

# Region 3 Healthcare Coalition Project Submission Form 2021-2022

CHAMP, North Central Florida, and Northeast Florida Healthcare Coalitions

<b>Project Title</b>			
<b>Requesting Agency</b>			Are you a member of the Healthcare Coalition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Point of Contact</b> Contact information for project lead.	<b>Name</b>		
	<b>Organization Address</b>		
	<b>Phone Number</b>		
	<b>E-mail Address</b>		
<b>4 Project Types</b> Check appropriate category.  <b>AND</b>  <b>5 Specialty Surge Areas</b> Check the appropriate option if this project aligns with medical surge/trauma mass casualty in these specialty areas. Descriptions are attached.	<input type="checkbox"/> <b>Training/Education</b>  <input type="checkbox"/> <b>Supplies/Equipment</b>  <input type="checkbox"/> <b>Exercise</b>  <input type="checkbox"/> <b>Other</b> (provide details under Project Description)		<input type="checkbox"/> <b>Pediatric Surge</b>  <input type="checkbox"/> <b>Burn</b>  <input type="checkbox"/> <b>Infectious Disease</b>  <input type="checkbox"/> <b>Radiation</b>  <input type="checkbox"/> <b>Chemical</b>
<b>2017-2022 (HPP) Health Care Preparedness &amp; Response Capabilities</b> Select the capability the project addresses. Descriptions of each capability are attached.  You may choose more than one, if applicable.	<input type="checkbox"/> <b>Foundation for Health &amp; Medical Readiness</b>  <input type="checkbox"/> <b>Health Care &amp; Medical Response Coordination</b>  <input type="checkbox"/> <b>Continuity of Health Care Service Delivery</b>  <input type="checkbox"/> <b>Medical Surge</b>		
<b>Total Funding Requested</b> Provide total amount requested and attach an itemized budget.	\$		
<b>Describe Gap/Need:</b> Provide description of the gap and how it was identified e.g., lessons learned and documented in an After-Action Report / Improvement Plan following an exercise or real-world event activation.			
<b>Project Description &amp; Details</b> Provide a detailed description and justification for the project			
<b>What will be purchased?</b> Provide a general list of items to purchase. Attach quote, if possible.			
<b>Describe how the purchase will fill the above identified gap?</b>			
<b>Describe how the project will benefit the specialty surge areas (above), if applicable?</b>			
<b>Describe how the project will benefit the HPP Capabilities selected above?</b>			

<b>Additional Information:</b> Provide other information, if needed, for the review committee.	
<b>Other Funding Opportunities:</b> Are there other potential sources of funding for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe efforts to obtain other funding for the project.</b>	
<b>Regional Benefit</b> <b>Projects that provide a regional benefit will receive priority</b>	
<b>Describe how your project will benefit the regional healthcare system.</b>	
<b>Describe efforts to gain support from local/county EM and healthcare partners.</b> Include Letters of Support from County EM & ESF 8 Partners	

<b>Timeframe to complete each step of the project.</b> Provide estimated timeframe for your agency to complete each phase of the process after receiving notification of funding. Example: <i>Immediately upon notification of award OR 30 days after notification, etc.</i>	
<b>MOA Execution:</b> Approval & Signatures	
<b>Project Procurement</b> Once MOA is executed, timeframe to complete purchases.	
<b>Submit Reimbursement Request</b> Includes invoices, proof or receipt and proof of payment	

<b>Local Government Partners ONLY</b> The NEFRC is aware of county purchasing challenges and will assist, when possible, with the purchasing process. NEFRC purchasing rules apply.	
<b>Please describe the assistance needed from the NEFRC to complete your purchases.</b>	

\*\*\*\*\*For Coalition Administrative Use Only\*\*\*\*\*

Updated 7/13/2021

Date Submitted:

Notification to Agency of Receipt:

# 2017 – 2022 Health Care Preparedness and Response Capabilities

These four capabilities were developed based on guidance provided in the *2012 Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* document. They support and cascade from guidance documented in the *National Response Framework*, *National Preparedness Goal*, and the *National Health Security Strategy* to build community health resilience and integrate health care organizations, emergency management organizations, and public health agencies.

## **Capability 1: Foundation for Health Care and Medical Readiness**

Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable Health Care Coalition —have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

## **Capability 2: Health Care and Medical Response Coordination**

Goal of Capability 2: Health care organizations, the Health Care Coalition, 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.

## **Capability 3: Continuity of Health Care Service Delivery**

Goal of Capability 3: Health care organizations, with support from the Health Care Coalitions 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.

## **Capability 4: Medical Surge**

Goal of Capability 4: 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 Health Care Coalition (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.

## **ASPR's HPP Resource Documents**

[2017-2022 Health Care Preparedness and Response Capabilities](#)

[FY2019-2023 Hospital Preparedness Program Cooperative Agreement Funding Opportunity Announcement](#)

[2019-2023 HPP Performance Measures Implementation Guidance](#)

**Alliance Resource Documents** are found on the Alliance webpage [FLRegion3HCC.org](http://FLRegion3HCC.org)

All plans are found in the [What We Do](#) tab

## **2019 HPP Requirements for Healthcare Coalition to address in Specialty Medical Surge Areas**

**Coalition planning should include the following core elements for general medical surge:**

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)
- Access to subject matter experts – local, regional, and national
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)
- Relevant baseline or just-in-time training to support specialty care
- Evaluation and exercise plan for the specialty function

**Additional specialty areas should address:**

**Pediatric** – in addition to the above consider:

- Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents)
- Age-appropriate medical supplies
- Mental health and age-appropriate support resources
- Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan
- Coordination mechanisms with dedicated children's hospital(s)

**Burn** – in addition to the above consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents)
- Burn-specific medical supplies
- Coordination mechanisms with American Burn Association (ABA) centers/region
- Incorporation of critical care air/ground assets suitable for burn patient transfer

**Infectious disease** – in addition to the above consider:

- Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases
- Developing coalition-level anthrax response plans
- Developing coalition-level pandemic response plans
- Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills
- Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations
- Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity
- Coordinating MCM distribution and use by health care facilities for prophylaxis and acute patient treatment
- Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available

**Radiation** – in addition to the above consider:

- Local risks for radiation mass casualty events (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation)
- Detection and dosimetry equipment for EMS/hospitals
- Decontamination protocols
- On-scene triage/screening, assembly center, and community reception center activities
- Treatment protocols/information
- Coordination mechanisms with hematology/oncology centers and Radiation Injury Treatment Network (RITN)

**Chemical** – in addition to the above consider:

- Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related)
- Decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination
- Determine EMS and hospital PPE for HAZMAT events
- Review and update Chempack (and/or other chemical countermeasure) mobilization and distribution plan
- Coordinate training for their members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients
- Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care organizations, and public health agencies (for public messaging) Develop plans for a community reception center with public health partners