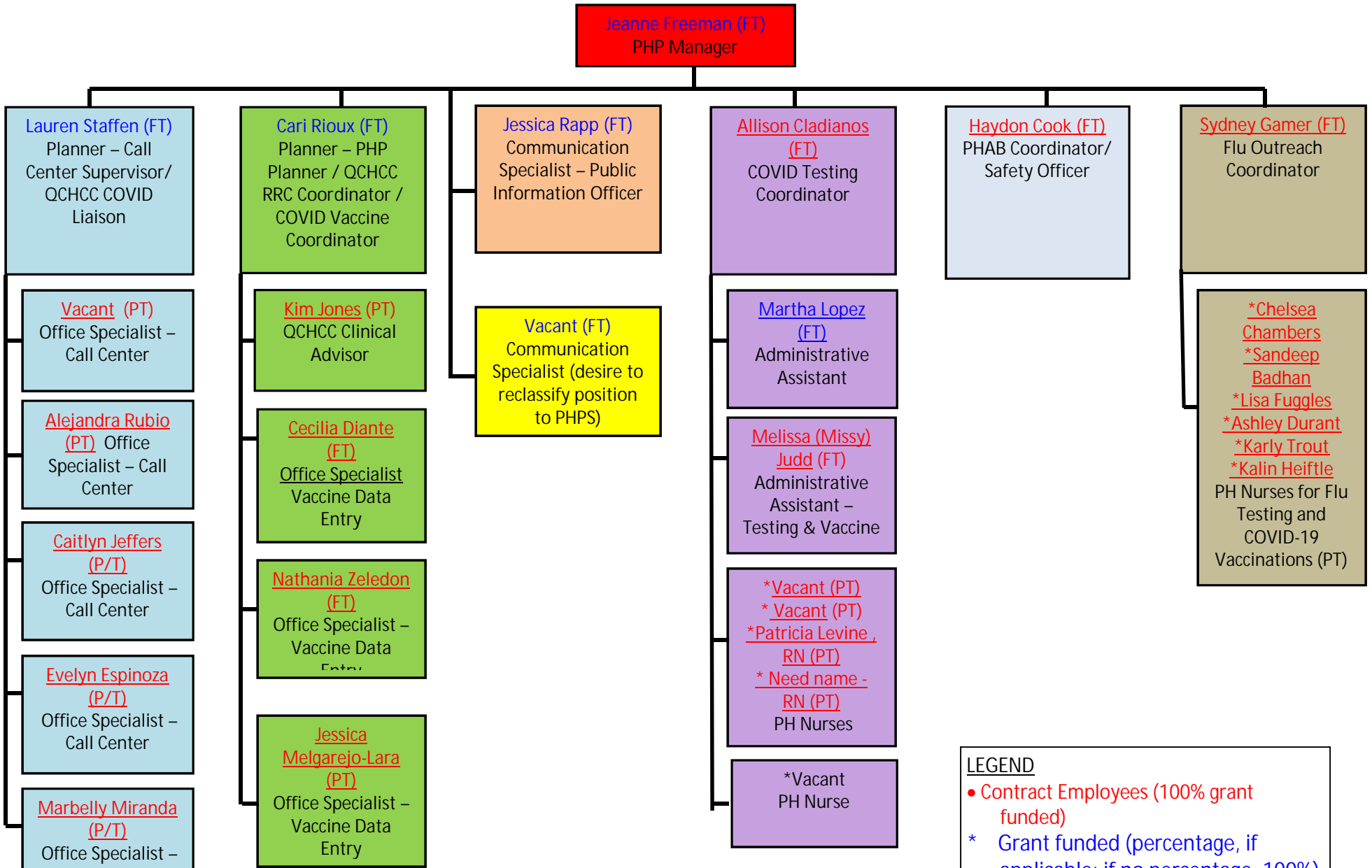
Mobility to work in a typical office setting, use standard office equipment and stamina to sit for extended periods of time; strength to lift and carry up to 20 pounds; vision to read printed materials; and hearing and speech to communicate in person or over the telephone; ability to operate a motor vehicle and safely travel to a variety of offsite locations.

SUPPLEMENTAL INFORMATION:**CONDITIONS OF EMPLOYMENT:**

- 1. All new employees will serve a probationary period of twelve (12) months. Such employees are not subject to the collective bargaining agreement and may be laid off or discharged during this period for any reason.*
- 2. Continued employment is contingent upon all required licenses and certificates being maintained in active status without suspension or revocation.*
- 3. Any City employee may be required to stay at or return to work during emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.*
- 4. Employees may be required to complete Incident Command System training as a condition of continuing employment.*
- 5. New employees are required to submit to a fingerprint based background investigation which cost the new employee \$52.25 and a drug screen which costs \$36.50. Employment is contingent upon passing the background and the drug screen.*
- 6. Carson City participates in E-Verify and will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization. All candidates who are offered employment with Carson City must complete Section 1 of the Form I-9 along with the required proof of their right to work in the United States and proof of their identity prior to starting employment. Please be prepared to provide required documentation as soon as possible after the job offer is made. For additional information regarding acceptable documents for this purpose, please contact Human Resources at 775.887.2103 or go to the U.S. Citizenship and Immigration Services web page at www.ucis.gov.*

7. Carson City is an Equal Opportunity Employer.

Public Health Preparedness Organizational Chart



*PH Nurses are supervised by the CCHHS Director or Clinic Services director due to licensure requirements

LEGEND

- Contract Employees (100% grant funded)
- * Grant funded (percentage, if applicable; if no percentage, 100%)
- Volunteers