

## **Program Element #18: Multnomah LPHA Health Department Regional Lead Agency (RLA 1)**

### **OHA Program Responsible for Program Element:**

Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response Section

- 1. Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to strengthen and enhance the capabilities of the public health and health care systems to respond to evolving threats and other emergencies, during the term of this Agreement and to the satisfaction of OHA.

Effective responses will enable jurisdictions to prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems and to ensure the earliest possible recovery and return of the public health and health care systems to pre-incident levels or improved functioning. Funds are intended to increase or maintain LPHA's levels of emergency preparedness effectiveness across six key preparedness domains: community resilience, incident management, information management, countermeasures and mitigation, surge management, and bio-surveillance.

This Program Element is intended to specify the services, activities and deliverables expected and required from LPHA, in its role as Regional Lead Agency (RLA) in the Hospital Preparedness Program (HPP) Region 1 and in promoting healthcare preparedness for emergencies in Oregon Healthcare Preparedness Region (HPR) 1. The HPR is a geographic unit for surge capacity planning for a public health or medical emergency. There are seven HPRs in Oregon. HPR1 is comprised of Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington counties. HPR1 collaborates with and serves informally as a partner to the SW Washington HPR. OHA retains the right to change HPR boundaries with advance written notice of 30 days.

This Program Element is supported by federal grant funds to carry out program activities with guidance and oversight from OASPR and OHA. The goals, activities, and outcomes are described in the federal and state Implementation Guidance for Healthcare Preparedness Coalitions documents.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

### **2. Definitions:**

- a. Assistant Secretary for Preparedness and Response (ASPR):** The Office of the Assistant Secretary for Preparedness and Response was created under the Pandemic and All Hazards Preparedness Act in the wake of Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.
- b. Centers for Disease Control and Prevention (CDC):** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- c. Hospital Preparedness Program Capabilities:** A national set of standards, created by ASPR, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities (see Attachment 1).

- d. **National Incident Management System (NIMS):** The federal Department of Homeland Security’s system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter the cause, size or complexity. More information can be viewed at <https://www.fema.gov/national-incident-management-system>
- e. **OASPR:** Office of the Assistant Secretary of Preparedness Response.
- f. **Point of Dispensing (POD) Site:** A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.
- g. **RHPC:** Regional Healthcare Preparedness Coalition
- h. **RHPP Grant Liaison:** A Regional Hospital Preparedness Program Grant Liaison.
- i. **Strategic National Stockpile (SNS):** A CDC program developed to provide: 1.) rapid delivery of a broad spectrum of pharmaceuticals, medical supplies, and equipment for an ill-defined threat in the early hours of an event; 2.) shipments of specific items when a specific threat is known; and 3.) technical assistance to distribute SNS material. SNS program supports stockpile and vendor managed inventory, vaccines, federal buying power, CHEMPACK, and Federal Medical Stations.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), ([http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>						
<b>Work Plan</b>	X	X	X	X	X	X	X	X	X	X	X	X
<b>Hospital Preparedness Program Capabilities</b>	X	X	X	X	X	X	X	X	X	X	X	X

- b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:** Not applicable
- c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:** Not applicable

**4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements in HPR1:

- a.** LPHA must enlist the cooperation of Hospitals/Health Care Systems (H/HCS) to improve the capacity and capability of the healthcare delivery system to respond effectively and efficiently to the health impacts of emergencies, including complex and large-scale emergencies. Planning, training and exercises will be conducted within the context of the ESF 8 ‘Health and Medical Response System’:  
<https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter7/Pages/emergency.aspx>
- b.** LPHA must ensure the development, implementation, exercising, and refinement of response capacities and capabilities on the part of individual H/HCSs. The goal of this work is to ensure that H/HCSs are able to respond individually in a consistent and effective manner to a range of emergencies with significant health impacts.
- c.** LPHA must recruit H/HCSs and other healthcare and community partners to facilitate development of mechanisms to ensure that there is a coordinated healthcare system response within HPR1 to a range of emergencies with significant health impacts. Facilitate the development of Memoranda of Understanding (MOUs) among H/HCSs that are considered to be necessary and core mechanisms for achieving a coordinated response. Facilitate the development of other mechanisms (for example, specified communications protocols and communications systems among H/HCSs) to ensure a response.
- d.** LPHA must encourage H/HCSs, a wide range of other relevant healthcare partners, local emergency management agencies within the region, and a range of other community responders to engage in cooperative planning efforts and to develop local integrated response plans that provides for:
  - (1)** Effective coordination among the healthcare and other responders (e.g., police, fire, etc.), and
  - (2)** Effective integration of the healthcare response into existing emergency management system(s) within the region.
- e.** LPHA must collaborate with its partners and stakeholders to develop, exercise, and refine plans that can be implemented in the event of an emergency. Engage a wide range of health care and other responders, for example: H/HCSs, EMS, home health, nursing homes, medical clinics, tribal clinics, fire, police, and others as locally appropriate.
- f.** LPHA must perform tasks and deliver deliverables outlined in this Program Element.
- g.** The LPHA must identify a director who is responsible for the implementation of this Program Element.
- h.** LPHA must employ an RHPP Grant Liaison using funds from this Program Element. The RHPP Grant Liaison must be an employee of the LPHA, and have duties devoted to development, implementation and maintenance of healthcare preparedness in the HPR1 consistent with the conditions of this Program Element. The role of the RHPP Grant Liaison in an emergency event is to assist in the coordination of the hospital and healthcare response within their HPR1 and to act as a technical specialist and liaison to the ESF 8 Health and Medical Emergency Response System to both the state and local response entities as needed. When needed by the state in an

emergency response, the RFPP Grant Liaison will be contacted through normal contact channels via telephone, cell phone, email, Health Alert Network (HAN) message or combination of these by a Public Health Agency Operations Center (AOC) representative.

- i. LPHA must monitor and provide quality control and assurance over the RHPP Grant Liaison whose duties must be devoted exclusively to development, implementation and maintenance of healthcare preparedness and emergency response functions in the HPR1.
- j. The RLA and RHPC, or the RHPP Grant Liaison do not have statutory authority and are not officers, employees, or agents of the State of Oregon.

**k. Specific Tasks Required of the RHPP Grant Liaison**

RHPP Grant Liaison must perform the following tasks within the timelines set forth in Timeline of Deliverables located in Section 9 of this Program Element:

(1) Support an effective RHPC, which includes, but is not limited to:

- (a) Identify and assist in the recruitment of appropriate members for participation in the RHPC from the following core groups:
  - All H/HCSs within the HPR;
  - All Local Public Health Authorities within the HPR;
  - Other local emergency management agencies;
  - EMS;

In addition, the following:

Representation from each of the following sectors of the healthcare delivery system. It is not the intent that all individual entities that comprise each sector be members of the RHPC. Where appropriate and practicable, each of the following groups should be represented (listed without preference or priority) on the RHPC:

- Tribal health care providers;
- Other healthcare entities identified in the grant guidance affected by CMS emergency preparedness rules;
- Behavioral health;
- Safety net clinics including but not limited to Federally Qualified Health Centers (FQHCs); and
- Other health care related representatives from the Region as appropriate (e.g., there are Hazardous Materials (HAZMAT) teams in some but not all regions; there are special fire districts as well as fire departments).

The OHA Public Health Emergency Preparedness Liaison within the Region must be invited to attend meetings and contribute, but is not a voting member of the RHPC.

- (b) Serve as the staff to the RHPC.
- (c) Support development and maintenance of a written charter that outlines the Coalition's mission and governance, at the direction of the RHPC.
- (d) Ensure that OHA has copies and timely updates of the RHPC's charter and current membership.
- (e) Ensure that the RHPC meets as often as necessary (not less than four times a year).

- (f) Ensure that meeting minutes and other records of RHPC activities and decisions are appropriately maintained and submitted to OHA when finalized.
- (g) Actively promote the HPP to regional constituents with periodic meetings and coordination with the region's representatives, such as the region's Public Health Emergency Preparedness Liaison(s), the region's County Emergency Manager(s) and the region's hospital Emergency Managers.
- (h) Act as a subject matter and technical expert on the Health Alert Network, HOSCAP and other secure online applications. This expertise will be provided as information, training and problem solving for software users. The LPHA RHPP Grant Liaison will be trained on these systems to the administrator level.

**l.** LPHA must ensure budgeting, financial expectations and reporting conform to state implementation guidance to RHPCs as follows:

- (1) RHPP Grant Liaison must, at the direction of the RHPC, compile, develop and submit, at the direction of the RHPC, an annual Regional Distribution Budget, for utilization of HPP Budget Period 2 – 2020 (HPP BP2-2020) (July 1, 2020 - June 30, 2021) funds for OHA approval and fiscal reviews. OHA has final approval authority for activities, expenditures and purchases funded by the HPP Cooperative Agreement. The proposed Regional Distribution Budget must be submitted to OHA on or before August 1st.

The RHPC will provide local and regional level guidance on preparedness and response planning and policies, and on expenditures to be undertaken in accordance with the Regional Distribution Budget within the guidelines established by OHA and in accordance with federal requirements for this grant.

- (2) LPHA must submit a standardized match reporting and tracking form, provided by OHA. LPHA must institute procedures for identification, compilation and tracking of regional match and report along with supporting documentation to OHA by January 30 and June 30.
- (3) Upon request, LPHA must participate in fiscal reviews conducted by OHA of HCC awards.
- (4) LPHA must maintain records relevant to OHA fiscal reviews in accordance with records retention and other requirements referenced in as noted in the Invoice for Actual Expenses.
- (5) RHPP Grant Liaison must provide guidance based on state HPP implementation guidance document or consultation from regional and statewide perspectives in planning with RHPC and H/HCS participants on the purchase of equipment funded by HPP. RHPP Grant Liaison must advise the participants that individual line items will conform to statewide systems where they exist and be compatible for use statewide in the event of a disaster.
- (6) RHPP Grant Liaison must accurately transmit OHA's expectations and requirements regarding use of funds, budgeting, and other financial and programmatic issues to H/HCSs.

**m.** RHPP Grant Liaison must integrate the jurisdictional plans into the statewide ESF 8 Emergency Operations Plan, Volume II Book 1, as follow:

- (1) Ensure the integration and development of local elements into appropriate roles, responsibilities and lines of communication sections, annexes, and standard operating procedures into the statewide plan.
- (2) Assist the state in convening workgroups and focus groups by encouraging participation

of local partners and through active participation of the regional liaison in the work groups.

- (3) Review drafts and provide input to the statewide plan.
  - (4) Be familiar with ESF-8 Public Health and Medical Services Emergency Operations Plan-Response Volume II, Book 1-Emergency Operations Plan - Oregon Public Health Division of the state Emergency Response Plan and the ESF 8 Health and Medical Emergency Response System and act as a technical expert with local partners.
  - (5) Develop and implement RHPC preparedness and response plan(s) that emphasizes strategies and tactics that promote communications and information sharing, resource coordination and operational response planning within the coalition and other stakeholders to inform statewide ESF 8 Emergency Operations Plans.
- n.** In accordance with a statewide plan development schedule, RHPP Grant Liaison must participate with OHA in developing an effective state/regional/local approach to identifying and utilizing volunteers which includes developing and implementing, the following:
- (1) Systems for identifying and recruiting appropriate volunteers for response during a medical surge capacity event.
  - (2) SERV-OR is a volunteer registry and management system as defined above in this Program Element. The RHPP Grant Liaison must have a working knowledge of the system, act as an initial resource for questions, and be familiar with system protocols.
  - (3) Actively advocate for the system and engage the HPR1's community partners to recruit and train volunteer members to become part of the volunteer registry known as SERV-OR.
- o.** RHPP Grant Liaison must participate with OHA in implementing systems to track hospital bed availability and other critical resources including:
- (1) Improving HOSCAP or other state-specified systems to reach 100% of participation of hospitals within the region. Goal is to attain daily updating by hospitals and ensure HOSCAP roles are filled;
  - (2) Use of HOSCAP in regional exercises to identify gaps in preparedness or response;
  - (3) Assisting with marketing and training in the transition to any new version of HOSCAP, the RHPP Grant Liaison must learn and maintain expertise with the system and be a resource for stakeholder questions on the system;
  - (4) Actively work towards the statewide goal of establishing/maintaining at least 1 HAN-HOSCAP administrator in each hospital and populate other key HAN-HOSCAP roles throughout the budget period;
  - (5) Communicate the OHA expectation for hospitals to participate and meet system testing goals to report available beds. System will be tested quarterly by OHA.
- LPHA will ensure the RHPP Grant Liaison provides subject matter expertise to support hospitals to follow all HOSCAP protocols established and adopted by OHA;
- p.** RHPP Grant Liaison must promote competency-based training within HPR1 as needed to support development of surge capacity and capability and actively promote all statewide trainings.
- q.** LPHA must ensure the RHPP Grant Liaison acts as a subject matter expert on HAN-HOSCAP, secure online response software, Emergency Preparedness Plan roll-outs, Public Information Officer, Joint Information Center training and others. The RHPP Grant Liaison will attend "train-

the-trainer” courses offered by the state and disseminate the training in cooperation with the state and local training plan.

- r. LPHA must complete and provide OHA additional reports requested by OHA or federal partners as is reasonably necessary for ongoing program review and guidance activities, which include OASPR Progress Reports, performance measures, work plan updates and minimum levels of readiness as provided by OASPR. OHA retains the right to review and seek clarification before accepting the reports.
- s. RHPP Grant Liaison must actively work with participating hospitals to fund, in BP02-2020, NIMS objectives for hospitals and healthcare systems to ensure they are substantially achieved and maintained. LPHA must provide a comprehensive inventory by facility to OHA upon request in the format prescribed by OHA. These activities can be found at <http://www.fema.gov/library/viewRecord.do?id=3285>.
- t. LPHA must actively work with all participating hospitals to review and revise hospital fatality management plans to ensure they are complete and updated for NIMS compliance and that they are coordinated with local jurisdictional entities. A copy of any revised written plans will be provided to OHA upon request.
- u. LPHA must actively work with all participating hospitals to review and revise hospital evacuation plans throughout this Agreement period. The plans must be reviewed and revised by the hospitals to ensure adequacy and efficacy and to ensure that they are coordinated with local providers and response agencies. The plans must continue to address appropriate establishment of adequate alternate care sites. A copy of any revised written plans will be provided to OHA upon request.
- v. RHPP Grant Liaison must actively work with all participating hospitals to have existing hospital Hazard Vulnerability Analyses (HVAs) reviewed and revised as appropriate. The HVAs must be reviewed by hospitals in conjunction with LPHA HVAs and revised to ensure they accurately reflect the potential hazards to which a hospital is vulnerable. A copy of the current HVA will be provided to OHA upon request.
- w. RHPP Grant Liaison must actively work and assist the state to engage community partners to participate in statewide exercises. Goal is to maximize public health and healthcare community involvement for the medical surge component of the exercise.
- x. RHPP Grant Liaison must ensure that all funded entities submit all AAR/IP for all HPP funded exercises to OHA, through the RLA, for the end-of-year report. In preparing these reports, RHPP Grant Liaison must follow the guidelines in the Implementation Guidance for RHPC.
- y. RHPP Grant Liaison must actively work and promote hospitals to keep updated data on HOSCAP and HAN with appropriate contact numbers, radio frequencies, HAM capabilities and other data.
- z. RHPP Grant Liaison must actively work with the RHPC to ensure that the region’s hospitals have and maintain communications ability.
- aa. RHPP Grant Liaison must actively work with the state and engage healthcare partners to successfully participate in quarterly communication tests.
- bb. RHPP Grant Liaison must consult and coordinate its work with OHA to ensure appropriate and consistent statewide implementation of the HPP. This consultation and coordination required from RHPP Grant Liaison includes, but is not limited to, the following:
  - (1) Attending periodic RHPP Grant Liaisons’ meetings; participating in coordination conference calls with the state and local health departments, and other meetings requested by OHA;

- (2) Submitting required documents (e.g., budgets, plans, reports, narratives, minutes, and exercise schedules) to OHA in a timely fashion and in the format requested. This includes on time submittal of comprehensive data and narratives for the mid-year and end-of-year reports as required by OHA and by using the prescribed templates provided by OHA;
- (3) Implementing regional match tracking and report regional match using the tool provided by OHA including any supporting documents at the mid-year and final reports, or as may be reasonably requested by OHA.
- (4) Assisting OHA in preparation of OHA annual applications for future funding by providing to OHA budget proposals, recommendations, and regional preparedness status information.
- (5) Participating in annual and other periodic program evaluation activities including:
  - (a) Providing documentation to OHA that identifies local and regional medical surge capacity and capability;
  - (b) Submitting copies of model or executed MOUs among H/HCSs;
  - (c) Ensuring that funded entities submit AAR/IPs upon request for HPP funded exercises used to demonstrate compliance with HPP program requirements. The AARs/IPs must include observations, strengths, challenges and corrective action plans for responses or exercises and should relate to the healthcare preparedness capabilities as applicable. All AARs/IPs must be submitted to OHA upon request.
  - (d) Facilitating processes and efforts to integrate HPP and CDC Public Health Preparedness goals and activities as described in Program Element #12 of this Agreement to carry out related public health and medical emergency preparedness goals and activities. The goal of these efforts is to ensure an integrated ESF 8 Public Health and Medical Emergency Response System capable of effective and efficient actions to protect the health and well-being of people living in the HPR1.
  - (e) Participating in processes to evaluate the effectiveness of Oregon’s HPP including:
    - i. Providing input into the design of the evaluation processes and measures, and drawing on LPHA RHPP GRANT LIAISON’S’S experience, professional expertise, and judgment.
    - ii. Participating in the evaluation processes.

**5. General Requirements.** All services and activities supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered or conducted in accordance with the following requirements:

- a. Non-Supplantation. Funds provided under this Agreement for this Program Element must not be used to supplant state, local, other non-federal, or other federal funds.
- b. Audit Requirements. In accordance with federal guidance, LPHA must audit its expenditures of HPP funding not less than once every two years. Such audits will be conducted by an entity independent of LPHA and in accordance with the federal Office of Management and Budget under Title 2, CFR Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. Audit reports will be sent to the OHA, who will provide them to the HPP. Failure to conduct an audit or expenditures made not in accordance with the HPP Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.

6. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

<b>Fiscal Quarter</b>	<b>Due Date</b>
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

7. **Reporting Requirements.**

Submit a Regional Distribution Budget to OHA by August 1 of each year using actual award amounts and detailing expected costs of operating the services in this Program Element during the period of July 1 through June 30 of each year.

8. **Performance Measures.** LPHA RHPP GRANT LIAISON will progress hospital preparedness planning efforts in HPP Region 1 in a manner designed to achieve the 4 HPP Capabilities. The capabilities, functions and tasks below correspond with the capabilities, objectives, and tasks located in the Hospital Preparedness Program Capabilities which can be found at <http://www.phe.gov/hpp>.

Capability 1: Foundation for Health Care and Medical Readiness

Capability 2: Health Care and Medical Response Coordination

Capability 3: Continuity of Health Care Service Delivery

Capability 4: Medical Surge

9. **Deliverable Requirements**

LPHA must submit the following deliverables in written form to OHA by the timelines noted:

<b>Required Activity</b>	<b>Due Date</b>	<b>Responsible Party</b>
LPHA’s proposed Regional Distribution Budget and work plan for planning, exercise, materials and equipment.	<b>August 1st</b>	LPHA RHPP GRANT LIAISON
Copy of the current regional Hazard Vulnerability Analysis	<b>Upon Request</b>	LPHA RHPP GRANT LIAISON
Copy of any revised written hospital evacuation plans	<b>Upon Request</b>	LPHA RHPP GRANT LIAISON
Copy of any revised written hospital fatality management plans	<b>Upon Request</b>	LPHA RHPP GRANT LIAISON
Comprehensive NIMS inventory by facility (spreadsheet) to OHA	<b>Upon Request</b>	LPHA RHPP GRANT LIAISON

All required tasks must be completed no later than **June 30, 2021**.

10. **Supplemental Information**

## **Priority Work for Oregon Public Health/Medical (ESF 8) Partners**

For HPP BP2-2020; July 1, 2020- June 30, 2021, partners should plan on doing work in the six key preparedness domains below: community resilience, incident management, information management, countermeasures and mitigation, surge management, and bio surveillance.

### **Community Resilience**

- Partner with stakeholders by developing and maturing health care coalitions (HCCs) Characterize probable risk of the jurisdiction of the HCC
- Characterize populations at risk
- Engage communities and health care systems
- Operationalize response plans

### **Incident Management**

- Coordinate emergency operations Standardize incident command structures for public health
- Establish incident command structures for health care organizations and HCC
- Ensure HCC integration and collaboration with ESF-8
- Have expedited fiscal procedures in place for ensuring funding reaches impacted communities during an emergency response

### **Information Management**

- Share situational awareness across health care and public health systems
- Share emergency information and warnings across disciplines and jurisdictions and HCCs and their members
- Conduct external communication with public Countermeasures and Mitigation
- Manage access to and administration of pharmaceutical/non-pharmaceutical interventions
- Ensure safety and health of responders
- Operationalize response plans

### **Surge Management**

To manage public health surge:

- Address mass care needs: e.g., shelter monitoring Address surge needs: e.g., family reunification Coordinate volunteers
- Prevent/mitigate injuries and fatalities
- Conduct health care facility evacuation planning and execute evacuations
- Address emergency department and inpatient surge
- Develop alternate care systems
- Address specialty surge including pediatrics, chemical/radiation, burn/trauma, behavioral health, and highly infectious diseases

## **11. Summary of Capabilities:**

The four Health Care Preparedness and Response Capabilities are:

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

Capability	Capability Goal
Foundation for Health Care and Medical Readiness	The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
Health Care and Medical Response Coordination	Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
Continuity of Health Care Service Delivery	Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well- educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
Medical Surge	Health care organizations—including hospitals, EMS, and out-of- hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

**12. Federally restricted uses and Limitations of the Healthcare Preparedness Program funding:**

- a. Recipients **cannot** use funds for research.
- b. Awardees **cannot** use funds for clinical care except as allowed by law. For the purposes of this FOA, clinical care is defined as *"directly managing the medical care and treatment of patients."*
- c. Recipients **cannot** use funds for reimbursement of pre-award costs.
- d. Other than for normal and recognized executive-legislative relationships, funds **cannot** be used for:
  - (1) Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - (2) The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- e. Awardees **cannot** use funds for construction or major renovations.
- f. Funds **cannot** be used for payment or reimbursement of backfilling costs for staff.

- g.** Awardees **cannot** use funds to purchase clothing for promotional purposes. Clothing that can be used for personal protective equipment and/or response purposes, and can be re-issued, may be approved.
- h.** Recipients **cannot** use funds to purchase a house or other living quarters for those under quarantine.
- i.** HPP awardees **cannot** use funds to support standalone, single-facility exercises.
- j.** HPP grant funds **cannot** be used to purchase over-the road passenger vehicles.
- k.** Awardees **can** supplement **but cannot** supplant existing state or federal funds for activities described in the budget.
- l.** Awardees **can (with prior approval)** use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- m.** Non-public road vehicles: HPP grant funds **can** (with prior approval) be used to purchase health care coalition material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move health care coalition materials, supplies and equipment (such as forklifts, lift trucks, turret trucks, etc.). Vehicles must be of a type not licensed to travel on public roads.
- n.** HPP grant funds **can** (with prior approval) be used to procure leased or rental vehicles as means of transportation for carrying people (e.g., passenger cars or trucks) during times of need. Examples include transporting health care coalition leadership to planning meetings, to an exercise, or during a response.
- o.** HPP grant funds **can** (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment by HCC members.
- p.** HPP grant funds **can** (with prior approval) be used for health care coalitions to make transportation agreements with commercial carriers for movement of health care coalition materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement).
- q.** HPP grant funds **cannot** be used on training courses, exercises, and planning resources when similar offerings are available at no cost.
- r.** HPP grant funds **cannot** be used to carry out any program of distributing sterile needles or syringes for hypodermic injections of any illegal drugs.
- s.** HPP grant funds **cannot** be used to advocate or promote gun control.
- t.** HPP grant funds **cannot** be used for antibiotics for treatment of secondary infections.
- u.** HPP grant funds **cannot** be used for fundraising.
- v.** HPP grant funds generally **cannot** be used to purchase furniture or equipment.

**No HPP funds will be available to single facilities to meet any CMS requirements**

## Attachment 1

### Healthcare Preparedness Region (HPR) 1

#### Activities and Expected Outputs for Healthcare Coalitions (HCC)

Activities	Expected HCC Output
<b>Domain 1. Strengthen Community Resilience</b>	
<b>Activity 1. Partner with Stakeholders by Developing and Maturing Health Care Coalitions</b>	
HCC membership: Each HCC will review, re-affirm or revise their definition of membership and extend membership as needed to meet minimum requirements of regional healthcare community participation and consider strategic expansion to others.	100% of HCCs have HCC governance documents or other appropriate documents defining membership activities beyond simple meeting attendance, and member list submitted at least twice per year.
Each HCC will review, re-affirm or revise their governance structure and necessary processes to execute activities related to health care delivery system readiness and coordination.	100% of HCCs review or revise their governance structure in meeting minutes, communications, or updated governance document(s).
<b>Activity 2. Characterize the Probable Risk of the Jurisdiction &amp; HCC</b>	
Each HCC will submit an annual HVA and share with HCC members. Coordinated with similar assessments. Does not need to be original assessment if other meets the needs, in order to prevent duplication of effort.	100% of HCCs submit hazard vulnerability assessments to OHA.
HCCs will complete a resource assessment to identify members' likely and highest priority resource needs and shareable resources in a major incident.	100% of HCCs complete, review and disseminate resource reviews at least twice per year, by the end of Q2 and end of Q4.
<b>Activity 3. Characterize Populations at Risk</b>	
HCCs will receive emPOWER data from OHA and US Health and Human Services twice per year and use as needed for evaluating populations at risk due to reliance on electricity-dependent devices.	100% of HCCs receive emPOWER data that is presented/reviewed in coalition meetings. Additional HCC uses of data documented.
HCCs and PHEP subawardees will plan for access and functional needs and at-risk individuals in preparedness and response. Includes independent as well as HCC-public health collaboration.	HCCs and PHEP subawardees will include access and functional needs planning in work plans and budgets, and updated plans in deliverables.
<b>Activity 4. Engage Communities &amp; Health Care Systems</b>	
HCC members will track and report in-kind donations of resources and time to HCC activities in order to document required community engagement.	100% of HCCs document in-kind donations and resources.

OHA and HCCs, as their interests and resources allow, will collaborate to support HCCs interested in serving as venue for technical assistance and networking around meeting the CMS Emergency Preparedness	Documentation of technical assistance and networking provided related to CMS Emergency Preparedness Rule.
HCCs will engage communities, organization leadership, including health care executives in exercise/event debriefs, to support sustainability. Explore offering CMS Emergency Prep Rule support, seeking cost	HCC policies, procedures, communications materials, governance or other documents outline executive and community engagement. Health care executives engaged in debriefs after events.
<b>Activity 5. Operationalize Response Plans</b>	
OHA, HCCs and PHEP subawardees conduct a joint statewide MCM exercise (functional or full scale) in spring 2019. Includes distribution and dispensing, and closed PODs for HCC member staff and families where applicable.	Exercise documentation, such as exercise plan and/or after action review/improvement plan.
<b>Domain 2. Strengthen Incident Management</b>	
<b>Activity 1. Coordinate Emergency Operations</b>	
HCCs will provide feedback on state all-hazards public health and medical emergency preparedness and response plans.	Documented feedback or suggested revisions to state all-hazards public health and emergency preparedness and response plans.
<b>Activity 3. Establish Incident Command Structures for Health Care Organizations</b>	
HCCs support NIMS implementation: HCCs will share best practices and resources for NIMS implementation, identify common gaps and needs, identify common NIMS-related training needs to support, and incorporate NIMS into HCC planning and exercises.	Training events, materials and other NIMS-related resources shared among HCC members; may include actual training if HCCs opt to coordinate or support NIMS-related training.
<b>Activity 4: Ensure HCC Integration and Collaboration with Emergency Support</b>	
Each HCC will develop a coalition response plan that describes the coalition's response operations, including integration with OHA HSPR, coordination with burn and trauma care partners as appropriate.	100% of HCCs complete a coalition response plan.
HCCs will be encouraged to consider how HCC continuity of operations (COOP) plan could be developed, as anticipated to be required in future budget periods.	Documentation of at least discussions on potential HCC COOP planning.
<b>Domain 3. Strengthen Information Management</b>	
<b>Activity 1. Share Situational Awareness across Health Care and Public Health</b>	

HCCs and PHEP subawardees will provide essential information about status, resource needs, and shareable resources during incidents. Methods include conference calls, information sharing platforms, etc. Incorporate in quarterly communications drills.	100% of HCCs and PHEP subawardees share essential information about status, resource needs and shareable resources during at least two exercises or real events provided via HOSCAP, conference calls, direct communication, and other situational awareness initiatives/platforms.
<b>Activity 2. Share Emergency Information &amp; warnings across disciplines, jurisdictions, HCCs &amp; their members</b>	
HCCs will demonstrate use of HAN, HOSCAP, satellite phones or radio communications as redundant communications systems to coordinate information. Multiple employees from each HCC member organization will understand and have access to the systems.	Documentation of HCCs participating in two redundant communication tests (by end of Q2, end of Q4), as HCC-only test and/or statewide test. Documentation of multiple employees participating or having access to systems.
<b>Activity 3: Conduct External Communication with the Public</b>	
HCCs will develop a public information matrix/plan that identifies what information members disseminate to the public during various types of emergencies in order to identify roles, conflicts, or gaps, and review it with OHA PIOs for coordination.	100% of HCCs develop a public information matrix/plan and include in HCC plans.
<b>Domain 4. Strengthen Countermeasures</b>	
<b>1. Manage Access to and Administration of Pharmaceutical and non- Pharmaceutical Interventions</b>	
OHA, HCCs and PHEP subawardees schedule OHA education/training on SNS distribution plans, CHEMPACK, and other medical countermeasures resources/plans.	Documentation of OHA quarterly MCM updates to LPHAs, HCCs, and tribes, and at least one briefing/training per HCC, such as minutes, training records, training evaluation
HCCs and PHEP subawardees will collaborate to plan closed PODs for HCC personnel and families.	100% of HCCs advance closed POD planning partnerships with local/tribal public health authorities.
HCCs will work to ensure health care workers' families are protected during emergencies (beyond closed POD planning) by promoting personal/household preparedness and identifying family/behavioral health support.	100% of HCCs promote personal/household preparedness and family/behavioral health support resources for deployed emergency responders.
Revise inventory management databases, plans, and SOPs. Purchase additional inventory management software, service, materials or equipment if needed and cost savings make funds available.	Updated and centralized inventory databases, shareable inventory lists for partners, updated inventory management plans/SOPs, and updated plans for storage, rotation, deployment, and disposal of pharmaceuticals and medical materials purchased with HPP funds (required) and other funds.

HCCs and OHA track HPP-funded pharmaceuticals, medical materiel and other items and maintain plans for storage, rotation, deployment, and disposal. Regional joint purchases, selection of PPE type, and sharing of inventories will be encouraged.	Documentation of HCC strategies to store, rotate, access and deploy stockpiles purchased with HPP funds. Inventories entered into IMATS or alternate inventory systems.
<b>2. Ensure the Safety and Health of Responders</b>	
HCCs will share or coordinate expertise and training necessary to protect responders, employees, and their families from hazards during response and recovery operations, especially around potential highly pathogenic infectious disease outbreaks.	100% of HCCs coordinate work safety activities (such as hazmat training, PPE training, discussions/briefings addressing infection control).
<b>Domain 5. Strengthen Surge Management</b>	
<b>Management of Public Health Surge</b>	
<b>1. Address Mass Care Needs</b>	
HCCs and HCC members will serve, to the extent feasible, as a planning resource for public health agencies as they develop mass shelter plans, and provide their expertise on the inclusion of medical care at shelter sites.	Technical support offered to public health agencies by HCCs and members around inclusion of medical care at mass care and shelter sites.
<b>2. Address Surge Needs</b>	
HCCs will serve as planning resources and subject matter experts to public health agencies as they develop or augment existing response plans related to family reunification.	Documentation of HCC support for public health agencies in developing family reunification plans.
<b>3. Coordinate Volunteers</b>	
HCCs will review SERV-OR/MRC status in their region, reviewing data on current membership, identify recruitment targets, and try to identify at least one exercise/drill in region that includes SERV-OR/MRC	100% of HCCs receive a SERV-OR/MRC briefing and have at least one exercise/drill or real deployment in the region that involves SERV-OR/MRC volunteers.
<b>Management of Medical Surge</b>	
<b>1. Conduct Health Care Facility Evacuation Planning and Execute Evacuations</b>	
HCCs and HCC members will sustain or advance evacuation planning. At a minimum, HCCs will review current evacuation planning and response activities.	Documentation of each HCC members' evacuation planning and related activities.
HCCs will conduct an exercise using the Coalition Surge Test.	100% of HCCs complete and document coalition surge tests.
<b>2. Address Emergency Department &amp; Inpatient Surge</b>	

HCCs will address ED and in-patient surge with goal of ensuring immediate bed availability (hospitals make 20% of staffed bed available within four hours of disaster).	HCCs discussion/plans address ED and inpatient surge.
OHA and HCCs will collaborate to expand implementation of crisis care guidance to integrate more hospitals, health systems, professional, EMS, public health, and emergency management organizations. Goal: statewide implementation by end of June 2022.	At least one briefing on crisis care guidance per HCC generating list of recruitment recommendations, and documentation of OHA meetings with at least two additional hospitals on integration of crisis care strategies directly into emergency operations plans. Aim of HCC documenting plans to implement crisis standards of care by end of June 2022.
<b>3. Alternate Care Systems</b>	
OHA, HCCs, and PHEP subawardees will coordinate alternate care site and Federal Medical Station planning, training and site assessments with federal validation staff and local/tribal partners.	HCCs document current alternate care site plans and gaps, document HCC members' ability to support sites (personnel, supplies, etc.), receive awareness-level training on federal medical stations, and at least one region receives site validation visit if federal partners are available and assigned.
<b>4. Specialty Surge (Pediatric Care, Chemical or Radiation Emergency Incident, Burn and Trauma Care, Behavioral Needs, Infectious Diseases)</b>	
HCC pediatric planning: HCCs will be encouraged to promote planning for pediatric medical emergencies, update existing plans with pediatric concerns, and augment trauma surge and patient movement plans with pediatric annexes.	HCCs and members' plans are updated with pediatric concerns or pediatric annexes.
HCCs include Area Trauma Advisory Boards (ATABs) into coalition work as feasible.	Minutes/documents show ATAB participation in HCC meetings or other activities in regions where feasible.
HCCs should ensure health care system is prepared to manage exposed/potentially exposed patients during chemical/radiation emergency with decon training, HAZMAT coordination, CHEMPACK mobilization, community reception center (radiological response).	HCCs support decontamination training, HAZMAT collaboration, CHEMPACK mobilization readiness, and/or community reception center planning.
HCCs will solicit participation and input from healthcare acquired infections and quality improvement professionals at health care facilities and public health agencies. Participation may include including planning, training, and exercises/drills.	Healthcare acquired infection personnel from health care facilities and public health agencies participate in HCCs and training.

<p>HCCs will review their response to large burn and trauma/MCI events, review state mass burn plan and regional trauma/MCI plans, identify gaps, and request revision of plans and/or develop coalition-specific annexes, SOPs, or incident action plans.</p>	<p>Documentation of HCC and member burn/MCI plans, review of Oregon mass burn plan, and additional plans/SOPs/etc. as needed.</p>
<p>HCCs will review and provide feedback on revised version of Oregon Public Health High-Impact Pathogen Plan of Operations (expansion of Ebola concept of operations).</p>	<p>Documentation of feedback from HCCs to state public health infectious disease planners.</p>

**Attachment 2**  
**Regional Distribution Budget Template**

	<b>Original Budget</b>
<b>PERSONNEL</b>	<b>\$0</b>
Salary	
Fringe Benefits	
<b>TRAVEL</b>	<b>\$0</b>
In-State Travel:	
Out-of-State Travel:	
<b>EQUIPMENT</b>	<b>\$0</b>
<b>SUPPLIES:</b> communications, professional services, office supplies	<b>\$0</b>
<b>CONTRACTUAL</b>	<b>\$0</b>
<b>OTHER:</b> facilities, continued education	<b>\$0</b>
<b>TOTAL DIRECT</b>	<b>\$0</b>
<b>TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):</b>	<b>\$0</b>
<b>TOTAL:</b>	<b>\$0</b>
<b>DATE:</b>	
Notes:	