

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

## Table of Contents

Participate in NYCHCC Leadership Council Meetings (D2).....	3
REQUIRED DOCUMENTATION.....	3
DUE DATES .....	4
Participate in Emergency Preparedness Symposia (D3) .....	5
REQUIRED DOCUMENTATION.....	5
DUE DATES .....	6
Update Hospital Contact Information (D4).....	7
REQUIRED DOCUMENTATION.....	7
DUE DATE .....	7
Develop Emergency Management Strategic Plan (D5).....	8
REQUIRED DOCUMENTATION.....	9
DUE DATE .....	9
Complete a Hospital Training Plan and Document Staff Training for Emergency Management Capabilities (D6) .....	10
REQUIRED DOCUMENTATION.....	10
DUE DATE .....	16
Support Borough Coalition(s) (D7).....	17
REQUIRED DOCUMENTATION.....	18
DUE DATE .....	18
Participate in Coalition Surge Test Exercise (D8) .....	19
REQUIRED DOCUMENTATION.....	20

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

DUE DATES .....	20
Design a Mass Casualty Incident (MCI) Deliverable (D9) .....	21
REQUIRED DOCUMENTATION .....	22
DUE DATES .....	29
Mystery Patient Drill (D10) .....	29
REQUIRED DOCUMENTATION .....	32
DUE DATES .....	32
Participate in a Workgroup (D11) .....	33
REQUIRED DOCUMENTATION .....	33
DUE DATE: .....	34
DUE DATE: .....	34
Design a Deliverable(s) (D12) .....	38
REQUIRED DOCUMENTATION .....	39
DUE DATES .....	42

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**PARTICIPATE IN NYCHCC LEADERSHIP COUNCIL MEETINGS (D2)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b>	
<ol style="list-style-type: none"> <li>1. Ensure attendance and participation of at least <u>one (1)</u> Hospital EPC, or appropriate designee, at <u>four (4)</u> New York City Health Care Coalition (NYCHCC) Leadership Council meetings.</li> </ol>	
<b>HOW THIS TIES TO PREPAREDNESS:</b> The NYCHCC Leadership Council meetings convene the leadership of all Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) funded NYCHCC sectors and NYC planning partners to participate in focus-groups and/or workshops in order to maintain NYCHCC’s vision of increasing the City health care system’s ability to prepare for, respond to, and recover from disasters through improved communications, situational awareness and an opportunity for intra-coalition assistance among members, in addition to meeting ASPR HPP grant requirements.	
<b>ASPR CAPABILITY AND OBJECTIVE:</b> Capability 1. Foundation for Health Care and Medical Readiness, Objective 1. Establish and Operationalize a Health Care Coalition	
<b>DOHMH POINT OF CONTACT:</b> William Lang, <a href="mailto:wlang1@health.nyc.gov">wlang1@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> \$4,000.00
<b>INSTRUCTIONS:</b> Attendance is <b>required</b> at all (4) four meetings. Hospital EPC, or appropriate designee will contribute to discussions on preparedness, response, and recovery. Post meeting evaluation survey must be completed and will serve as proof of attendance.	<b>HELPFUL TIPS:</b> <ol style="list-style-type: none"> <li>1. Inform DOHMH beforehand of issues that would affect attendance and if needed arrange for an appropriate representative to attend.</li> <li>2. Hospital will be reimbursed after the DOHMH has reviewed sign-in sheets and survey evaluation for each NYCHCC Leadership Council meeting to ensure attendance.</li> <li>3. This deliverable has multiple due dates dependent on NYCHCC Leadership Council Meeting dates.</li> <li>4. Event details can be found on program website <a href="http://www.nyhealthcareprepares.com/">http://www.nyhealthcareprepares.com/</a></li> <li>5. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

**REQUIRED DOCUMENTATION:** Part one of this deliverable (2.1) requires verification of attendance at four (4) NYCHCC Leadership Council meetings by signature of sign in sheets and completion of meeting evaluation surveys.

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**DUE DATES:**

- A. This deliverable has multiple due dates.
  - 2.1 Participation in NYCHCC LCM
    - 2.1a due: **September 2019** – Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - \$1,000.00
    - 2.1b due: **December 2019** – Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - \$1,000.00
    - 2.1c due: **February 2020** – Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - \$1,000.00
    - 2.1d due: **May 2020** – Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - \$1,000.00
  
- B. Upon completion, review and approval of all documentation, deliverable will be approved for invoicing.

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**PARTICIPATE IN EMERGENCY PREPAREDNESS SYMPOSIA (D3)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Ensure attendance and participation of at least <u>one (1)</u> Hospital EPC or appropriate designee at <u>two (2)</u> Emergency Preparedness Symposia (EPS). In addition, actively participate in DOHMH-sponsored workshops offered at EPS. Hospitals are also strongly encouraged to invite non-acute care staff involved in emergency management.	
<b>HOW THIS TIES TO PREPAREDNESS:</b> EPS bring together NYC healthcare and non-healthcare providers to partner in emergency preparedness and response activities, sharing promising/best emergency management practices and knowledge, and mentoring partners and providers.	
<b>ASPR CAPABILITY:</b> Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response Coordination	
<b>DOHMH POINT OF CONTACT:</b> Chanukka Smith, <a href="mailto:csmith29@health.nyc.gov">csmith29@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>3.1a \$1,000.00</b> <b>3.1b \$1,000.00</b>
<b>INSTRUCTIONS:</b> Attendance is <b>required</b> at both (2) EPS. At least one (1) EPC or appropriate designee must be in attendance and contribute to discussions on preparedness, response, and recovery. Post meeting evaluation survey must be completed and will serve as proof of attendance, along with verified DOHMH sign-in sheets.	<b>HELPFUL TIPS:</b> <ol style="list-style-type: none"> <li>1. Inform DOHMH beforehand of issues that would affect attendance and if needed, arrange for an appropriate representative to attend.</li> <li>2. Hospital will be reimbursed after the DOHMH has reviewed evaluations and verified attendance by sign-in sheets for each Network acute care facility.</li> <li>3. Individual attendees cannot represent more than one (1) HPP funded entity at EPS.</li> <li>4. Event details can be found on program website <a href="http://www.nychealthcareprepares.com/">http://www.nychealthcareprepares.com/</a></li> <li>5. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

**REQUIRED DOCUMENTATION:** Completed evaluations and verified attendance for both EPS 1 and EPS 2 meetings.

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**DUE DATES:**

- 3.1 EPS 1 evaluation (completed online) no later than 5 business days after the EPS - \$1,000.00 due: **November 2019****
- 3.2 EPS 2 evaluation (completed online) no later than 5 business days after the EPS - \$1,000.00 due: **January 2020****

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**UPDATE HOSPITAL CONTACT INFORMATION (D4)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Update and/or confirm contact information for Hospital by updating fields in the template provided by DOHMH. Update or add pediatric disaster contact information. Advise DOHMH of changes and updates to service contact information provided on an ongoing basis.	
<b>HOW THIS TIES TO PREPAREDNESS:</b> Providing up to date contact information facilitates efficient communication between DOHMH, planning partners and coalition members in day-to-day preparedness activities and emergency response.	
<b>ASPR CAPABILITY:</b> Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response Coordination	
<b>DOHMH POINT OF CONTACT:</b> Darrin Pruitt, <a href="mailto:dpruitt@health.nyc.gov">dpruitt@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>\$1,000.00</b>
<b>INSTRUCTIONS:</b> This deliverable is <u>required</u> . Hospital will provide DOHMH with verified and updated contact information by completing template provided by DOHMH.	<b>HELPFUL TIPS:</b> <ol style="list-style-type: none"><li>1. As we plan to align the collection of this data with the coalition’s needs and the HPP pediatric annex to the MCI plan, this template is currently in development. We will update vendors on this by December 2019.</li><li>2. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li></ol>

**REQUIRED DOCUMENTATION:** Completed template or DOHMH generated email acknowledging contact information updates completed and verified, including update of facility level pediatric contacts needed during disasters involving pediatric victims - **\$1,000.00**

**DUE DATE:** **January 10, 2020**

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**DEVELOP EMERGENCY MANAGEMENT STRATEGIC PLAN (D5)  
REQUIRED**

<p><b>REQUIRED ACTIVITIES:</b> Complete and submit a strategic plan for the hospital emergency management program. The development of the plan should include key stakeholders, be updated during the budget period, and address the scope and services covered by the hospital emergency management program.</p>	
<p><b>HOW THIS TIES TO PREPAREDNESS:</b> Providing up to date assessment leads to more accurate and strategically targeted facilitates efficient communication between DOHMH, planning partners and coalition members in day-to-day preparedness activities and emergency response. DOHMH will be using the list of key hazards to develop the HCC-level HVA (an HPP requirement).</p>	
<p><b>ASPR CAPABILITY:</b> Capability 1. Foundation for Health Care and Medical Readiness</p>	
<p><b>DOHMH POINT OF CONTACT:</b> William Lang, <a href="mailto:wlang1@health.nyc.gov">wlang1@health.nyc.gov</a></p>	<p><b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>\$4,000.00</b></p>
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>. Complete and submit a strategic plan for the hospital emergency management program. The plan must include:</p> <ul style="list-style-type: none"> <li>• Key threats/hazards (may be the hospital’s completed HVA or a summary of HVA findings)</li> <li>• Priorities for planning and coordination based on facility needs and gaps</li> <li>• Short term (1-year) and long term (3- to 5-year) objectives for improving preparedness and response capabilities</li> <li>• Membership, organization, roles and responsibilities of emergency management committee or similar structure</li> <li>• Description of how the emergency management structure addresses emergency preparedness and response needs of the hospital’s affiliates and non-acute sites, if applicable.</li> </ul>	<p><b>HELPFUL TIPS:</b></p> <ol style="list-style-type: none"> <li>1. Below are links to helpful resources: <ul style="list-style-type: none"> <li>• ASPR 2017-2022 Healthcare Preparedness and Response Capabilities <a href="https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf">https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf</a></li> <li>• ASPR-TRACIE <a href="https://asprtracie.hhs.gov/">https://asprtracie.hhs.gov/</a></li> <li>• GNYHA <a href="https://www.gnyha.org/">https://www.gnyha.org/</a></li> <li>• NYCHCC Charter available upon request. Please contact William Lang.</li> </ul> </li> <li>2. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**REQUIRED DOCUMENTATION:**

**5.1 Strategic Plan**

**ADDITIONAL DELIVERABLE DETAILS:**

The Emergency Management Strategic Plan must include:

- Key threats/hazards (may be the hospital's completed HVA or a summary of HVA findings)
- Priorities for planning and coordination based on facility needs and gaps
- Short term (1-year) and long term (3- to 5-year) objectives for improving preparedness and response capabilities
- Membership, organization, roles and responsibilities of emergency management committee or similar structure
- Description of how the emergency management structure addresses emergency preparedness and response needs of the hospital's affiliates and non-acute sites, if applicable.

**DUE DATE: March 6, 2020**

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**COMPLETE A HOSPITAL TRAINING PLAN AND DOCUMENT STAFF TRAINING FOR EMERGENCY MANAGEMENT CAPABILITIES (D6)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Revise proposed Hospital training plans from BP1 SUPP (July 1, 2018 – June 30, 2019), using template provided by DOHMH.	
<b>HOW THIS DELIVERABLE TIES TO PREPAREDNESS:</b> Training of hospital staff allows for the development or maintenance of operational knowledge and skills for coalition members further enabling a coordinated response throughout the coalition.	
<b>ASPR CAPABILITY AND OBJECTIVE:</b> Capability 1. Foundation for Health Care and Medical Readiness	
<b>DOHMH POINT OF CONTACT:</b> Darrin Pruitt, <a href="mailto:dpruitt@health.nyc.gov">dpruitt@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>\$7,000</b>
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>.</p> <ol style="list-style-type: none"> <li>Revise proposed Hospital training plans from BP1 SUPP (July 1, 2018 – June 30, 2019), using template provided by DOHMH. This includes indicating if any training that was proposed will not be completed, and what training, if any, will be substituted.</li> <li>Provide completed DOHMH template with training data. <ul style="list-style-type: none"> <li>All training data should be completed in a format that allows DOHMH to incorporate into a master database or spreadsheet.</li> </ul> </li> </ol>	<p><b>HELPFUL TIPS:</b></p> <ol style="list-style-type: none"> <li>We suggest you meet with your emergency management committee or similar for your facility in order to complete both tabs in the excel document.</li> <li>In order to plan for future training for your facility, DOHMH suggests making use of the following resources: <ol style="list-style-type: none"> <li><a href="#">ASPR’s TRACIE (Technical Resources, Assistance Center, and Information Exchange) has several training videos and other materials you may find useful.</a></li> <li><a href="#">FEMA training resources</a></li> <li>The NYC Emergency Management Academy offers courses for emergency management. Please email NYC EM Academy at <a href="mailto:NYCEMAcademy@oem.nyc.gov">NYCEMAcademy@oem.nyc.gov</a> for more information.</li> </ol> </li> <li>To see overall training topics for the NYCHCC refer to the training data below.</li> <li>Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

**REQUIRED DOCUMENTATION**

- Revised Hospital training plan
- DOHMH templates and training sign-in sheets.

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Independent Hospital Deliverable Guidelines**

*Analysis BP1S Emergency Preparedness Training in Hospitals*

All seven NYC healthcare networks and all 15 independent hospitals participating in the NYC HPP were provided funding to support emergency preparedness training during 2018-19 via the HPP coalition contract via deliverable 7. The below provides a summary of the results taken from the data provided as part of the required documentation for the contract deliverable supporting this effort. Results are as follows:

<b>Category</b>	<b>Area</b>	<b>#</b>	<b>%</b>
<i>Response rate</i>	Number eligible to use training funding	22	100
	Number of networks using available funding	7	100
	Number of independent hospitals using available funding	11	73
	Total using available funding (response rate)	18	82
<i>Topics (see larger lists below)</i>	1 <sup>st</sup> ranked topic for networks and independent hospitals (number trained)	Emergency Management & Workplace Safety (28,593)	
	1 <sup>st</sup> ranked topic for networks and independent hospitals (number entities providing training)	Active Shooter (11)	
	2 <sup>nd</sup> ranked topic for networks and independent hospitals (number trained)	Infection Prevention & Control (3,930)	
	2 <sup>nd</sup> ranked topic for networks and independent hospitals (number entities providing training)	HICS (8)	
	1 <sup>st</sup> ranked topic for networks hospitals (number of entities providing training)	Active Shooter (5)	

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**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

<i>Category</i>	<i>Area</i>	<i>#</i>	<i>%</i>
		And Infection Prevention & Control (5)	
	1 <sup>st</sup> ranked topic for independent hospitals (number of entities providing training)	Active Shooter (6)	
	% training topics matching entity's HVA, according to self-report	--	99
<i>Staff trained</i>	Total staff trained in networks and independent hospitals	47,345	--
	Total staff trained in networks	38,028	--
	Total staff trained in independent hospitals	9,317	--
<i>Clinical v non-clinical staff</i>	Total clinical staff trained in networks and independent hospitals	22,607	--
	Total non-clinical staff trained in networks and independent hospitals	24,738	--
	Total clinical staff trained in networks	16,972	--
	Total non-clinical staff trained in networks	21,056	--
	Total clinical staff trained in independent hospitals	5,635	--
	Total non-clinical staff trained in independent hospitals	3,682	--
	Total clinical staff trained in Emergency Management & Workplace Safety (1 <sup>st</sup> ranked topic) in networks (by number trained)	10,134	--

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**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

<i>Category</i>	<i>Area</i>	<i>#</i>	<i>%</i>
<i>Delivery format</i>	Total non-clinical staff trained in Emergency Management & Workplace Safety (1 <sup>st</sup> ranked topic) in networks (by number trained)	18,459	--
	Total clinical staff trained in Active Shooter (1 <sup>st</sup> ranked topic) in independent hospitals (by number trained)	2,675	--
	Total non-clinical staff trained in Active Shooter (1 <sup>st</sup> ranked topic) in independent hospitals (by number trained)	1,975	--
	Option 1: talk/lecture/discussion with pre- and post-test	27	39
	Option 2: skills training with trainee skills demonstration	7	10
	A mix of the two options	36	51

Top ranked training topics for both networks and independent hospitals combined, ranked by total staff trained:

<b>topic</b>	<b>clinical staff trained</b>	<b>non-clinical staff trained</b>	<b>total trained</b>
<b>Emergency Management &amp; Workplace Safety</b>	10,134	18,459	28,593
<b>Infection Prevention &amp; Control</b>	3,780	150	3,930
<b>HICS</b>	2,324	1,507	3,831
<b>Active shooter</b>	225	3,306	3,531

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**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

<b>Stop the Bleed</b>	133	277	410
<b>MCI / Surge</b>	207	140	347
<b>Severe Weather</b>	147	112	259
<b>Patient Evacuation</b>	137	120	257
<b>Decon</b>	147	104	251
<b>Fire Safety</b>	128	67	195
<b>HICS /FEMA ICS 100, 200 &amp; 700)</b>	35	87	122
<b>Downtime</b>	14	101	115
<b>HazMat Awareness</b>	23	6	29
<b>eFINDS</b>	0	12	12

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

Top ranked training topics for **networks**, ranked by total staff trained:

<i>topic</i>	<b>clinical trained</b>	<b>non-clinical trained</b>	<b>total trained</b>
<i>Emergency Management &amp; Workplace Safety</i>	9,969	18,337	28,306
<i>Infection Prevention &amp; Control</i>	3,754	137	3,891
<i>Active shooter</i>	1,697	1,331	3,028
<i>Stop the Bleed</i>	127	271	398
<i>HICS</i>	167	222	389
<i>MCI / Surge</i>	207	140	347
<i>Patient Evacuation</i>	137	120	257
<i>Decon</i>	98	104	202
<i>HazMat Awareness</i>	23	6	29

Top ranked training topics for **independent hospitals**, ranked by total staff trained:

<i>topic</i>	<b>clinical trained</b>	<b>non-clinical trained</b>	<b>total trained</b>
<i>Active Shooter</i>	2,675	1,975	4,650
<i>HICS</i>	2,157	1,285	3,442
<i>Emergency Management &amp; Workplace Safety</i>	165	122	287
<i>Downtime</i>	14	101	115

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**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

<i>HICS /FEMA ICS 100, 200 &amp; 700)</i>	27	28	55
<i>Decon</i>	49	0	49

**ADDITIONAL DELIVERABLE DETAILS:**

1. Use the training plan excel workbook provided.
2. Update the “Plan” tab.
3. BUT, if there are no changes to what you planned in 2017-18, please send an email to Darrin Pruitt at [dpruitt@health.nyc.gov](mailto:dpruitt@health.nyc.gov) and indicate there are no changes.
4. You do **not** need to provide training materials or a justification for changes to the plan.
5. Provide training data for training you have completed since July 1, 2019.
6. Use the template Excel provided.
7. *There should be one row of data for each training in this year’s training data for your facility or network.*
8. Once you have completed it, name the Excel file like this “FacilityName\_training\_BP1.” If you are submitting for a network, please name the file “NetworkName\_training\_BP1.”
9. Send this to Darrin Pruitt at [dpruitt@health.nyc.gov](mailto:dpruitt@health.nyc.gov).
10. Indicate in your email – if your data does not correspond to all the planned training in your plan – why this is so. A sentence or so will suffice.
11. For each training for which you submit training data (item 2), there should be at least one sign in sheet.
12. For all sign in sheets be sure the **name of the training, date, and facility or network is clear.**
13. If scanning, please make sure the sheets are turned the same way!
14. If you do not have a sign in sheet for a training your facility or network held, for each training(s), please write: “As the EPC of (fill in Network or Facility), I attest that (enter number) clinical staff and (enter number) non-clinical staff received this training.”

**DUE DATE: June 4, 2020**



**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**SUPPORT BOROUGH COALITION(S) (D7)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities. Develop a summary report of Hospital engagement in Borough Coalition(s) activities.	
<b>HOW THIS DELIVERABLE TIES TO PREPAREDNESS:</b> Engagement in Borough Coalition(s) improves planning assumptions and response coordination throughout the NYCHCC.	
<b>ASPR CAPABILITY AND OBJECTIVE:</b> Capability 1. Foundation for Health Care and Medical Readiness	
<b>DOHMH POINT OF CONTACT:</b> William Lang, <a href="mailto:wlang1@health.nyc.gov">wlang1@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> 7.1 <b>\$2,000.00</b> (\$1,000 per meeting/activity)
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>.</p> <p>7.1 Engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities. Hospital is encouraged to include its affiliated non-acute care emergency preparedness partners in these meetings/activities</p> <p>Hospital must develop a summary report of Hospital engagement in Borough Coalition activities that includes:</p> <ul style="list-style-type: none"> <li>• Name(s) and title(s) of hospital and hospital-affiliated non-acute care representative(s) that have participated in Borough Coalition activities;</li> <li>• Borough Coalition activities attended;</li> <li>• Support provided by hospital;</li> <li>• Impact statement;</li> <li>• Next steps for continued engagement in Borough Coalition activities.</li> </ul>	<p><b>HELPFUL TIPS:</b></p> <ol style="list-style-type: none"> <li>1. Borough Coalition contact information can be available upon request to Bill Lang</li> <li>2. DOHMH recommends Hospitals use this opportunity consider their involvement in the Boroughs, for example, tying their involvement in Borough projects to HVA findings or strategic plan.</li> <li>3. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**REQUIRED DOCUMENTATION:**

Final summary report of Hospital's engagement in Borough Coalition activities

summary report of Hospital engagement in Borough Coalition activities must include:

- Name(s) and title(s) of hospital and hospital-affiliated non-acute care representative(s) that have participated in Borough Coalition activities;
- Borough Coalition activities attended;
- Support provided by hospital;
- Impact statement;
- Next steps for continued engagement in Borough Coalition activities.

**DUE DATE: May 15, 2020**

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**PARTICIPATE IN COALITION SURGE TEST EXERCISE (D8)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test.	
<b>HOW THIS TIES TO PREPAREDNESS:</b> The Surge Test functional exercise will focus on planning and response operations to test NYCHCC’s ability to evacuate and subsequently surge at least 20% of the acute care and other patient care bed capacity during a low/no-notice scenario resulting from a regional disaster requiring mass evacuation of certain facilities and decompression of facilities receiving the evacuated patients. The exercise will also test NYCHCC’s ability to communicate and coordinate amongst its diverse healthcare facilities, agencies, and other organizations (e.g., hospitals, nursing homes, etc.).	
<b>ASPR CAPABILITY AND FUNCTION:</b> Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response, Capability 4. Medical Surge	
<b>DOHMH POINT OF CONTACT:</b> Lesley Welsh, <a href="mailto:lwelsh@health.nyc.gov">lwelsh@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>8.1a. \$1,000</b> <b>8.1b \$5,000</b> <b>8.2 \$4,000</b>
<b>INSTRUCTIONS:</b> This deliverable is <b>required</b> . 8.1 Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test (CST) (to be held in February 2020)  8.2. Collect surge and evacuation data for Intendent Hospitals during the exercise, using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template (to be provided by DOHMH).	<b>HELPFUL TIPS:</b>  1) To help prepare for the exercise, each hospital and nursing home will need to complete and submit:  a) an exercise checklist per the instructions on the checklist b) an After Action Report with sign-in sheet per the template DOHMH will provide c) exercise data per the tools DOHMH will provide  2. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a>

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**REQUIRED DOCUMENTATION:**

Deliverable 8.1a

1. DOHMH template of facilitated discussion
2. Sign in sheets
3. signed checklist confirming that all surge and evacuation preparation tasks on the checklist were completed per the instructions on the checklist.

Deliverable 8.1b

1. After Action Report (AAR) (template provided by DOHMH)
2. sign-in sheets
3. Hotwash registration or participation list (template provided by DOHMH)

**ADDITIONAL DELIVERABLE DETAILS:**

Hospital will:

- Provide Hospital-level emergency management staff to attend up to four (4) planning meetings;
- Conduct a facilitated discussion with relevant hospital players in advance of the functional exercise, using discussion materials and template provided by DOHMH. Complete CST preparation checklist, per instructions leading up to the exercise (DOHMH will provide checklist);
- Participate in conduct of the exercise;
- Complete template provided by DOHMH to collect observations and evaluation details during exercise from hospital, including sign-in sheets and After Action Review (AAR);
- Provide the name of one (1) staff to function as Trusted Insider (exercise evaluator / controller) in support of the functional exercise and the in-person or webinar-based hotwash that may immediately follow the exercise

**DUE DATES:**

**8.1a due: January 2020**

**8.1b due: February 2020**

**8.2 due: February 2020**

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**DESIGN A MASS CASUALTY INCIDENT (MCI) DELIVERABLE (D9)  
REQUIRED**

<b>REQUIRED ACTIVITIES:</b> Design a deliverable that includes implementing a project addressing one (1) or more Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s).	
<b>HOW THIS TIES TO PREPAREDNESS:</b> Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution. This benefits their specific institution as well as the larger healthcare system.	
<b>ASPR CAPABILITY AND FUNCTION:</b> Capability 1. Foundation for Health Care and Medical Readiness, Capability 4. Medical Surge	
<b>DOHMH POINT OF CONTACT:</b> Timothy Styles, MD, <a href="mailto:stylesmd@health.nyc.gov">stylesmd@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> 9.1. \$1,000 9.2. \$2,000 9.3 \$5,000
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>.</p> <p>9.1. Using template provided by DOHMH, design a deliverable that includes implementing a project addressing one (1) or more Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s):</p> <ul style="list-style-type: none"> <li>• Monitoring, Notification &amp; Activation Protocols</li> <li>• Patient Triage</li> <li>• Clinical Management</li> <li>• Safety &amp; Security</li> <li>• Supporting Family and Friends in the Aftermath</li> <li>• Managing the Community Response to an MCI</li> <li>• Legal and Regulatory Considerations</li> <li>• Rationale for choosing the specific MCI project</li> <li>• Implementation plan, including goals, objective, timeline, key action steps and budget.</li> </ul>	<p>Helpful tips:</p> <ol style="list-style-type: none"> <li>1. The GNYHA Mass Casualty Incident (MCI) Toolkit is available at <a href="https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/">https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/</a></li> <li>2. ASPR TRACIE has many resources that may be helpful as you look to design a project or exercise. Consider reviewing available resources in your area of interest. Some examples include: <ul style="list-style-type: none"> <li>• Mass Casualty Trauma Triage: Paradigms and Pitfalls - <a href="https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf">https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf</a></li> <li>• Disaster Behavioral Health Self Care for Healthcare Workers Modules - <a href="https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf">https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf</a></li> <li>• Other ASPR TRACIE topic areas to explore (hyperlinks embedded or go to ASPR TRACIE and type topic in search - <a href="https://asprtracie.hhs.gov/">https://asprtracie.hhs.gov/</a>): <a href="#">Explosives and Mass Shooting</a>, <a href="#">On-Scene Mass Casualty Triage and Trauma Care</a>, <a href="#">Pre-</a></li> </ul> </li> </ol>

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

<p>Deliverable 9.2: Complete a self-assessment of hospital disaster mental health plans using an assessment tool provided by DOHMH.</p> <p>Deliverable 9.3. Upon completion of the DOHMH-approved MCI project, develop the final summary report with details of: implementation, goals and objectives, findings, impacts, outcomes, list of stakeholders, and next steps; and other supporting documentation, including (but not limited to) meeting agendas, notes, and sign-in sheets indicating participant role at hospital.</p> <p>Deliverable should result in activity(ies) that will implement an MCI project. Proposed MCI project <u>must be separate</u> from any activities previously as deliverables. Contractor <u>cannot</u> propose an exercise to satisfy this deliverable.</p>	<p><a href="#">Hospital</a>, <a href="#">Hospital Surge Capacity and Immediate Bed Availability</a>, <a href="#">Crisis Standards of Care</a>, <a href="#">Disaster Behavioral Health</a></p> <ol style="list-style-type: none"><li>3. Deliverable should result in activity(ies) that will implement an MCI project. Proposed exercises or projects must be separate from any activities or exercises listed previously as deliverables in this contract. Network may not use Deliverable 8’s Coalition Surge Test to satisfy this deliverable.</li><li>4. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li></ol>
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**REQUIRED DOCUMENTATION:**

- 9.1) Approved MCI project proposal on DOHMH template
- 9.2) Completed assessment tool Hospital disaster mental health plans
- 9.3) Final Summary Report

**ADDITIONAL DELIVERABLE DETAILS:** a separate template file including the below will be sent to you for your deliverable submission.

***Independent Hospital Contract Deliverable 9.1 Proposal Template***

**Required Activities:** Complete an emergency preparedness MCI activity that aligns Hospital planning to a citywide priority/goal by reviewing and selecting from one or more (≥1) Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject areas (see below).

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**Background:** Over the past several years there has been much focus and progress by the NYC Healthcare Coalition and its members to improve their MCI preparedness. However, we recognize not all Hospitals are at the same level of preparedness having differing gaps in MCI response readiness. To assist hospitals in NYC in their MCI preparedness efforts, the Greater New York Hospital Association developed the Mass Casualty Incident (MCI) Response Toolkit <<https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/>>.

The toolkit includes suggested preparedness and response actions for the many clinical and non-clinical departments that would be involved in an MCI response. While patient care is the priority, the toolkit emphasizes the importance of planning for and developing protocols and processes for additional activities, including patient registration and tracking, family reunification, and coordination with external entities. If these non-patient care activities are not thought through in advance, the impact can overwhelm a facility and compromise its ability to deliver lifesaving care.

To encourage hospitals to address their own priority gaps around MCI preparedness, Deliverable 9 requires each independent hospital to design a deliverable that includes implementing a **project** addressing one or more (≥1) Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s):

- Monitoring, Notification & Activation Protocols
- Patient Triage
- Clinical Management
- Safety & Security
- Supporting Family and Friends Aftermath
- Managing the Community Response to an MCI
- Legal and Regulatory Considerations
- Recovery
- Preparing Hospital Staff for MCI Response

*Note1: Each toolkit chapter (subject area) is divided into sub-chapters focusing on some component of the main chapter theme. A project must focus on at least one of these sub-chapter topics.*

*Note2: Non-911 receiving hospitals should consider situations that may force them to respond to a MCI such as a citywide Level D notification or an active shooter event in their hospital. All hospitals in this instance would be expected to potentially receive patients or assist with the care of patients or manage safety challenges, police involvement, etc. If non-911 receiving hospitals still have questions after reviewing the toolkit they are encouraged to contact DOHMH to discuss further.*

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**How this Ties to Preparedness:** Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution, thus benefiting their specific institution. The area of focus should align with hospital strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP).

Proposed projects or exercises must be separate from any activities or exercises listed previously as deliverables in this contract. **Hospitals may not use Deliverable 8's Coalition Surge Test to satisfy this deliverable.**

Please complete all sections of this deliverable template and submit to Timothy Styles at [tstylesmd@health.nyc.gov](mailto:tstylesmd@health.nyc.gov). Each Hospital will receive credit for deliverable 9.1 when reviewed and approved.

<b>Hospital Name:</b> ____
<b>Hospital Point of Contact for Deliverable 9:</b>
<b>Email:</b>
<b>Phone:</b>

**Please select in which MCI Toolkit subject area(s) and sub-chapter area(s) your hospital will focus on?**

Please check all that apply (at least one chapter and at least one sub-chapter focus area); see the GNYHA MCI Response Toolkit for more information - <https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/>:

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

<input type="checkbox"/> Chapter 1. Monitoring, Notification & Activation Protocols <ul style="list-style-type: none"><li><input type="checkbox"/> Awareness of an Incident</li><li><input type="checkbox"/> Internal Notifications and Activation</li><li><input type="checkbox"/> Preparing the ED and Other Key Departments Involved in MCI Response</li><li><input type="checkbox"/> Considerations When the Hospital is the Site of the Emergency</li></ul>
<input type="checkbox"/> Chapter 2. Patient Triage <ul style="list-style-type: none"><li><input type="checkbox"/> Preparing for Patient Arrival</li><li><input type="checkbox"/> Preparing for Patient Triage</li><li><input type="checkbox"/> Understanding the Shift to a Disaster Mindset</li></ul>
<input type="checkbox"/> Chapter 3. Clinical Management <ul style="list-style-type: none"><li><input type="checkbox"/> Creating Capacity and Organizing the ED</li><li><input type="checkbox"/> Prioritizing Critical Patients</li><li><input type="checkbox"/> Identifying and Registering Patients</li><li><input type="checkbox"/> Moving Patients to Definitive Care</li><li><input type="checkbox"/> Special Considerations for Vulnerable Populations</li></ul>

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

<input type="checkbox"/> Ensuring Continuity of Care with Tertiary Survey on a Grand Scale
<input type="checkbox"/> Chapter 4. Safety & Security <ul style="list-style-type: none"><li><input type="checkbox"/> Immediate Security Actions</li><li><input type="checkbox"/> Law Enforcement Security Presence and Coordination</li><li><input type="checkbox"/> Decontamination Considerations</li><li><input type="checkbox"/> Staff Access and Emergency Credentialing</li></ul>
<input type="checkbox"/> Chapter 5. Supporting Family and Friends in the Aftermath <ul style="list-style-type: none"><li><input type="checkbox"/> Challenges with the Second Surge</li><li><input type="checkbox"/> Family Reunification and Assistance in New York City</li></ul>
<input type="checkbox"/> Chapter 6. Managing the Community Response to an MCI <ul style="list-style-type: none"><li><input type="checkbox"/> Media Management</li><li><input type="checkbox"/> Injured Members of Service and the Presence of Public Officials and Other Dignitaries</li><li><input type="checkbox"/> Donation Management</li></ul>
<input type="checkbox"/> Chapter 7. Legal and Regulatory Considerations <ul style="list-style-type: none"><li><input type="checkbox"/> EMTALA During Emergencies</li><li><input type="checkbox"/> Law Enforcement Investigations</li></ul>

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

<input type="checkbox"/> Privacy Law and Medical Information Sharing
<input type="checkbox"/> Chapter 8. Recovery
<input type="checkbox"/> Caring for Staff and Psychological First Aid
<input type="checkbox"/> Moving to the Intermediate Phase
<input type="checkbox"/> After-Action Conferences and Developing Improvement Plans

**Please describe the rationale for choosing the specific MCI project for your hospital deliverable [i.e. how does this align with your hospital strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP)]:**

**For Projects** - Complete the following information regarding your implementation plan:

Key Objective:

Goals:

Goal 1:

Goal 2:

Goal 3:

If additional goals, please describe:

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

Key Action Steps:

Step 1:

Step 2:

Step 3:

If additional Steps, please describe:

Timeline:

Expected Budget:

**Deliverable Deadlines:**

**Deliverable 9.1** (this template) must be completed and returned to DOHMH by **November 8, 2019**.

**Deliverable 9.2** (self-assessment of hospital disaster mental health plans – separate template) must be completed and returned to DOHMH by **January 31, 2020**.

**Deliverable 9.3** – final summary report and supporting documents for the project proposed in this template is due to DOHMH by **May 17, 2020** and must include:

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

- Project goals and objectives
- Findings
- Impact and outcomes
- List of stakeholders
- Next steps
- Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets indicating participant role at hospital)

**DUE DATES:**

**9.1 due: November 8, 2019**

**9.2 due: January 31, 2020**

**9.3 due: May 18, 2020**

**MYSTERY PATIENT DRILL (D10)**  
**REQUIRED**

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

<b>DESCRIPTION:</b> Ensure Emergency Department (ED) capability to quickly identify, isolate, and use appropriate infection control practices to manage patients presenting with communicable diseases of public health concern.	
<b>HOW THIS DELIVERABLE TIES TO PREPAREDNESS:</b> Increase preparedness of Hospital screening and isolation protocols and level of staff readiness for an infectious outbreak/pandemic.	
<b>ASPR CAPABILITY AND FUNCTION:</b> Capability 1. Foundation for Health Care and Medical Readiness, Capability 4. Medical Surge	
<b>DOHMH POINT OF CONTACT:</b> Mary Foote, <a href="mailto:mfootemd@health.nyc.gov">mfootemd@health.nyc.gov</a> OR Elizabeth Diago Navarro, <a href="mailto:enavarro1@health.nyc.gov">enavarro1@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> 10.1 \$1,000 10.2 \$1,000 10.3 \$2,000
<b>INSTRUCTIONS:</b> This deliverable is <b>required</b> . Please supply materials reviewed or created from July 1, 2019 to June 30, 2020. Please follow detailed directions below.	<b>HELPFUL TIPS:</b> <ol style="list-style-type: none"> <li>1. See supporting information below.</li> <li>2. The DOHMH vendor will be conducting ED-based Mystery Patient Drills (MPDs). A toolkit with additional resources was developed based on the MPDs conducted in 2016 which may be useful to review (<a href="https://www1.nyc.gov/site/doh/providers/emergency-prep/communicable-disease-preparedness.page">https://www1.nyc.gov/site/doh/providers/emergency-prep/communicable-disease-preparedness.page</a>)</li> <li>3. Identify 1-2 “trusted agents” to assist with the “mystery patient” drill. Suitable trusted agents might include emergency management staff, infection control staff, or other administrators. The trusted agents will participate in the hot wash along with available ED staff involved in the unannounced drill.</li> <li>4. The improvement plan can be either HSEEP or Joint Commission compliant.</li> <li>5. Hospitals without emergency departments will have the option to participate in one Mystery Patient Drill (conducted by the DOHMH vendor) or will be offered an alternative infectious disease training deliverable which may include developing a training and exercise plan for the screening and isolation of communicable diseases or some other comparable activity.</li> <li>6. Please begin your email subject line with D10 when making inquiries about this deliverable.</li> <li>7. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**Mystery Patient Drill 2.0**

**Part I: Training and Preparation**

**10.1. Trusted agent training.** Ensure Emergency Department (ED) capability to quickly identify, isolate, and use appropriate infection control practices to manage patients presenting with communicable diseases of public health concern. Designate at least one (1) representative to serve as a trusted agent that will participate in *webinar training* for mystery patient exercise program and coordinate scheduling and conduct of drill.

1. Select at least one of the following staff to attend webinar training: Hospital EPC, Emergency Room Supervisor or other administrator that would be taking the lead on “mystery patient drills” so they can coordinate and carry out mystery patient drills going forward. The slides will be provided to participants after the webinar for reference.
2. The DOHMH vendor will provide DOHMH a roster of participants which will be used to verify your designated staff-members participation in the training.

**10.2 Web-based training:** Additional hospital frontline staff (i.e., ED nursing and triage staff, physicians, emergency management staff) must complete a *web-based training* on the Mystery Patient Drill program that will introduce the project and provide a brief review of screening and isolation principles. Hospital should consider additional refreshing training on facility-specific screening, isolation, and notification protocols.

1. Identify essential staff across all ED shifts who would normally be involved in the screening, triage and isolation of patients with potentially severe communicable disease. Facilities should exercise their best judgment in selecting the professional roles and number of staff. At minimum 5 staff must complete the training; the list of participants **MUST** include representation from nursing, security, physicians and Emergency Management. Recommended participants would be nursing supervisors, charge nurses, ED Directors, security managers, etc. Facilities may choose to include ancillary staff as well.
2. The web-based training will be made available before the MPD begin in order to prepare staff ahead of the drills.
3. Participant information will be collected and verified by the DOHMH vendor. Pre- and post-test scores will be used to document completion.

**Part II: Drill Activities and Improvement Plan**

**10.3 A. Mystery Patients Drills:** Each Network acute care facility must participate in one (1) mystery patient drill conducted with the assistance of DOHMH. The DOHMH vendor will provide specific instructions for participating in the unannounced drills.

1. Each facility should designate a point of contact for the DOHMH Vendor. This person should be either Emergency Management or ED supervisory staff member who can be available as a “trusted agent” during the drills (see below).
2. At the conclusion of each drill, there will be brief hotwash to debrief, obtain feedback and discuss lessons learned.

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**B. Improvement Plan:** After completion of the drills, DOHMH will provide each facility with an After Action Report (AAR) based on the exercise and hotwash at the facility. AAR will include strengths, challenges and recommendations for improvement. Facilities will have 1 week (5 business days) to provide suggested edits or additions.

1. After approval of the AAR, each facility must complete an internal improvement plan (IP) with corrective actions in accordance with recommendations from After Action Report (AAR). These plans should be submitted by January 17, 2020.
2. The report should also include plans for future staff training on screening and isolation protocols.

**REQUIRED DOCUMENTATION:**

- 10.1) Proof of attendance for at least one (1) representative at webinar training for trusted agents. Attendance will be collected and verified by the DOHMH vendor.
- 10.2) A minimum of five (5) frontline ED staff must complete webinar on mystery patient drill program, evidenced by pre- and post-test scores. Information collected and verified by DOHMH.
- 10.3) Hospital Improvement Plan (IP).

**ADDITIONAL DELIVERABLE DETAILS:**

Acute care facilities without an ED or Urgent Care/walk-in clinic should contact DOHMH to arrange an alternate activity, if preferred.

**DUE DATES:**

- 10.1 due: October 18, 2019**  
**10.2 due: October 18, 2019**  
**10.3 due: January 17, 2020**



**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**PARTICIPATE IN A WORKGROUP (D11)  
REQUIRED**

<b>DESCRIPTION:</b> Hospital will participate in in at least one (1) workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partner. Hospital will develop a proposal and final summary report describing workgroup participation.	
<b>HOW THIS DELIVERABLE TIES TO PREPAREDNESS:</b> Advances NYC Health Care Coalition (NHCHCC) planning projects.	
<b>ASPR CAPABILITY AND FUNCTION:</b> Capability 1. Foundation for Health Care and Medical Readiness	
<b>DOHMH POINT OF CONTACT:</b> Chanukka Smith, <a href="mailto:csmith29@health.nyc.gov">csmith29@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>11.1. \$1,000</b> <b>11.2. \$2,000</b>
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>.</p> <p>11.1) Participate in at least one (1) workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response.</p> <ul style="list-style-type: none"> <li>Develop and submit deliverable proposal summarizing Hospital’s planned participation in a workgroup for DOHMH approval.</li> </ul> <p>11.2) Develop and submit final summary report describing Workgroup participation within the date range July 1, 2019 through February 14, 2020.</p>	<p><b>HELPFUL TIPS:</b></p> <ol style="list-style-type: none"> <li>Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> <li>Proposed Workgroups: <ul style="list-style-type: none"> <li><i>DOHMH Coalition Surge Test Planning Committee</i></li> <li><i>DOHMH Surge/Evacuation Steering Committee</i></li> <li><i>FDNY - GNYHA MCI Workgroup</i></li> <li><i>GNYHA Sit Sat Advisory Council</i></li> <li><i>Health System Lead Workgroup</i></li> <li><i>NYCHCC Subcommittee(s)</i></li> </ul> </li> <li>For current information on the status of proposed workgroups please contact DOHMH.</li> </ol>

**REQUIRED DOCUMENTATION:**

- 11.1) Proposal (maximum 1 page) summarizing planned participation in a workgroup.
- 11.2) Final Summary Report describing participation in a workgroup.

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**ADDITIONAL DELIVERABLE DETAILS:** a separate template file including the below will be sent to you for your deliverable submission.

**Required Activities:** Each Hospital will participate in at least **one (1)** workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response. DOHMH will provide a list of proposed workgroups available for participation. Workgroup participation should be within the date range of July 1, 2019 through February 28, 2020.

**Required Documentation:**

1. Develop and submit deliverable proposal summarizing Hospital’s planned participation in a workgroup for DOHMH approval that includes the following:
  - Rationale for choosing to participate in a workgroup;
  - Name and description of workgroup(s), name and role of acute care facility staff participating in workgroup(s), goals, objectives, timeline, and key action steps.

**DUE DATE: October 1, 2019**

2. Final Summary Report describing participation in a workgroup should include:
  - List of workgroup stakeholders
  - Goals and objectives achieved
  - Impact of workgroup participation
  - Supporting documentation (e.g., workgroup documents, meeting agendas, sign-in sheets)

**DUE DATE: February 28, 2020**

**Instructions:** Please contact and confirm participation in a workgroup with the point-of-contact for that workgroup. It is the Hospital’s responsibility to provide details of that workgroup when submitting proposal.

<b>Proposed Workgroups:</b>	<b>Point-of-Contact</b>
DOHMH Coalition Surge Test Planning Committee	Les Welsh <a href="mailto:lwelsh@health.nyc.gov">lwelsh@health.nyc.gov</a>

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**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

DOHMH Surge/Evacuation Steering Committee	Les Welsh <a href="mailto:lwelsh@health.nyc.gov">lwelsh@health.nyc.gov</a>
FDNY - GNYHA MCI Workgroup	Jenna Mandel-Ricci <a href="mailto:JMandel-Ricci@gnyha.org">JMandel-Ricci@gnyha.org</a>
GNYHA Sit Sat Advisory Council	Jenna Mandel-Ricci <a href="mailto:JMandel-Ricci@gnyha.org">JMandel-Ricci@gnyha.org</a>
Health System Lead Workgroup	Celia Quinn <a href="mailto:cquinnmd@health.nyc.gov">cquinnmd@health.nyc.gov</a> Jenna Mandel-Ricci <a href="mailto:JMandel-Ricci@gnyha.org">JMandel-Ricci@gnyha.org</a>
NYCHCC Subcommittee(s)	Bill Lang <a href="mailto:wlang1@health.nyc.gov">wlang1@health.nyc.gov</a> Taina Lopez <a href="mailto:tlopez4@health.nyc.gov">tlopez4@health.nyc.gov</a>

**WORKGROUP DELIVERABLE TEMPLATE**

Please complete all sections of this deliverable template and submit to Chanukka Smith at [csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov) and William Lang at [wlang1@health.nyc.gov](mailto:wlang1@health.nyc.gov). Hospital will receive credit for deliverable 11.1 when reviewed and approved.

<b>Facility Name:</b>
<b>Name and Role of Staff Participating in Workgroup:</b>
<b>Name of Workgroup:</b>

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

<b>Name of Workgroup Organizer: (Insert Name, e.g. DOHMH, GNYHA, FDNY or other planning partner)</b>

**Please contact and confirm participation in a workgroup with the point-of-contact for that workgroup. It is the Network / Hospital responsibility to provide details of that workgroup when submitting proposal.**

<b>Description of Workgroup: (Insert Description)</b>
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<b>Rationale for choosing to participate in a workgroup: (Insert Rationale)</b>
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<b>Goals, Objectives, Timeline and Key Action Steps-</b>
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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

Key Objective of Workgroup:

Workgroup Goals:

Goal 1:

Goal 2:

Goal 3:

If additional goals, please describe:

Network / Hospital Participation Goals for Workgroup:

Goal 1:

Goal 2:

Goal 3:

Timeline:

Key Action Steps:

**BP1 (July 1, 2019 – June 30, 2020)  
Independent Hospital Deliverable Guidelines**

**DESIGN A DELIVERABLE(S) (D12)  
REQUIRED**

<b>DESCRIPTION:</b> Using a Hospital strategic plan and/or recent (e.g., from BP1 SUPP) risk assessment finding(s), hazard vulnerability analysis (HVA) and/or After Action Report/ Improvement Plan (AAR/IP), design a deliverable(s) that includes implementing a project or address a gap.	
<b>HOW THIS DELIVERABLE TIES TO PREPAREDNESS:</b> Operationalize best practices, plans, protocols and tools to enable a coordinated response throughout the coalition.	
<b>ASPR CAPABILITY AND FUNCTION:</b> Capability 1. Foundation for Health Care and Medical Readiness	
<b>DOHMH POINT OF CONTACT:</b> William Lang, <a href="mailto:wlang1@health.nyc.gov">wlang1@health.nyc.gov</a>	<b>MAXIMUM REIMBURSABLE AMOUNT:</b> <b>12.1 \$3,000</b> <b>12.2 \$5,000</b>
<p><b>INSTRUCTIONS:</b> This deliverable is <b>required</b>.</p> <p>12.1. Using Hospital strategic plan and/or recent (e.g., from BP1 SUPP) risk assessment finding(s), design a deliverable that includes implementing a project.</p> <p>Deliverable should result in activity(ies) that will implement a project or address a gap. Proposed project <i>must be separate</i> from any activities listed previously as deliverables in this contract. Hospital also <u>cannot</u> propose an exercise to satisfy this deliverable. Develop and submit a deliverable proposal for DOHMH approval that includes the following:</p> <ul style="list-style-type: none"> <li>• Rationale for choosing the specific hospital project;</li> <li>• Implementation plan, including: <ul style="list-style-type: none"> <li>○ Justification based on Hospital strategic plan, and/or recent (e.g., BP1 SUPP) risk assessment finding(s)</li> <li>○ Outline of project Scope of Work (SOW) to include goals, objectives, timeline, key action steps and budget.</li> </ul> </li> </ul> <p>12.2. Upon completion of the DOHMH-approved deliverable, develop and submit a final summary report, including description of how completion of this deliverable has advanced progress on the Hospital’s strategic plan.</p>	
<p><b>HELPFUL TIPS:</b></p> <ol style="list-style-type: none"> <li>1. DOHMH encourages collaboration on deliverable with other networks or hospitals to maximize impact to New York City healthcare system. If you choose to do this, please be sure to clearly articulate each participant’s role in the proposal, and each hospital or Network must submit a proposal.</li> <li>2. Questions can also be directed to <a href="mailto:DOHMHcore@health.nyc.gov">DOHMHcore@health.nyc.gov</a></li> </ol>	

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**ADDITIONAL DELIVERABLE DETAILS:** a separate template file including the below will be sent to you for your deliverable submission.

**REQUIRED DOCUMENTATION:**

12.1) Approved proposal for a Hospital project

12.2) Final Summary Report, including:

- Details of project implementation
- Goals and objectives
- Findings
- Impact and outcomes
- List of stakeholders
- Next steps
- Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets)

***Hospital Contract Deliverable 12.1 Proposal Template***

**Required Activities:** Using Hospital strategic plan and/or recent (e.g., from BP1 SUPP) risk assessment finding(s), hazard vulnerability analysis (HVA) and/or After Action Report/ Improvement Plan (AAR/IP), design a deliverable(s) that includes implementing a project or conducting an exercise to address goal(s) or key findings from strategic plan and/or recent risk assessment.

**How this Ties to Preparedness:** Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution. This benefits their specific institution as well as the larger healthcare system. The area of focus should align with Hospital’s strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP).

Proposed projects must be separate from any activities or exercises listed previously as deliverables in this contract. **Hospital’s may not use an exercise to satisfy this deliverable.**

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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

Please complete all sections of this deliverable template and submit to William Lang at [wlang1@health.nyc.gov](mailto:wlang1@health.nyc.gov). Hospital will receive credit for deliverable 12.1 when reviewed and approved.

<b>Hospital Point of Contact for Deliverable 12:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Please indicate the type of deliverable you are proposing:</b>  <input type="checkbox"/> Project <input type="checkbox"/> Exercise

<b>Please describe the rationale for choosing the specific Network-wide project deliverable [i.e. how does this align with your Network strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP)]:</b>
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**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

**For Projects** - Complete the following information regarding your implementation plan (Networks completing exercises may skip this section):

Key Objective:

Goals:

Goal 1:

Goal 2:

Goal 3:

If additional goals, please describe:

Key Action Steps:

Step 1:

Step 2:

Step 3:

If additional Steps, please describe:

Timeline:

Expected Budget:

**For Exercises** – Describe provide a general exercise overview to include (Networks completing projects can skip this section):

Expected Scope of exercise (e.g. multiple part exercise over three days involving outpatient and acute care facilities):

**BP1 (July 1, 2019 – June 30, 2020)**  
**Independent Hospital Deliverable Guidelines**

Sectors you plan to involve (i.e. multiple acute care facilities, outpatient (non-acute) facilities, nursing homes, etc.):

Main Objective(s):

Planned Scenario:

Timeline:

Budget:

**DUE DATES:**

**12.1 due: December 10, 2019**

**12.2 due: April 22, 2020**