

# Healthcare Coalition Infectious Disease Surge Annex Template

The [2019-2023 HPP Funding Opportunity Announcement \(FOA\)](#) requires Healthcare Coalitions (HCCs) to develop a complementary coalition-level infectious disease surge annex to their base medical surge/trauma mass casualty response plan. This annex aims to improve capacity and capabilities to manage a small number of patients with high-consequence pathogens or a large number of patients during a major epidemic or pandemic. According to the [2017-2022 Health Care Preparedness and Response Capabilities](#), “both healthcare organizations and the HCC have roles in planning for and responding to infectious disease outbreaks that stress either the capacity and/or capability of the healthcare delivery system.” (Capability 4, Objective 2, Activity 9).

This infectious disease-focused operational annex complements the HCC’s Response Plan. It is intended to be a high-level, incident-specific response plan, identifying the experts and specialized resources that exist within the HCC or external to the HCC that are available. Each facility is encouraged to develop more detailed policies/procedures that support their individual operations, but that level of detail is not necessary in this annex.

This template provides general headers and descriptions for a sample HCC infectious disease surge annex. The resources used to develop this template include sample HCC plans and the [2017-2022 Health Care Preparedness and Response Capabilities](#). This document is organized as such:

- Sample plan headings/sub-headings;
- Description and considerations (where appropriate, language from the FOA and Health Care Preparedness and Response Capabilities are used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may provide guidance or a template for HCCs to assist in their planning efforts. There is no guarantee the resource(s) listed will fully comply with the capability. A sample annex outline is provided in [Appendix A](#) of this document. [Appendix B](#) includes considerations/ key issues for each scenario type. [Appendix C](#) includes relevant resources.

According to the 2019-2023 FOA, HCCs must develop a series of specialty surge annexes to address pediatric, burn, infectious disease, radiation, and chemical emergencies. It is important to consider trauma, illness, surgical, and behavioral health topics inclusively since those caring for patients will likely be working on these situations simultaneously.

The FOA states, on page 70, “In addition to the usual information management and resource coordination functions, each specialty surge annex framework should be similarly formatted and emphasize the following **core elements**:

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources<sup>1</sup>)
- Access to subject matter experts (SMEs) – 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.”

Additionally, the FOA states that the infectious disease surge annex *may also 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 medical countermeasure (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.”

Prior to developing any emergency operations plan, HCCs should work with jurisdictional emergency management to conduct or participate in a risk assessment/hazard vulnerability assessment and a resource gap analysis to gather the information listed above and understand their specific risks, hazards, and resources available for a response. Additional guidance on collaborative planning and the role of HCCs through the phases of disaster can be found in the [2017-2022 Health Care Preparedness and Response Capabilities](#). In addition to the above, HCCs should also consider identifying incident specific essential elements of information, integrating with state and local crisis standards of care plans, and supply stockpiles of relevant acquisition and standards of re-use and extended use.

**NOTE TO COALITIONS:** Although jurisdictions are not required to use this template nor follow this format, the previously listed **core elements** must be included in their infectious disease surge annex. There are many acceptable planning methods and document formats. However, HCCs are encouraged to use this template to promote consistent operational planning and formatting of the specialty annexes. The focus of this planning is to facilitate the growth of operational capabilities of coalitions to address specialty casualties. The planning process should be collaborative between hospitals, community-based healthcare facilities, public health departments (particularly with local and state infection prevention teams), emergency medical services (EMS), emergency management agencies, and other community organizations to discuss, strategize, and plan for the level of care that can be provided and resources available during an infectious disease outbreak. This annex template is consistent with our base [Healthcare Coalition Response Plan](#) format and supports a seamless planning process and facilitated response. The length and complexity of the annex is directly proportional to the diversity of resources and members within the coalition. Additional ASPR TRACIE resources developed for HCCs include:

- [Preparedness Plan](#), [Response Plan](#), and [Recovery Plan](#) templates

- [Pediatric Surge Annex Template and Burn Surge Annex Template](#)
- [Select Infectious Disease Resources](#)
- [Bioterrorism and High Consequence Biological Threats, Coronavirus, Ebola/VHF, Influenza Epidemic/ Pandemic, Zika Topic Collections](#)
- [Healthcare Coalition Influenza Pandemic Checklist](#)
- [Additional resources that are helpful for HCCs](#)

For more information, visit <https://asprtracie.hhs.gov> or contact our Assistance Center at 1-844-5-TRACIE or [askasprtracie@hhs.gov](mailto:askasprtracie@hhs.gov).

***Contributors and reviewers of this document are listed alphabetically and include:***

***Mary Ellen Bennett, MPH, RN, CIC***, Minnesota Department of Health; ***Susan Sutton Clawson, PhD***, HPP Field Project Officer Region III, HHS ASPR; ***John Hick, MD***, Hennepin Healthcare and HHS ASPR; ***Angela Krutsinger***, HPP Field Project Officer Region VII, HHS ASPR; ***Mary Russell, EdD MSN***, Healthcare Emergency Response Coalition Palm Beach County Florida; ***Michelle Schwedhelm, MSN, RN, NEA-BC***, Executive Director of Emergency Management and Biopreparedness, Nebraska Medicine, and Project Leader and SME, National Emerging Special Pathogen Training and Education Center (NETEC); ***Susan Snider, MA***, G&H International Services, Inc; ***CDR Duane Wagner***, U.S. Public Health Service, HPP Field Project Officer Region V, HHS ASPR; and ***Matthew Watson***, HHS ASPR.

## 1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
<p><b>1.1 Purpose</b></p>	<p>This section describes what the infectious disease surge annex will address and related HCC goals and objectives.</p> <p>The annex should provide guidance to support a coordinated healthcare response to a range of known and emerging infectious diseases and be adjustable to ensure a tailored activation and response to address varying infectious disease agent and severity scenarios.</p>	<p><a href="#">Arizona Department of Health Services Infectious Diseases of High Consequence Plan</a></p> <p><a href="#">Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)</a></p>
<p><b>1.2 Scope</b></p>	<p>This section should include:</p> <ul style="list-style-type: none"> <li>• Timeframe covered by the plan,</li> <li>• Involved coalition and jurisdictional partners,</li> <li>• General command structure and communication protocols (may refer to base plan),</li> <li>• Definitions of key terms, and</li> <li>• Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities).</li> </ul> <p>This section may also describe elements not addressed in the plan and refer the reader to the relevant organizational documents and other specialty annexes such as pediatrics, behavioral health, etc.</p> <p>This annex should refer to the state’s infectious disease plan (e.g., pandemic influenza plan, viral hemorrhagic fever / Ebola plan) and remain consistent with terminology/ definitions (e.g., HHS Pandemic Influenza Plan pandemic intervals, etc.). It should also refer to any other agent or scenario-specific infectious disease-related plans the HCC has developed, such as an Ebola CONOPs and pandemic or anthrax plans.</p>	<p><a href="#">Minnesota High Consequence Infectious Diseases (HCID) Disease Specifics PowerPoint</a></p> <p><a href="#">North Georgia Health District Communicable Disease Exposure Control Plan</a></p> <p><a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a></p>

<p><b>1.3 Overview/Background of HCC and Situation</b></p>	<p>This section should include a <b>general overview</b> of the HCC and the community relative to <b>infectious disease resources</b>, including:</p> <ul style="list-style-type: none"> <li>• Members specific for infectious disease response</li> <li>• Demographics (basic) or specific risks for infectious disease outbreaks (e.g., international airports, large numbers of immigrants from high risk areas, etc.)</li> <li>• Geography specific for infectious disease outbreaks and response</li> <li>• Healthcare facilities (e.g., long term care, residential facilities, outpatient care, urgent care, community health centers, acute care)</li> <li>• Coalition Frontline hospitals</li> <li>• Specialized Assessment Hospitals</li> <li>• Specialized Treatment Centers</li> <li>• Specialized EMS transport units / teams</li> <li>• Alternate Care Site plans</li> <li>• Baseline screening and reporting</li> <li>• Any existing caches of materials including PPE, ventilators, or countermeasures</li> <li>• Private sector assets</li> </ul> <p>This section may also include the impact of an infectious disease event and show the overarching differences between the following planning scenarios (see <a href="#">Appendix B</a> for key issues):</p> <ul style="list-style-type: none"> <li>• Pandemic (e.g., 2009 H1N1, COVID-19)</li> <li>• Bioterrorism event (e.g. anthrax, plague)</li> <li>• Viral Hemorrhagic Fever (VHF) (e.g., Ebola, Lassa)</li> <li>• Highly Pathogenic Respiratory Viruses (e.g., MERS, SARS, Avian Influenza, Measles)</li> <li>• Other (e.g., Antibiotic Resistant Infections, Hepatitis A, Norovirus)</li> </ul>	
--	---	--

<p><b>1.4 Assumptions</b></p>	<p>This section should outline the key points/assumptions of the plan. Note that even though this is an HCC surge annex, individual facility preparedness for infectious emergencies is essential. An HCC will play a key role in advancing facility and regional preparedness. For example:</p> <ul style="list-style-type: none"> <li>• Understanding of the pathogen, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution.</li> <li>• The response will be longer than, and require the most integration of, any incident that coalition partners may face and may require virtual coordination mechanisms.</li> <li>• A brief description of state public health emergency powers and when and why some events may trigger a public health emergency / disaster declaration and others may not.</li> <li>• Required essential elements of information for healthcare facility submission (e.g., bed availability, ICU availability, ventilator availability, current capacity, etc.) relevant to infectious disease – this may refer to the coalition base plan.</li> <li>• Planning for integration of or increase use of telemedicine/ telehealth consultations.</li> <li>• Planning for potential limitations with EMS and transportation.</li> <li>• Depending on the infectious agent and the scale of the outbreak, it may be necessary to transport some patients to higher levels of clinical care – potentially using specialized transport – or to establish and use alternate care sites.</li> <li>• Major public health emergencies will require federal Centers for Medicare and Medicaid Services (CMS) waivers, Food and Drug Administration (FDA)-issued Emergency Use Authorization (EUA), and other authorities that may affect healthcare operations and affect coalition options.</li> <li>• Public health agencies have an overall responsibility for epidemiologic investigations, contact tracing, and the issue of any social distancing, isolation, and quarantine orders according to state laws as well as for issuing overall guidance on infection prevention and control precautions.</li> <li>• Staffing at coalition facilities may be challenged by illness, fear of illness, or family obligations (e.g. child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the coalition.</li> </ul>	
-------------------------------	---	--

	<ul style="list-style-type: none"> <li>• Families of patients will place a strain on the healthcare system through information-seeking about loved ones or concerns about exposure/illness. Family members may have also been exposed and may pose a risk to healthcare workers and others in the community.</li> <li>• Cases will require laboratory confirmation unless authorities no longer require testing to meet the case definition.</li> <li>• Healthcare facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.</li> <li>• Supply chain and delivery issues will occur and may have dramatic effects on clinical care.</li> <li>• The coalition should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets in accord with jurisdictional public health and emergency management processes, including personal protective equipment (PPE), ventilators, and medical treatment (e.g., antitoxin for anthrax).</li> <li>• There is, at present, no known cure or vaccine for most emerging infectious diseases; treatment for patients consists mainly of supportive care. If vaccines or treatments are available, their allocation and distribution may involve significant logistics operations.</li> <li>• Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask-wearing, contact tracing, individual vaccination, quarantine and/or isolation, community-wide cancellation of events, visitation policies) remain the primary methods for controlling and stopping the spread of infectious diseases.</li> <li>• Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions.</li> <li>• Buildings and outdoor areas may become contaminated with infectious agents and may be closed until they are disinfected. Ensure signage is available for facility entrances advising of precautions and restrictions.</li> <li>• Security considerations to include systems in place to monitor areas of a facility/ campus that may have to isolated, restricted, etc.</li> </ul>	
--	--	--



	<ul style="list-style-type: none"> <li>• Process for external communications (to include liaisons and spokespersons) and internal communications (to include a way for employees to obtain the most up-to-date information and to receive updates on the event/ incident). The media will play an integral role in the response based on the information they are sharing, the intensity of how it is shared, and where they are physically positioning themselves (i.e., media staging areas).</li> <li>• Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve healthcare workers.</li> <li>• During some infectious disease incidents, individual healthcare facilities may face fatality management challenges that require support from other coalition members.</li> <li>• Community-based interventions may require significant public health effort (e.g., mask distribution, social distancing / isolation assistance).</li> <li>• Health concerns, difficult work environments, and stresses of community mitigation measures may present behavioral health challenges among staff of coalition members and the general public.</li> <li>• This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.</li> </ul>	
--	--	--

## 2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
<p><b>2.1 Activation</b></p>	<p>This section should include the annex activation process (and levels, if relevant) and indicators/triggers that initiate the plan (including use of incident command and a description of the system if relevant). This section should also define who is contacted to initiate the coordination response and how that is done.</p>	<p><a href="#">Arizona Department of Health Services Infectious Diseases of High Consequence Plan</a></p>
<p><b>2.2 Notifications</b></p>	<p>This section should include the alerting/notification strategies, including who will be notified, by whom, when, and how. Content should address communication systems and information management and include notification and coordination strategies with the HCC and healthcare facilities, and with local, state, and federal health agencies. This may be divided according to viral hemorrhagic fever vs. highly pathogenic viral respiratory infection vs. bioterrorism vs. pandemic, if needed.</p>	<p><a href="#">ASPR TRACIE HCC Influenza Pandemic Checklist</a></p> <p><a href="#">Los Angeles County Emerging Infectious Disease Healthcare System</a></p>

<p><b>2.3 Roles and Responsibilities</b></p>	<p>Provides an overview of healthcare system response to an infectious disease outbreak, and coordination with other relevant regional plans and partners. This section should identify and document the roles and responsibilities for coalition members in infectious disease planning and response, including identifying a lead agency when necessary (e.g., for alternate care site operation, distribution of personal protective equipment [PPE], points of dispensing activities).</p> <p>Identify subject matter experts in infectious disease, critical care, infection prevention, behavioral health, and other disciplines who may need to inform response practices and define their incorporation into coalition and/or agency activities.</p> <p>This section may note that some roles and responsibilities change or are only applicable during certain events such as a bioterrorism event, VHF, pandemic, or other outbreak.</p>	<p><a href="#">Annex Concept of Operations (CONOPS)</a></p> <p><a href="#">North Georgia Health District Communicable Disease Exposure Control Plan</a></p> <p><a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a></p> <p><a href="#">REDi Healthcare Coalition COVID-19 Response</a></p>
<p><b>2.4 Operational Mission Areas</b>  <i>See <a href="#">Appendix B</a> for key issues by scenario type that will assist you in planning and developing this specialty surge annex.</i></p>		
<p>2.4.1 Surveillance</p>	<p>This section should describe the HCC’s role in supporting identification (e.g., identify, isolate, inform) and reporting of cases and essential elements of information, and monitoring and evaluating response outcomes.</p> <p>HCC should partner with relevant public health and healthcare delivery system informatics initiatives, including electronic laboratory reporting, electronic test ordering, electronic death reporting, staff absenteeism rates, and syndromic surveillance as it relates to the submission of emergency department visit data to the public health agency.</p>	<p><a href="#">Arizona Department of Health Services Infectious Diseases of High Consequence Plan</a></p> <p><a href="#">ASPR TRACIE COVID-19 Telemedicine/Virtual Medical Care Resources</a></p> <p><a href="#">ASPR TRACIE HCC Influenza Pandemic Checklist</a></p>
<p>2.4.2 Safety and Infection Control and Prevention</p>	<p>Ensure jurisdictional public health infection control and prevention programs (including healthcare-associated infections [HAI] program staff) participate in developing infectious disease response plans and</p>	

	<p>include HCC members for management of individual cases and larger emerging infectious disease outbreaks.</p> <p>Consider use of the National Institute for Occupational Safety and Health (NIOSH) <a href="#">Hierarchy of Controls</a> to consider applicable interventions as appropriate to the pathogen and transmission routes.</p> <p>Considerations include: roles and resources for N95 respirator fit-testing, guidelines for conservation and re-use or extended use of N95 respirators/ powered air purifying respirators (PAPRs), workplace engineering and administrative controls, training in PPE donning and doffing, return to work post illness or exposure policy for healthcare workers consistent across the coalition, contingency plan for at-risk staff, meeting the need for family support to enable staff to work, use of telehealth and phone triage lines, dedicated care teams for the outbreak, decontamination of PPE and patient care areas, etc.</p>	<p><a href="#">Centers for Disease Control and Prevention Non-Pharmaceutical Interventions</a></p> <p><a href="#">Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)</a></p> <p><a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a></p>
<p>2.4.3 Non-Pharmaceutical Interventions</p>	<p>Define how the HCC will promote consistent response strategies and joint policy and strategy coordination during a protracted event/pandemic (multi-agency coordination mechanisms).</p> <ul style="list-style-type: none"> <li>• Public communication and promotion of personal protective actions</li> <li>• Recommendations for quarantine operations and isolation protocols</li> <li>• Restrictions on facility visitors, including adaptations that allow for continuation of critical services such as emergency medical services (EMS) handoffs, supply deliveries, off-site laboratory processing, and waste management while protecting the facility</li> <li>• Restrictions on mass gatherings and other social distancing measures</li> </ul>	
<p>2.4.4 Surge Staffing</p>	<p>This section should include considerations for specialized infectious disease response teams (if applicable), general staffing contingencies, cross-training of staff, including policies and procedures for engaging volunteers and expedited credentialing of staff from other facilities within the coalition. Assure coalition leadership succession plan and adequate personnel for extended operations. This section may reference surge capacity plans in the coalition base plan.</p>	

<p>2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)</p>	<p>This section should describe the development and dissemination of PPE guidance for healthcare organizations.</p> <ul style="list-style-type: none"> <li>• Describe HCC and regional trainings and strategies for the consistent use of PPE.</li> <li>• Document PPE resources, including stockpiling considerations, vendor managed inventory, and the potential extended use or reuse of equipment. This includes consistent policies regarding the type of PPE necessary for various infectious pathogens; sharing information about PPE supplies across HCCs, EMS, public health agencies, and HCC members; and how facilities work with HCCs to leverage purchases.</li> <li>• List current HCC PPE and other stockpiles (including working with the state to understand the status of Cities Readiness Initiative/SNS programs) and assure that HCC members are aware of and trained on the resource request protocols. Also ensure local PPE stockpile release, replenishment, and sharing policies are clear and documented (e.g., who gets what, when, and is replenishment expected).</li> <li>• Define baseline preparedness supply thresholds for hospitals and EMS agencies in the coalition. This assures that based on their size, each facility/agency has a reasonable starting amount of supplies on hand (e.g., PPE, medications, linens, oxygen) prior to any incident that may provide a critical buffer during an event, but are sustainable for the facility to rotate or replace.             <ul style="list-style-type: none"> <li>○ Assess inventories and determine if any may be shared within the coalition and document a process for doing so.</li> </ul> </li> <li>• Describe inventory management and supply chain disruption potential and strategies, including promising practices initiated in COVID-19 and other infectious disease response.</li> <li>• Define the HCC role in determining whether collaborative or joint purchasing contracts are feasible and assessing whether members are overly reliant on a single supply vendor for commonly needed supplies.</li> </ul>	<p><a href="#">ASPR TRACIE COVID-19 Personal Protective Equipment Resources</a></p> <p><a href="#">ASPR TRACIE COVID-19 Supply Chain Resources</a></p> <p><a href="#">ASPR TRACIE Hospital Personal Protective Equipment Planning Tool</a></p> <p><a href="#">ASPR TRACIE Hospital Pharmacy Disaster Calculator</a></p> <p><a href="#">ASPR TRACIE Partnering with the Healthcare Supply Chain During Disasters</a></p> <p><a href="#">National Emerging Special Pathogens Training and Education Center PPE Use and Conservation</a></p> <p><a href="#">REDi Healthcare Coalition Resource Coordination Process</a></p>
<p>2.4.6 Support Services</p>	<p>This section may include healthcare and non-healthcare staff or material resources required to support the care of infectious disease patients, such as respiratory care, dialysis, blood banks/ blood product providers, laboratory, waste and material management, food and dietary services, pharmacy, radiology,</p>	<p><a href="#">Arizona Department of Health Services Infectious Diseases of High Consequence Plan</a></p>

	<p>and environmental services. This should include capability for diseases like VHF, as well as provision of services to special respiratory patients (i.e., requires use of N95 mask).</p> <p>HCC may work with healthcare organizations and support service providers on recommendations for standardized patient care protocols, staffing, etc.</p>	<p><a href="#">ASPR TRACIE Exchange Issue 8: Supporting Hospital Surge—Meeting Patient and Staff Needs</a></p>
<p><i>2.4.6.1 Laboratory</i></p>	<p>This section should identify how the HCC will assist to ensure there is a known process for sample submission to public health laboratories, members understand the role of the public health laboratories (what they will do versus the hospitals), surge capacity considerations, and reporting. This should include considerations for VHF as well as pandemic events. For pandemic events, description of expanded community-based sample handing/testing capacity should be described as well as overall responsibility and staffing.</p>	<p><a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a></p>
<p><i>2.4.6.2 Waste Management, Decontamination</i></p>	<p>Identify contingency plans for waste management and environmental inspections if facility/agency capabilities are overwhelmed including considerations for handling of Category A waste. May refer to state-based plans as applicable.</p> <p>Assist with disseminating disinfection and decontamination guidance and services to healthcare facilities and transport organizations.</p>	
<p>2.4.7 Patient Care/ Management</p>	<p>Describe screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations. Adapt screening protocols when there are known cases in the community, or an outbreak is possible. Plan for integration of or an increased use of telemedicine.</p> <p>Describe HCC role in developing and disseminating strategies to maintain patient care when system is overwhelmed, provide triage guidance, assess and fill resource needs across the healthcare system, and facilitate the review or development of Crisis Standards of Care.</p>	<p>ASPR TRACIE COVID-19 Resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">Critical Care Surge Resources</a></li> <li>• <a href="#">Drive-Through Testing/Community Screening Resources</a></li> <li>• <a href="#">Fatality Management Resources</a></li> </ul>

	<ul style="list-style-type: none"> <li>Plans should include the ability to shift from conventional to contingency to crisis care and back as the situation requires.</li> <li>Describe the use of Medical Operations Coordination Cells (MOCC) or other means of distributing large volumes of patients or specialty patients within healthcare systems.</li> <li>Describe the coalition resources available to support infectious disease surge operations such as: transport types, bed types, isolation rooms, identified or potential alternate care sites, and equipment (e.g., ventilators, extracorporeal membrane oxygenation systems).</li> <li>Define other potential resource issues and sources of assistance during an infectious disease outbreak (staff, testing or specialty supplies including clinical care and PPE, memoranda of understanding for patient load balancing and resource sharing).</li> </ul> <p>Coordinate visitor policies for infectious disease emergencies at member facilities to ensure consistency.</p> <p>Describe medical countermeasure (MCM) request and distribution for healthcare facilities for prophylaxis and acute patient treatment.</p> <p>Identify HCC role in sharing clinical and operational protocols modified or developed based on lessons learned during an infectious disease outbreak. This may include expert clinical groups (e.g., critical care or infectious disease or infection preventions) or expansion or changes in care delivery (e.g., alternate care sites/ systems [ACS] and enhanced use of telemedicine).</p>	<ul style="list-style-type: none"> <li>Healthcare System Operations Resources</li> <li>Hospital Triage/Screening Resources</li> </ul> <p>ASPR TRACIE Crisis Standards of Care TC</p> <p>ASPR TRACIE EMS Infectious Disease Playbook</p> <p>ASPR TRACIE Fatality Management TC</p> <p>ASPR TRACIE HCC Influenza Pandemic Checklist</p> <p>ASPR TRACIE Hospital Personal Protective Equipment Planning Tool</p> <p>Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)</p>
<p>2.4.8 Medical Countermeasures</p>	<p>Provides an overview of healthcare coalition role in distribution / administration of medical countermeasures including prophylaxis for bioterrorism incidents and vaccination during epidemics including the roles and responsibilities of public health and healthcare systems.</p>	
<p>2.4.9 Community-based Testing</p>	<p>Describes the roles and responsibilities of the coalition stakeholders related to community based issues and decisions (e.g., school closures, social distancing orders, reducing or eliminating elective surgeries</p>	

	and procedures, need for hospitals to implement additional testing to support community, expanded testing, testing results follow-up, etc.).	<a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a>
2.4.10 Patient Transport	<p>This section should refer to transport policies, plans and procedures for safe patient transport, including specialty transport resources available for VHF/Ebola. Transport considerations for patients with suspected or confirmed VHF/Ebola are complicated and required detailed planning.</p> <p>This section should also reference any use of EMS for ‘level loading’ of hospitals during an epidemic/pandemic (i.e., moving patients from overwhelmed facilities to facilities with capacity). The multiplied patient transports and reallocation of resources to support all HCC members, long term care facilities, etc.</p>	<a href="#">Northwest Healthcare Response Network Regional COVID-19 Coordination Center Operational Framework</a>  <a href="#">REDi Healthcare Coalition Regional Clinical Triage Team Annex</a>
2.4.11 Mass Fatality	This section should describe the HCC role in helping to develop and disseminate decedent handling guidance to healthcare agencies. Support the Family Assistance Center’s operations and management.	<a href="#">REDi Healthcare Coalition Regional Patient Tracking Annex</a>
<b>2.5 Special Considerations</b>		
2.5.1 Behavioral Health	This section should include considerations for access to a continuum of behavioral health services for patients, caregivers, and providers including telehealth options. General behavioral health response issues should be addressed in the all-hazards coalition response plan.	<a href="#">ASPR TRACIE Mental/Behavioral Health (non-responders) TC</a>  <a href="#">Disaster Behavioral Health Self Care for Healthcare Workers Modules</a>
2.5.2 At-Risk Populations	This section should include considerations specific to at-risk populations and people with special needs (e.g., children, communities of color, older adults, people with underlying physical and behavioral health conditions, individuals experiencing access to care issues, language barriers, individuals experiencing homelessness, and incarcerated individuals).	<a href="#">ASPR TRACIE Access and Functional Needs TC</a>  <a href="#">ASPR TRACIE COVID-19 At-Risk Individuals Resources</a>  <a href="#">ASPR TRACIE Engaging Healthcare System Partners in Medical Surge Resource Page</a>



	<p>Ensure that coalition member organizations account for community members who could be more vulnerable during an epidemic / pandemic. Targeted testing, care, isolation housing, vaccination, prophylaxis, or other interventions may be needed to assure access to services.</p>	<p>REDi Healthcare Coalition Pediatric Medical Surge Annex</p>
<p>2.5.3 Situational Awareness</p>	<p>This section should outline the HCC’s role in maintaining and promoting situational awareness. Establish a coalition-based protocol for providing:</p> <ul style="list-style-type: none"> <li>• Situational awareness that may include reporting essential elements of information (EEI) (e.g., patient tracking, bed tracking, available resources, ability to maintain essential services, surge capacity status, staff absenteeism, etc.) or disease surveillance data.</li> <li>• Consistent information to the incident common operating picture via the ESF-8 lead agency/agencies. The protocol should include a process to help track available potential scarce resources (e.g., ventilators, Extracorporeal Membrane Oxygenation (ECMO) systems, bariatric equipment, neonatal isolettes, alternate care locations, etc.) and shifts to contingent or crisis care. Consider daily/regular conference calls until the threat wanes.</li> <li>• Continued awareness of concurrent incidents (e.g., mass casualty incident, natural disaster) affecting the HCC or HCC members that may require additional resources or modifications to how the infectious disease outbreak is managed.</li> </ul>	<p>Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)</p> <p>REDi Healthcare Coalition Regional Situational Awareness Response Process</p>
<p>2.5.4. Communications</p>	<p>This section should include HCC role in disseminating timely, accurate, and consistent information to partners and the public. Coalition partners should:</p> <ul style="list-style-type: none"> <li>• Have mechanisms in place to maintain awareness of current conditions in the community and adjust resources as needed.</li> <li>• Assure provision of information to coalition members with timing and content adjusted to operational tempo of the response.</li> <li>• Monitor multiple sources of information and adapt to changing circumstances.</li> <li>• Establish mechanisms to enable consistent media access policies and coordinated messaging.</li> <li>• Provide real-time information through coordinated HCC and jurisdictional public health information sharing systems.</li> </ul>	<p>ASPR TRACIE TCs:</p> <ul style="list-style-type: none"> <li>• Communication Systems</li> <li>• Information Sharing</li> <li>• Risk Communications/Emergency Public Information and Warning</li> <li>• Social Media in Emergency Response</li> </ul>



	<ul style="list-style-type: none"> <li>• Interface with other coalitions and the state for coordinated communications.</li> <li>• Monitor and counter rumors and misinformation.</li> <li>• Have a process for internal and external communications.</li> <li>• Ensure tested and operational redundant and alternate communication systems are in place.</li> <li>• Consider designating media-trained clinicians to speak on behalf of the HCC.</li> </ul>	
2.5.5 Jurisdictional-Specific Considerations	These considerations are jurisdictional/demographic/geography specific such as tribal health, border health, etc.	<a href="#">ASPR TRACIE Rural Disaster Health TC</a>  <a href="#">ASPR TRACIE Rural Health and COVID-19 Quick Sheet</a>
<b>2.6 Training and Exercises</b>	<p>This section should address how to:</p> <ul style="list-style-type: none"> <li>• Develop a coalition-wide training, exercise, and evaluation program to improve response capabilities in an infectious disease scenario. This may include PPE training, crisis standards of care training, community-based interventions, etc.</li> <li>• Ensure ongoing training on appropriate use of PPE and management of suspect special pathogen or high consequence infectious disease cases in healthcare facilities and EMS.</li> <li>• Include infection prevention personnel at the health care facility and jurisdictional levels in planning, training, and exercises/drills.</li> <li>• Develop and exercise plans to coordinate patient management and 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</li> </ul>	<a href="#">ASPR TRACIE COVID-19 Healthcare Workforce Training Resources</a>  <a href="#">Minnesota Multi-year Planning, Training, and Exercise Plan Template</a>  <a href="#">Minnesota Video Vignettes for Donning and Doffing</a>  <a href="#">NETEC Exercise Templates</a>  <a href="#">West Virginia Hospital Association Emerging Infectious Disease Preparedness and Response for Frontline Healthcare Facilities: Drill Plan Elements</a>
<b>2.7 Deactivation and Recovery</b>	This section should include considerations for deactivation of the annex, continuity of recovery efforts, the after-action report process, reimbursement, and analysis and archiving of incident documentation.	<a href="#">ASPR TRACIE Continuity of Operations (COOP)/ Business Continuity Planning TC</a>

	<p>Define the contributions of the coalition to the incident action plan at the jurisdictional or regional level.</p>	<p><a href="#">ASPR TRACIE Healthcare System Considerations for Resumption of Services during COVID-19 (Quick Sheet)</a></p> <p><a href="#">ASPR TRACIE Recovery Planning TC</a></p> <p><a href="#">Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan</a></p>
--	---	---

### 3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
<p><b>3.1 Legal Authorities</b></p>	<p>This appendix should list or refer to applicable legal authorities/regulatory information specific or relevant to infectious disease outbreaks/pandemic response, mass fatality, non-pharmaceutical interventions, etc. This may refer the reader back to the all-hazard coalition response plan. Interstate issues of staff licensure/sharing and use of volunteers should be addressed (e.g., <a href="#">National Disaster Medical System</a>, <a href="#">Medical Reserve Corps</a>, <a href="#">Community Emergency Response Teams</a>).</p>	<p><a href="#">ASPR TRACIE COVID-19 Legal/Regulatory/Authorities Resources</a></p> <p><a href="#">ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy TC</a></p>
<p><b>3.2 Additional Resources/ References</b></p>	<p>This appendix lists applicable plans, tools, templates, and/or resources used to develop the infectious disease surge annex.</p>	<p><a href="#">Arizona Department of Health Services Infectious Diseases of High Consequence Plan</a></p> <p><a href="#">California Emergency Medical Services Authority Incident Response Guide: Infectious Disease</a></p>

# Appendix A: Healthcare Coalition Infectious Disease Surge Annex Outline Example

## 1. Introduction

- 1.1 Purpose
- 1.2 Scope
- 1.3 Overview/Background of HCC and Situation
- 1.4 Assumptions

## 2. Concept of Operations

- 2.1 Activation
- 2.2 Notifications
- 2.3 Roles and Responsibilities
- 2.4 Operational Mission Areas
  - 2.4.1 Surveillance
  - 2.4.2 Safety and Infection Control and Prevention
  - 2.4.3 Non-Pharmaceutical Interventions
  - 2.4.4 Surge Staffing
  - 2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)
  - 2.4.6 Support Services
    - 2.4.6.1 Laboratory
    - 2.4.6.2 Waste Management, Decontamination
  - 2.4.7 Patient Care/ Management
  - 2.4.8 Medical Countermeasures
  - 2.4.9 Community-based Testing
  - 2.4.10 Patient Transport
  - 2.4.11 Mass Fatality
- 2.5 Special Considerations
  - 2.5.1 Behavioral Health
  - 2.5.2 At-Risk Populations
  - 2.5.3 Situational Awareness
  - 2.5.4 Communications
  - 2.5.5 Jurisdictional-Specific Considerations
- 2.6 Training and Exercises
- 2.7 Deactivation and Recovery

## 3. Appendices

- 3.1 Legal Authorities
- 3.2 Additional Resources/References

## Appendix B: Key Issues by Scenario Type

This list supplements the considerations noted in **Section 2.4 Operational Mission Areas**.

### Bioterrorism

- Recognition of event / determination of potential impact
- Defining the population at risk / implementing screening
- Environmental assessment
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC
- Surge capacity (outpatient and inpatient) with an emphasis on critical care
- Alternate care systems / sites
- Incorporation of SNS, FMS, and other federal resources into response
- MCM distribution – community
- MCM distribution and use – healthcare
  - Pharmacy (e.g., distribution, receipt, handling, billing)
  - Clinical care (e.g., antitoxin)
- Crisis Standards of Care (CSC) – roles and responsibilities, triage decision-making
- Fatality management
- Waste management and environmental protection of facilities

### VHF/Ebola

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Testing / sample coordination
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC role / thresholds (i.e., when is a MOCC needed?)
- PPE support / coordination
- Engineering and administrative controls for infection prevention
- Public health investigation / isolation / quarantine
- Frontline / Assessment / Regional treatment resources and roles
  - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process
- Waste management and environmental protection of facilities

- Fatality Management

#### Highly Pathogenic Respiratory Viral Infection

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Regional patient movement coordination / MOCC role / threshold (i.e., when is a MOCC needed?)
- Testing / sample collection
- Risk communication
- Behavioral health (community and responders)
- PPE support / coordination
- Public health investigation / isolation / quarantine
- Engineering and administrative controls for infection prevention
- Frontline / Assessment / Regional treatment resources and roles (may be significantly different than VHF; regional facilities may not be used; and usual referral centers may provide care)
  - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process as applicable

#### Pandemic

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Coalition vs. state coordination / interface (how do coalitions interface with state response to prevent duplication of effort / maintain coalition operations that may be different in different areas)
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Regional patient movement coordination / MOCC role and ‘level loading’ policies
- Risk communications
- Behavioral health (community and responders)
- PPE use recommendations, support for fit-testing, supply / cache support role
- Supply Chain
- Public health investigation / isolation / quarantine
- Surge capacity (outpatient and inpatient, especially ICU)
- CSC – indicators and triggers (e.g., cancelling elective surgery), roles and responsibilities, triage decision-making
- Testing strategy and roles/responsibilities
- MCM distribution – community
- MCM distribution and use – healthcare

- Pharmacy (e.g., distribution, receipt, handling, billing)
  - Clinical care
- Long-term care facility support
- Homecare agency support
- Alternate care sites / systems
- Fatality management

## Appendix C: Resources

### ASPR TRACIE Developed Resources

- **Infectious Disease**
  - [Bioterrorism and High Consequence Biological Threats TC](#)
  - [Coronaviruses \(e.g., SARS, MERS and COVID-19\) TC](#)
  - [Ebola/VHF TC](#)
  - [EMS Infectious Disease Playbook](#)
  - [Healthcare Coalition Influenza Pandemic Checklist](#)
  - [Hospital Personal Protective Equipment Planning Tool](#)
  - [Infectious Disease Select Resources](#)
  - [Influenza Epidemic/ Pandemic TC](#)
  - [Novel Coronavirus Resources](#)
    - [COVID-19 Regional Support Resources](#)
    - [Rural Health and COVID-19 Quick Sheet](#)
  - [Zika TC](#)
- **Communications**
  - [Communication Systems](#)
  - [Information Sharing](#)
  - [Risk Communications/Emergency Public Information and Warning](#)
  - [Social Media in Emergency Response](#)
- **Other**
  - [Crisis Standards of Care](#)
  - [Ethics](#)
  - [Fatality Management](#)
  - [Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy](#)
  - [Hospital Patient Decontamination](#)
  - [Hospital Surge Capacity and Immediate Bed Availability](#)
  - [Mental/Behavioral Health \(non-responders\)](#)
  - [Partnering with the Healthcare Supply Chain During Disasters](#)
  - [Sample State Pandemic Plans](#)

### Other Resources

Alabama Department of Public Health. (n.d.). [Hospital Template for Serious Infectious Disease Procedures](#). (Accessed 8/17/2020.)

Arizona Department of Health Services. (2019). [Arizona Pandemic Influenza Response Plan](#).

Arizona Department of Health Services. (2020). [Infectious Diseases of High Consequence Plan](#).

California Emergency Medical Services Authority. (2014). [Incident Planning Guide: Infectious Disease](#).

Centers for Disease Control and Prevention. (n.d.). [Non-Pharmaceutical Interventions](#). (Accessed 8/17/2020.)

Connecticut Department of Public Health. (2010). [Pandemic Influenza Response Plan](#).

Illinois Department of Public Health. (2014). [Pandemic Influenza Preparedness and Response Plan](#).

Kansas Department of Health and Environment. (2020). [Kansas Pandemic Influenza Preparedness and Response Plan](#).

Los Angeles County Department of Public Health. (2018). [Emerging Infectious Disease Healthcare System Annex Concept of Operations \(CONOPS\)](#).

Los Angeles County Emergency Medical Services Agency. (2010). [Recommended Actions for Hospitals to Prepare for and Respond to Pandemic Influenza](#).

Maryland Department of Health. (2018). [Maryland Influenza Plan: 2018-2019 Influenza Season](#).

Minnesota Department of Health, Association for Professionals in Infection Control and Epidemiology – Minnesota, and Health Care Coalitions of Minnesota. (n.d.). [High Consequence Infectious Disease \(HCID\) Toolbox for Frontline Health Care Facilities](#). (Accessed 8/17/2020.)

Missouri Department of Health and Senior Services. (2018). [Pandemic Influenza Response Plan](#).

National Emerging Special Pathogens Training and Education Center. (n.d.). [NETEC Exercise Templates](#). (Accessed 8/17/2020.)

National Emerging Special Pathogens Training and Education Center. (n.d.). [PPE Use and Conservation](#). (Accessed 8/17/2020.)

National Institute for Occupational Safety and Health (NIOSH). (n.d.). [Hierarchy of Controls](#). (Accessed 8/17/2020.)

New Hampshire Department of Health and Human Services. (2007). [Influenza Pandemic Public Health Preparedness and Response Plan](#).

New York City Department of Health and Mental Hygiene. (n.d.). [Mystery Patient Drill Toolkit](#). (Accessed 8/17/2020.)

New York City Department of Health and Mental Hygiene. (2014). [NYC DOHMH Guidance Document for Development of Protocols for Management of Patients Presenting to Hospital Emergency Departments and Clinics with Potentially Communicable Diseases of Public Health Concern](#).

North Dakota Department of Health. (2010). [North Dakota Pandemic Influenza Preparedness and Response Plan](#).



- Northwest Healthcare Response Network. (2017). [Plans and Resources](#).
- Northwest Healthcare Response Network. (2020). [Regional COVID-19 Coordination Center Operational Framework](#).
- NRCC Healthcare Resilience Task Force. (2020). [Medical Operations Coordination Cells Toolkit \(First Edition\)](#).
- RAND Corporation. (2020). [A Mechanism to Reduce Medical Supply Shortfalls During Pandemics](#).
- San Francisco Department of Public Health. (2011). [Infectious Disease Emergency Response Plan](#).
- Spokane Regional Health District. (n.d.). [COVID-19 REDI Healthcare Coalition](#). (Accessed 8/17/2020.)
- State of Delaware, Department of Health and Social Services, Division of Public Health. (2008). [Delaware Pandemic Influenza Plan](#).
- State of Illinois, Illinois Department of Public Health. (2014). [Pandemic Influenza Preparedness and Response Plan](#).
- Steward, R., Bulger, E., Epley, E., and Mitchell, S. (2020). [How to Set Up a Regional Medical Operations Center to Manage the COVID-19 Pandemic](#). American College of Surgeons.
- Utah Department of Health. (2007). [Utah Novel Influenza Disease Plan](#).
- U.S. Department of Health and Human Services. (2017). [Pandemic Influenza Plan: 2017 Update](#).
- Veterans Health Administration- Office of Emergency Management. (2020). [COVID-19 Response Plan. Incident-specific Annex to the VHA High Consequence Infection Base Plan](#).