2019-2024 HPP Requirements

Application Requirements and Capabilities, Objectives and Activities

See Appendix A on pages 42-82 of FOA.

Application Requirements	Recipient	HCC	Budget Period	Validation Method
Recipients must, with funding provided, refine and sustain HCCs through the end of the project period.	X		All 5	Reported under Program Requirements of Application
Recipients must submit each HCC's full scope of work (HCC Requirements) with the application.	X		All 5	Reported under Program Requirements of Application
Recipients must define the HCC boundaries. HCCs should consider daily health care delivery patterns, corporate health systems, and defined catchment areas, such as regional EMS councils, trauma regions, accountable care organizations, emergency management regions, etc., when defining boundaries.	X		All 5	Reported under Program Requirements of Application AND provide any updates with Annual Progress Report (APR)

(**Joint HPP/PHEP Activity**) In collaboration with the PHEP program, HPP recipients **must** identify whether their jurisdictions have done the following:
 	
1) Tested the following expedited procedures as identified in their plans
   a) Receiving emergency funds during a real incident or exercise
   b) Reducing the cycle time for contracting and procurement during a real incident or exercise
2) Implemented internal controls related to sub-recipient monitoring and any negative audit findings resulting from suboptimal internal controls
	X		All 5	Reported under Program Requirements of Application AND provide any updates with

Application Requirements	Recipient	HCC	Budget Period	Validation Method
3) Tested emergency authorities and mechanisms as identified in their plans to reduce time for hiring or reassignment of staff (workforce surge).				Annual Progress Report (APR)
Recipients must maintain a current all-hazards public health and medical emergency preparedness and response plan that includes the following components: • Establish and maintain advisory committees or similar mechanisms of senior officials from governmental and non-governmental organizations involved in homeland security, health care, public health, EMS, and behavioral health • Describe how recipient will use EMAC or other mutual aid agreements for medical and public health mutual aid • Submit plans to ASPR and CDC when requested, and make it available for review during site visits.	X		All 5	Reported under Program Requirements of Application
(Joint HPP/PHEP Activity) In collaboration with the PHEP program, HPP recipients, the HCCs, and their members must participate in current and future federal health care situational awareness initiatives for the duration of the project period. •	X	X	All 5	Reported under Program Requirements of Application
Recipients will not use HPP funds for subawards with any HCC that presently does not meet the core membership requirements, as defined in the 2017-2022 Health Care Preparedness and Response Capabilities.	X		All 5	Reported under Program Requirements of Application

Capabilities, Objectives, and Activities

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
PHASE 1: Plan and Prepare				
Objective 1: Establish and Operationalize a Health Care Coalition (HCC)				

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
Activity 2: Identify Health Care Coalition Members				
The recipient, on behalf of the HCC(s), **must** make available a listing or provide access to a listing of all core members and additional coalition members.	X	X	All 5	Upload into PERFORMS
Core members should be represented at all HCC meetings, virtually or in-person. Core members should also sign all HCC-related documentation, such as governance, preparedness plans, response plans and recovery plans. Additionally, core members should participate in ALL HCC exercises.		X	All 5	Verify during Site Visit
NEW HCCs **should** recruit and incorporate additional functional entities, including medical supply chain organizations, pharmacies, blood banks, clinical labs, federal health care organizations, outpatient care centers, and long term care organizations in their membership. In addition, all HCC inpatient facilities not providing definitive specialty care should demonstrate transfer agreements with at least one pediatric, trauma/ burn center.		X	All 5	Upload in Coalition Assessment Tool (CAT) (Transfer agreements with pediatric, trauma, and burn centers should be incorporated into the corresponding specialty surge annex)
Activity 3: Establish Health Care Coalition Governance				
The HCC **must** update and maintain the following information related to its governance: • HCC membership • **NEW** HCC should be led or co-led by hospital or health care organization • An organizational structure capable of supporting HCC activities • Member guidelines for participation and engagement • Policies and procedures focused on supporting acute health care service		X	All 5	Upload in CAT

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
delivery through communication and coordination • HCC integration with existing state, local, and member-specific incident management structures and roles.				
NEW All HCCs **must** fund **at least 1.0 full-time equivalent (FTE)** (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: • **Clinical Advisor:** individual(s) should be a physician, advanced practice provider, or registered nurse and should be from a lead or co-lead hospital or health care organization and be clinically active (i.e., works shifts/sees patients). Involvement in emergency services or response activities is preferred and knowledge of medical surge issues and basic familiarity with chemical, biological, radiological, nuclear, and explosives (CBRNE), trauma, burn, and pediatric emergency response principles is required. • **HCC Readiness and Response Coordinator:** to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans.	X	X	All 5	Include in each HCC's Scope of Work submitted with the application Submit in HCC or Recipient Budget with Application Budget line should contain: Name, Position Title, Salary, %Time, and Parent Organization.
Objective 2: Identify Risks and Needs				
Activity 1: Assess Hazard Vulnerability and Risks				
Each funded HCC, in collaboration with the recipient, **must** annually update and maintain their HVA to identify risks and impacts.		X	All 5	Upload in CAT
All HCC-funded projects **must** be tied to a hazard or risk from the HCC's HVA, an identified capability gap, or an activity identified during a corrective action process.		X	All 5	Verified through HCC work plan and budget.

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
(Joint HPP/PHEP Activity) All HPP recipients should work with PHEP recipients to participate in or complete a JRA at least once every 5 years.	X		Once every 5 years	Submit with Annual Progress Report (APR)
Activity 2: Assess Regional Health Care Resources				
Each funded HCC **must** update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency. HPP recipients **should** ensure that each HCC maintains visibility on their members' resources and resource needs, such as personnel, facilities, equipment, and supplies.	X	X	All 5	Verify during Site Visit
Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs				
(Joint HPP/PHEP Activity) HPP and PHEP recipients **should** conduct inclusive risk planning throughout the project period for the whole of community including children, pregnant women, senior citizens, individuals with access and functional needs, including people with disabilities; individuals with pre-existing conditions; and others with unique needs and vulnerabilities.	X		All 5	Verify during Site Visit
(Joint HPP/PHEP Activity) HPP and PHEP recipients **should** involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning.	X	X	All 5	Verify during Site Visit
ASPR **strongly recommends** that HPP recipients use the Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index, which helps identify risk factors and at-risk populations by geographic area.	X		All 5	Verify during Site Visit
As part of inclusive planning for populations at risk, HPP-funded HCCs **should**: • Support HCC members with situational awareness and information		X	All 5	Verify during Site Visit

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
technology (IT) tools already in use that can help identify children, seniors, pregnant women, people with disabilities, and others with unique needs. • Support HCC member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification. • Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during a medical surge event. • Assess needs and contribute to medical planning that may enable individuals to remain in their residences during certain emergencies. When that is not possible, coordinate with the jurisdiction's ESF-8 lead agency to support the jurisdiction's ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency with access to medical care including at shelter sites. • Coordinate with the jurisdiction's ESF-8 lead agency to assess medical transport needs for these populations.				
Objective 3: Develop a Health Care Coalition Preparedness Plan				
Activity 1: Develop a Health Care Coalition Preparedness Plan				
The HCC **must** update and maintain their preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core member organizations. All of the HCC's additional member organizations **should** be given an opportunity to provide input into the preparedness plan, and all member organizations **must** receive a final copy of the plan.		X	ALL 5	Upload in CAT
Objective 5: Ensure Preparedness is Sustainable				
Activity 3: Engage Clinicians				
The HCC clinical advisor **must** engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning to include CBRNE, trauma, burn, and pediatric readiness and response. Additionally, they **should** gain an		X	All 5	Verify during Site Visit

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
understanding of the scope of specialized clinical expertise throughout the HCC and include clinicians from a wide range of specialties in HCC activities on a regular basis to validate medical surge plans and to provide subject matter expertise to ensure realistic training and exercises.				
Activity 4: Engage Community Leaders				
The HCC Readiness and Response Coordinator **must** identify and engage community leaders including businesses, charitable organizations, and the media, in health care preparedness planning and exercises to promote the resilience of the entire community.		X	All 5	Verify during Site Visit
Activity 5: Promote Sustainability of Health Care Coalitions				
HCCs **should** take steps such as offering HCC members TA or consultative services in meeting the CMS Emergency Preparedness Rule; developing materials that articulate the benefits of HCC activities; documenting HCC activity funding sources and exploring new funding sources; determining cost-sharing opportunities; and incorporating leadership succession planning.		X	All 5	Verify during Site Visit
PHASE 2: Train and Equip				
Objective 4: Train and Prepare the Health Care and Medical Workforce				
Activity 1: Promote Role-Appropriate NIMS Implementation				
HPP recipients **should** ensure that HCCs assist their members with NIMS implementation throughout the project period. HCCs **must**: • Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need • Promote NIMS implementation among HCC members, including training and exercises • Assist HCC members with incorporating NIMS components into their emergency operations plans	X	X	All 5	Include in sub-recipient contract; Verify during Site Visit

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Budget Period	Validation Method
Activity 2: Educate and Train on Identified Preparedness and Response Gaps				
HCCs **must** submit, with their annual work plan, a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response, and recovery **should** be conducted.		X	All 5	Upload to CAT
PHASE 3: Exercise and Respond				
Objective 4: Train and Prepare the Health Care and Medical Workforce				
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations				
(Joint HPP/PHEP Activity) HPP and PHEP recipients, and all HCCs, as part of a coordinated statewide effort, **should** conduct a joint statewide exercise (functional or full-scale exercise) once during the project period, and in collaboration with cross-border metropolitan statistical area/Cities Readiness Initiative regions. All joint HPP and PHEP exercises, including MCM exercises, **must** include a surge of patients into the health care system.	X	X	Once during project period	AAR/IP Info submitted with Annual Progress Report (APR)
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements				
PHASE 4: Evaluate and Share Lessons Learned				

CAPABILITY 2: Health Care and Medical Response Coordination	Recipient	HCC	Budget Period	Validation Method
PHASE 1: Plan and Prepare				

CAPABILITY 2: Health Care and Medical Response Coordination	Recipient	HCC	Budget Period	Validation Method
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans				
Activity 2: Develop a Health Care Coalition Response Plan				
(Joint HPP/PHEP Activity) Each HCC **must** coordinate the development of its response plan by involving core and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented in the plan. Each HCC **should** review and update its response plan annually and following major incidents or large-scale exercises. The updated plan **must** be approved by all its core members. All additional member organizations **should** be given an opportunity to provide input into the response plan, and all member organizations **must** receive a final copy of the plan.	X	X	All 5	Upload in CAT and submit updates to recipient
(Joint HPP/PHEP Activity) Each HCC's response plan **must** describe the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. This includes, but is not limited to, the following: • HCC integration with the jurisdiction's ESF-8 lead agency to ensure information is provided to local, state, and federal officials. • The HCC's ability to effectively communicate and address resource needs requiring ESF-8 assistance. . • The HCC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event (with or without warning; short or long duration). All communities should be prepared to respond to conventional and mass violence trauma. • The HCC's ability to determine bed, staffing, and resource availability; identify patient movement requirements; support acute care patient management and throughput; initiate and support crisis care plans. • The provision of behavioral health support and services to patients, families, responders, and staff. • The incorporation of available resources for management of mass fatalities through ESF8.		X	All 5	Upload in CAT

CAPABILITY 2: Health Care and Medical Response Coordination	Recipient	HCC	Budget Period	Validation Method
(Joint HPP/PHEP Activity) Recipient all-hazards public health and medical preparedness and response plans **must** specify coordination with their HCCs	X	X	All 5	Verify during Site Visit
Objective 2: Utilize Information Sharing Processes and Platforms				
Activity 1: Develop Information Sharing Procedures				
The HCC and its members **must**, at a minimum, define and integrate into their response plans procedures for sharing EEIs. This includes but is not limited to the current operational status of facilities, elements of electronic health records, and resource needs and availability. ASPR will provide coordinated pre-event, post-event, and special event-specific EEIs required for integration and submission by recipients and sub-recipients by the end of the first quarter of BP 1.		X	All 5	Upload in CAT; Included in Response Plans
(Joint HPP/PHEP Activity) HPP and PHEP recipients **should** establish a common operating picture/situational awareness tool that facilitates coordinated information sharing among all public health, health care, HCCs, and relevant stakeholders.	X		All 5	Verify during Site Visit
(Joint HPP/PHEP Activity) By BP2, the HCC, in coordination with its public health agency members and HPP and PHEP recipients **must** develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses.	X	X	BP2	Verify during Site Visit
Activity 2: Identify Information Access and Data Protection Procedures				
HPP recipients **should** verify that each HCC is able to access and collect timely, relevant, and actionable information about their members during emergencies.	X		All 5	Verify during Site Visit
Activity 3: Utilize Communications Systems and Platforms				

CAPABILITY 2: Health Care and Medical Response Coordination	Recipient	HCC	Budget Period	Validation Method
(Joint HPP/PHEP Activity) HPP recipients **should** identify reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to HCC members and other stakeholders.	X		All 5	Verify during Site Visit; Included in Response Plans
PHASE 2: Train and Equip				
Objective 3: Coordinate Response Strategy, Resources, and Communications				
Activity 4: Communicate with the Public During an Emergency				
(Joint HPP/PHEP Activity) By BP3, the HCC, in collaboration with HPP and PHEP recipients, **must** provide public information officer (PIO) training to those who are designated to act in that capacity during an emergency for HCC members and need training. This training should include Crisis and Emergency Risk communication training.	X	X	BP3	Verify during Site Visit
PHASE 3: Exercise and Respond				
Objective 3: Coordinate Response Strategy, Resources, and Communications				
Activity 1: Identify and Coordinate Resource Needs during an Emergency				
To ensure the continuity of information flow and coordination activities, multiple employees from each HCC member organization **must** understand and have access to the HCC's information sharing platforms.		X	All 5	Verify during Site Visit
Activity 2: Coordinate Incident Action Planning During an Emergency				
(Joint HPP/PHEP Activity) HCCs **must** provide a communication and coordination role within their respective jurisdictions. HCC coordination may occur at its own coordination center, the local EOC, or by virtual means – all of which are intended to interface with the jurisdiction's ESF-8 lead agency. HCCs **should** connect the medical response elements and provide the coordination mechanism among health care	X	X	All 5	Demonstrate during site visit; Included in Response Plans

CAPABILITY 2: Health Care and Medical Response Coordination	Recipient	HCC	Budget Period	Validation Method
organizations, including hospitals and EMS, emergency management organizations, and public health agencies.				
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors During an Emergency				
By BP3, each HCC **should** assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication		X	BP3	Demonstrate during site visit; Included in Response Plans
PHASE 4: Evaluate and Share Lessons Learned				

CAPABILITY 3: Continuity of Health Care Service Delivery	Recipient	HCC	Budget Period	Validation Method
PHASE 1: Plan and Prepare				
Objective 2: Plan for Continuity of Operations				
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan				
Each funded HCC **must** develop an HCC continuity of operations (COOP) plan that is informed by its members' COOP plans and, at a minimum, includes the following elements: • Activation and response functions • Multiple points of contact for each HCC member • Orders of succession and delegations of authority for leadership continuity • Immediate actions and assessments to be performed in case of disruptions • Safety assessment and resource inventory to determine ongoing HCC operations • Redundant, replacement, or supplemental resources, including		X	BP3	Upload in CAT

CAPABILITY 3: Continuity of Health Care Service Delivery	Recipient	HCC	Budget Period	Validation Method
communications systems • Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. • List of essential records and forms, including locations of electronic and hard copies of each HCC COOP plans may be stand-alone plans or incorporated into the HCC response plan as an annex.				
Objective 3: Maintain Access to Non-Personnel Resources During an Emergency				
Activity 1: Assess Supply Chain Integrity				
HPP recipients and HCCs **must** conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls. Each individual HCC member **should** examine its supply chain vulnerabilities by collaborating with health care organizations, manufacturers, and distributors to determine access to critical supplies, amounts available in regional systems, and potential alternate delivery options in case access or infrastructure is compromised. HCCs **should** utilize this information to effectively coordinate with their jurisdiction's ESF-8 lead agency and across the region.	X	X	BP3	Submit with Annual Progress Report (APR); Upload in CAT
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements				
All recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds **must** document the following: • Strategies for acquisition, storage, rotation with day-to-day supplies, and use • Inventory Management Program Protocols for all cached material • Policies relating to the activation and deployment of their stockpile • Policies relating to the disposal of expired materials ASPR encourages, when possible, regional procurement of PPE.	X	X	All 5	Should be included in purchaser's (recipient and HCC) work plan. Protocol required if purchasing material.

CAPABILITY 3: Continuity of Health Care Service Delivery	Recipient	HCC	Budget Period	Validation Method
Objective 6: Plan for Healthcare Evacuation and Relocation				
Activity 1: Develop and Implement Evacuation and Relocation Plans				
HPP recipients, HCCs, and HCC members should sustain or further develop their evacuation planning and response activities throughout the five-year project period.	X	X	All 5	Verify during Site Visit
Objective 7: Coordinate Health Care Delivery System Recovery				
Activity 1: Plan for Health Care Delivery System Recovery				
Each recipient, in collaboration with their HCCs, **must** develop a health care system recovery plan and submit it to ASPR by the end of BP4. Recovery processes may be integrated into recipients' existing plans, such as an annex to their emergency operations plan, or developed as a separate standalone plan. Each recipient **should** review and update their recovery plan after exercises and major incidents.	X		BP4	Submit with Annual Progress Report (APR)
PHASE 2: Train and Equip				
Objective 5: Protect Responder Safety and Health				
Activity 1: Distribute Resources Required to Protect the Health Care Workforce				
HCCs **should** support and promote regional PPE procurement that could offer significant advantages in pricing and consistency for staff, especially when PPE is shared across multiple health care organizations in an emergency.		X	All 5	Include in Preparedness Plan
Activity 2: Train and Exercise to Promote Responder Safety and Health				

CAPABILITY 3: Continuity of Health Care Service Delivery	Recipient	HCC	Budget Period	Validation Method
(Joint HPP/PHEP Activity) HPP and PHEP recipients, and HCCs, **should** equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.	X	X	All 5	Include in HCC Training Plan; Verify during Site Visit
(Joint HPP/PHEP Activity) Recipients and HCCs **should** educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens, and the availability of PPE resources, to include stockpiling considerations, vendor-managed inventories, and the potential for reuse of equipment.	X	X	All 5	Include in HCC Training Plan; Verify during Site Visit
PHASE 3: Exercise and Respond				
PHASE 4: Evaluate and Share Lessons Learned				

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
PHASE 1: Plan and Prepare				
Objective 1: Plan for a Medical Surge				
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan				

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
(Joint HPP/PHEP Activity) HPP recipients, HCCs, and their members, **must** work together to manage staffing resources, including volunteers, within hospitals and other health care settings. This includes: • Identifying situations that would require supplemental staffing in hospitals and leverage existing hospital and health system staff sharing agreements and resources, to include volunteers. • Developing rapid credential verification processes to facilitate emergency response. • Identifying and addressing to the extent possible volunteer liability, licensure, workers compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use. Leveraging existing government and non-governmental volunteer registration programs, such as ESAR-VHP and MRC personnel, to identify and staff health care-centric roles during acute care medical surge response events. • Incorporating hospital, HCC, jurisdictional, or state-based medical assistance teams into medical surge planning and response.	X	X	All 5	Include in Preparedness and Response Plans; Verify during Site Visit
NEW Hospitals that are members of HPP-funded HCCs and meet the eligibility criteria for participation in NDMS **should** enter into formal agreements with the NDMS. NDMS enrollment efforts **should** target local general acute care inpatient medical facilities if they express a desire to participate or possess key specialty beds. Other hospitals may be considered based on the locally available resources.		X	All 5	Verify during Site Visit
In partnership with the NDMS Hospital Readiness Initiative, HPP-funded HCCs that have an Federal Coordination Center (FCC) or NDMS receiving facilities within their established boundaries **should** prepare to receive and treat patients during a NDMS activation by investing in NDMS partner engagement activities, patient reception planning and training, NDMS exercises that include coalition coordination, medical surge systems, decontamination resources, PPE, and CBRN monitoring devices.		X	All 5	Verify during Site Visit

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan				
EMS plans **should** incorporate disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies, and equipment. HPP funding is not authorized to support routine EMS requirements.		X	All 5	Verify during Site Visit
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan				
(Joint HPP/PHEP Activity) Recipients **should** proactively integrate all components of their state and local governments in MCM response planning and consider inclusion of the following strategies in their MCM plans. • Utilize HCCs and their member organizations to plan, receive, and dispense MCMs for use in post exposure prophylaxis and acute medical treatment to patients, responders, and employees and their household members during a medical surge emergency • Use the National Guard as a potential resource for MCM distribution and dispensing operations and provide training for National Guard personnel designed to serve in this capacity • Voluntary reassignment of state and local employees to participate in MCM mission areas • The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) provides the Secretary of HHS with discretion to authorize the temporary reassignment of federally funded state, tribal, and local personnel during a declared Federal Public Health Emergency upon request by a state or tribal organization Explore with HHS whether federal workers providing direct assistance to state or regional offices may be eligible to assist with state and local MCM dispensing operations in their jurisdictions.	X		All 5	Verify during Site Visit
HCCs **should** serve as planning resources and subject matter experts to PHEP recipients and public health agencies as they develop or augment existing response plans for affected populations, including mechanisms for family reunification. These		X	All 5	Verify during Site Visit

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
plans **should** give consideration to processes to reunify families, reunification considerations for children, family notification, and initiation of reunification processes.				
NEW HCCs **must** develop complementary coalition-level annexes to their base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs. Recipients **should** incorporate the HCC annexes into their jurisdiction's plan for awareness and to support coordination of state resources. In addition, each specialty surge annex framework should be similarly formatted and emphasize the following core elements: • Indicators/triggers and alerting/notifications of a specialty event • Initial coordination mechanism and information gathering to determine impact and specialty needs • Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources) • Access to subject matter experts – local, regional, and national • Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility) • Relevant baseline or just-in-time training to support specialty care • Evaluation and exercise plan for the specialty function *See FOA (Appendix A) for additional considerations for each annex.*		X	All 5	Submit with APR; Upload in CAT
Pediatric annex **must** be completed by end of BP1.			BP1	
Burn annex **must** be completed by end of BP2.			BP2	
Infectious disease annex **must** be completed by BP3.			BP3	
Radiation annex **must** be completed by BP4			BP4	
Chemical annex **must** be completed by end of BP5.			BP5	

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
HPP recipients **must** submit a new or updated Crisis Standards of Care CONOPS that integrates the following elements as applicable: • Ethical considerations and the subject matter experts for consultation and engagement during emergencies • Guidance for EMS and health care providers on recommended crisis care strategies • Community and provider engagement, education, and communication activities (completed and planned) • Indicators and triggers for activation and the actions the jurisdiction will take to support prolonged crisis care conditions that cannot be rapidly addressed through standard mutual aid or other mechanisms • Operational framework for information management and policy development including real-time engagement of subject matter experts for technical support with allocation decisions and the coordination and decision processes for the allocation of scarce resources (e.g., pharmaceuticals or PPE) to the health and medical sector. • Legal and regulatory actions to be taken (as well as proposed changes to regulations/statute) that can support health care strategies during catastrophic/crisis care conditions, to include: 1. City declarations and their powers 2. Credentialing and licensure support for intra-state and inter-state assistance 3. Provider protection from liability during disasters 4. Support for alternate systems of care practices both in health care facilities and alternate environments 5. Relief from specific regulations that may impede appropriate billing and collection for services rendered under crisis conditions 6. City agency support for crisis care (e.g., EMS regulatory agency relief, hospital licensure requirements, fire marshal)	X		BP2	Submit with Annual Progress Report (APR)
Each funded HCC **must** collaborate with the recipient to integrate the following crisis care elements into their response plan. • Integration with jurisdiction-level efforts		X	BP3	Upload in CAT

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
• Management of crisis conditions through regional coordination, including resource sharing and patient distribution • Management of information and policy decisions with the assistance of the coalition partners during a protracted event • Management of resource requests and scarce resource allocation decisions when the demand cannot currently be met • Support EMS agency planning for indicators, triggers, and response strategies during crisis conditions • Support hospital planning for indicators, triggers, and response strategies during crisis conditions • Transition to contingency care by requesting resources or moving patients to other facilities. • Integration of crisis care/crisis standards of care conditions into exercises				
PHASE 2: Train and Equip (No associated HPP requirements)				
PHASE 3: Exercise and Respond				
Objective 1: Plan for a Medical Surge				
Activity 3. Incorporate Medical Surge into a Health Care Coalition Response Plan				
By BP3, the recipient's Crisis Standards of Care CONOPS Plan **must** be incorporated and validated in an HCC-level exercise. Principal focus should be on policy and scarce resource coordination.	X	X	BP3	Submit with Annual Progress Report (APR)
Objective 2: Respond to a Medical Surge				
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response				
(Joint HPP/PHEP Activity) HPP and PHEP recipients **should** coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents.	X	X	All 5	Verify during Site Visit

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
HPP recipients and HCC **should** incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period.				
At least once during the project period, HCCs with an FCC **must** participate in the NDMS patient movement exercise.		X	Once in the project period	Upload in CAT; Roles should be included in HCC Response Plan
NEW HCCs **must** complete the HCC Surge Estimator Tool by January 1, 2020, to support determination of their surge capacity. Information will be aggregated at the coalition level. There are three distinct variables that vary significantly between hospitals and drive rapid development of surge capacity: 1) **Use of all available "staffed" beds** – including closed units that could be rapidly re-opened with appropriate staff (but are otherwise equipped and appropriate for inpatient care) 2) **Use of pre-induction, post-anesthesia, and procedural area beds** – can be used for temporary inpatient boarding/care usually at an intermediate care (telemetry) or higher level 3) **Surge discharge** – the ability to generate space or reduce the numbers of patients requiring evacuation by early discharge of appropriate current inpatients. HCCs will review and update their HCC Surge Estimator Tool data at a minimum of every 2 years, but are encouraged to update upon any major changes in their HCC membership.		X	January 1, 2020/ 2022/ 2024	Upload in CAT
Activity 3: Develop an Alternate Care System				
HPP recipient and HCC response plans **should** coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organizations, prior to the conclusion of BP3. HPP recipients and HCCs	X	X	BP3	Upload in CAT; Verify during Site Visit

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
should incorporate additional factors in their alternate care system activities prior to the conclusion of BP3: • Establishment of telemedicine or virtual medicine capabilities • Establishment of assessment and screening centers for early treatment • Assisting with the selection and operation of alternate care sites				
(Joint HPP/PHEP Activity) PHEP recipients **should** coordinate with HCCs and their members to address the public health, medical, and mental health needs of those impacted by an incident at congregate locations. HPP recipients **should** serve as subject matter experts to PHEP recipients on the health care needs of those impacted by an incident.	X	X	All 5	Verify during Site Visit
Activity 4: Provide Pediatric Care During a Medical Surge Response				
Recipient and HCCs **must** validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	BP1	Submit with APR; Upload in CAT
Activity 5: Provide Surge Management During a Chemical or Radiation Emergency Event				
Recipient and HCCs **must** validate their Radiation Emergency Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	BP4	Submit with APR; Upload in CAT
Recipient and HCCs **must** validate their Chemical Emergency Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	BP5	Submit with APR; Upload in CAT
Activity 6: Provide Burn Care During a Medical Surge Response				
Recipient and HCCs **must** validate their Burn Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	BP2	Submit with APR; Upload in CAT
Activity 9: Enhance Infectious Disease Preparedness and Surge Response				

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method
Recipient and HCCs **must** validate their Infectious Disease Preparedness and Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	BP3	Submit with APR; Upload in CAT
(Joint HPP/PHEP Activity) During an infectious disease outbreak, ASPR and CDC **require** that recipients and HCCs coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response: • Establish a Medical Common Operating Picture • Develop or update plans accordingly • Establish key indicators and EEIs • Provide real-time information sharing • Coordinate public messaging	X	X	All 5	Verify during an infectious disease outbreak
(Joint HPP/PHEP Activity) ASPR and CDC **recommend** the following **joint activities**: • HCCs and state HAI multidisciplinary advisory groups or similar infection control groups within the state should partner to develop a statewide plan for improving infection control within health care organizations. • Jurisdictional public health infection control and prevention programs including HAI programs and HCC members should jointly develop infectious disease response plans for managing individual cases and larger emerging infectious disease outbreaks. • HPP and PHEP recipients, HCCs, and their members should collaborate on informatics initiatives such as electronic laboratory reporting, electronic test ordering, electronic case reporting, electronic death reporting, and syndromic surveillance. • HPP and PHEP recipients and HCCs should engage with the community to improve understanding of issues related to infection prevention measures, such as changes in hospital visitation policies, social distancing, and infection control practices in hospitals, such as PPE use, hand hygiene, source control, and isolation of patients. • HPP and PHEP recipients, HCCs, and their members should promote	X	X		Verify during an infectious disease outbreak

CAPABILITY 4: Medical Surge	Recipient	HCC	Budget Period	Validation Method

coordinated training and maintenance of competencies among public health first responders, health care providers, EMS, and others as appropriate, on the use of PPE, environmental decontamination, and management of infectious waste. Training should follow OSHA and state regulations.
• HPP and PHEP recipients, HCCs and their members should collaborate to develop and implement strategies to ensure availability of effective supplies of PPE, including:
  1. Working with suppliers and coalitions to develop plans for caching or redistribution and sharing
  2. Informing each other and integrating plans for purchasing, caching, and distributing PPE
• HPP and PHEP recipients, HCCs, and their members should sustain planning for the management of Persons Under Investigation (PUIs) to:
  1. Monitor health care personnel who may have had an exposure to a PUI by directly treating or caring for a PUI in a health care setting
  2. Clarify roles and responsibilities for key response activities related to the monitoring of PUIs
  3. Assisting or assessing readiness of health care organizations in the event of a PUI and
  4. Conducting AARs and testing plans for PUI management to identify opportunities to improve local, state, and national response activities.				

PHASE 4: Evaluate and Share Lessons Learned (No associated HPP requirements)				