

Capability 1

<p>(Placeholder)</p> <p>Insert Navigation Buttons</p>	<p>Symbol Legend:</p> <p>*= Performance Measure</p> <p>+ = FOA Requirement</p>
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General HCC Information (Landing Page- will fall before the beginning of Capability 1)

1	Name of Health Care Coalition (HCC)	Text Box (TB)	
2	HCC Point of Contact (POC) name	TB	
3	POC phone number	TB	
4	POC email address	TB	
5	HPP Awardee	Dropdown (DD)	

Objective 1: Establish and Operationalize a Health Care Coalition

Objective Description	<p>HCCs should coordinate with their members to facilitate:</p> <ul style="list-style-type: none"> • Strategic planning • Identification of gaps and mitigation strategies • Operational planning and response • Information sharing for improved situational awareness • Resource coordination and management <p>HCCs serve as multiagency coordination groups that support and integrate with other Emergency Support Function-8 (ESF-8) activities. Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction’s Emergency Operations Center (EOC) who represents HCC issues and needs and provides timely, efficient, and bi-directional information flow to support situational awareness.</p>
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Activity 1: Define Health Care Coalition Boundaries

#	Activity Component	Response	Guidance
1	The HCC defines its geography as: (select one of the following choices)	DD <ol style="list-style-type: none"> 1. Rural 2. Urban 3. Mixed 	According to page 12 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> , a rural coalition fits the following guideline: distances between hospitals exceed 50 miles and where the next closest hospitals are also critical access hospitals with limited services. Your coalition may or may not fit this guide.
2	The HCC has defined its boundaries in a way that supports optimal and manageable preparedness and response and ensures there are no geographic gaps in HCC coverage.	Radio button (RB) <ol style="list-style-type: none"> 1. Yes 	HCCs must work with their awardee and HCC members to define a boundary that considers daily health care delivery patterns, corporate health

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0391. The time required to complete this information collection is estimated to average 240 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Office

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		<p>2. In-progress 3. No</p>	<p>systems, and defined catchment areas.</p> <p>Territories and Freely Associated States (FAS) must describe their geography including:</p> <ul style="list-style-type: none"> • All health care providers on any island • How the HCC, including the hospital, is connected to the ESF-8 medical surge structure (or to government public health and medical leadership) • Where the governmental (EOC) is located and the person(s) responsible to staff that position <p>For details on requirements for defining HCC boundaries, please see page 14 within the HPP Funding Opportunity Announcement (FOA) and page 1 within the supplemental FOA for territories and FAS.</p>
Activity 2: Identify Health Care Coalition Members			
3	<p>The HCC has diverse membership to ensure a successful whole community response.</p> <p>Identify HCC member representation by “core” and “additional” membership organization types.</p>	<ul style="list-style-type: none"> • Small TB for counts by member type • Open text box for “other” option <p>Please identify the number of members according to the following member types:</p> <ul style="list-style-type: none"> _ Hospitals _ Emergency Medical Services (EMS) _ Emergency management organizations (EM) _ Public health agencies _ Specialty patient referral centers _ Behavioral health services and organizations _ Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) _ Dialysis centers and regional Centers 	<p>Membership must include two of the following core member type organizations:</p> <ul style="list-style-type: none"> • Hospitals (a minimum of 2 acute care hospitals) • EMS • EM • Public Health <p>Territory and FAS HCCs must include all hospitals in their HCC membership.</p> <p>Specialty patient referral centers such as burn centers, trauma centers, pediatric care facilities, and psychiatric care centers should ideally be members of the HCC in which they reside.</p> <p>For requirements related to membership composition, please see page 16 of the HPP FOA and page 1 of the supplemental FOA for territories and</p>

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		<p>for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Federal facilities (e.g., DoD hospitals, VA medical centers) <input type="checkbox"/> Home health agencies (including home and community-based services) <input type="checkbox"/> Infrastructure companies <input type="checkbox"/> Jurisdictional partners, including cities, counties, and tribes <input type="checkbox"/> Local chapters of health care professional organizations <input type="checkbox"/> Local public safety agencies <input type="checkbox"/> Medical and device manufacturers and distributors <input type="checkbox"/> Non-governmental organizations <input type="checkbox"/> Outpatient health care delivery <input type="checkbox"/> Primary care providers, including pediatric and women’s health care providers <input type="checkbox"/> Schools and universities, including academic medical centers <input type="checkbox"/> Skilled nursing, nursing, and long-term care facilities <input type="checkbox"/> Support service providers <input type="checkbox"/> Other 	<p>FAS.</p> <p>This is Performance Measure 3 of the HPP Performance Measure Implementation Guidance.</p>
4	How are multiple entities of a single HCC member type represented?	<p>RB:</p> <ol style="list-style-type: none"> 1. Direct participation in HCC activities 2. Representation/ 3. Subcommittee 	In cases where there are multiple entities of an HCC member type, there may be a subcommittee structure that establishes a lead entity to communicate common interests to the HCC (e.g., multiple dialysis centers forming a subcommittee).
Activity 3: Establish Health Care Coalition Governance			
5	How is the HCC fiscally structured?	<p>DD</p> <ol style="list-style-type: none"> 1. 501c3 2. Funding passed through a fiscal agent (e.g., hospital association, hospital, other) 3. Local public health agency serving 	

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		<p>as fiscal agent</p> <p>4. State public health agency serving as fiscal agent</p> <p>5. Other</p>	
6	Which type of organization/agency is the lead of the HCC?	<p>DD</p> <p>1. Hospital</p> <p>2. EMS</p> <p>3. EM organization</p> <p>4. State public health agency</p> <p>5. Local public health agency</p> <p>6. Multiagency</p> <p>7. Other</p>	
7	<p>The HCC has a governance document that includes the following elements:</p> <ul style="list-style-type: none"> • HCC Membership • An organizational structure to support HCC activities • Member guidelines for participation and engagement • Policies and procedures • Integration within existing state, local, and member-specific incident management structures and specific roles 	<p>Note: select "Yes" if all elements are present; select "In-progress" if some but not all elements are present; select "No" if no formal governance document exists</p> <p>RB:</p> <p>1. Yes</p> <p>2. In-progress</p> <p>3. No</p>	<p>For details on HCC governance and documentation requirements, please see pages 16-17 of the HPP FOA and page 2 of the supplemental FOA for territories and FAS.</p> <p>Additionally, similar guidance can be found on page 13 of the 2017-2022 Health Care Preparedness and Response Capabilities.</p>
8	The HCC coordinates with all ESF-8 lead agencies within their defined boundaries.	<p>RB:</p> <p>1. Yes</p> <p>2. In-progress</p> <p>3. No</p>	<p>Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's EOC who represents HCC issues and needs and provides timely, efficient, and bidirectional information flow to support situational awareness.</p> <p>For details on HCC governance and documentation requirements, please see pages 16-17 of the HPP FOA and page 2 of the supplemental FOA for territories and FAS.</p>

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9	The HCC has processes and mechanisms to review its governance documents.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	Reviews should take place regularly and should ensure that members have input into governance processes and related documents.
CPG Activity Assessment Questions			
10	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	<p>DD:</p> <ol style="list-style-type: none"> 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical 	
11	The HCC has gaps in meeting this objective.	<p>Check which activity(ies) in which there are gaps, if any:</p> <p>CB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> None 	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
12	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	<p>CB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems 	

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		<input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required <input type="checkbox"/> Other - please explain below	
13	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> N/A	

Objective 2: Identify Risk and Needs			
Objective Description	The HCC should identify and plan for risks, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, by conducting assessments or using and modifying data from existing assessments for health care readiness purposes. These assessments can determine resource needs and gaps, identify individuals who may require additional assistance before, during, and after an emergency, and highlight applicable regulatory and compliance issues. The HCC and its members may use the information about these risks and needs to inform training and exercises and prioritize strategies to address preparedness and response gaps in the region.		
#	Activity Component	Response	Guidance
Activity 1: Assess Hazard Vulnerabilities and Risks			
14	The HCC has completed an annual hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the awardee.	RB: 1. Yes 2. In-progress 3. No	For details on HVA requirements, please see page 19 of the FOA and page 3 of the supplemental FOA for territories and FAS. Guidance on HVAs can be found on pages 13-14 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
15	The HCC has provided input into their awardee's jurisdictional risk assessment in the past year.	RB: 1. Yes 2. No	For details on this joint requirement, please see page 18 of the HPP FOA and page 2 of the supplemental FOA for territories and Freely Associated States (FAS). This is Performance Measure 9 in the HPP Performance Measure Implementation Guidance.
Activity 2: Assess Regional Health Care Resources			
16	The HCC has completed a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared.	RB: 1. Yes 2. In-progress	A list of areas that should be included in a resource assessment is included on page 14 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> here.

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		3. No	For details on requirements for assessing regional health care resources, please see page 19 of the HPP FOA and page 3 of the supplement for territories and FAS.
Activity 3: Prioritize Resource Gaps and Mitigation Strategies			
17	The HCC has identified and prioritized its resource gaps based on coordination and consensus with its members.	RB: 1. Yes 2. In-progress 3. No	The HCC and its members can identify resource gaps by comparing available resources to identified resource vulnerabilities. HCC members should prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close gaps.
18	The HCC and its members have identified strategies necessary to mitigate and/or close gaps.	RB: 1. Yes 2. In-progress 3. No	Gaps may be addressed through coordination, planning, training, or resource acquisition. Accessing and integrating resources is a key part of closing gaps.
Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, and Others with Unique Needs			
19	The HCC has assessed and planned to appropriately meet the needs of individuals who may require additional help during emergencies and planned events.	RB: 1. Yes 2. In-progress 3. No	For detailed on requirements for planning for the whole community, including for individuals with unique needs, please see pages 20-21 of the FOA and page 3 of the supplement for territories and FAS.
20	The HCC obtains de-identified data from emPOWER at least every six months to identify numbers of individuals with electricity-dependent medical and assistive equipment for planning purposes.	Note: HCCs from Freely Associated States should select N/A RB: 1. Y 2. N 3. N/A	For information on this measure and the importance of obtaining Social Vulnerability Index data, see page 18 of the Performance Measures Implementation Guidance. This is Performance Measure 6 in the HPP Performance Measure Implementation Guidance.
21	The HCC obtains data from the Social Vulnerability Index at least once per year to estimate populations with a higher likelihood of having access and functional needs	Note: HCCs from US Territories <u>AND</u> Freely Associated States should select N/A	For information on this measure and the importance of obtaining Social Vulnerability Index data, please see page 20 of the Performance Measures Implementation Guidance.

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		RB: 1. Y 2. N 3. N/A	This is Performance Measure 7 in the HPP Performance Measure Implementation Guidance.
Activity 5: Assess and Identify Regulatory Compliance Requirements			
22	The HCC assesses and identifies regulatory compliance requirements.	RB: 1. Yes 2. In-progress 3. No	The HCC should: <ul style="list-style-type: none"> • Understand federal statutory, regulatory, or national accreditation requirements that impact emergency medical care, • Understand state or local regulations or programs that impact emergency medical care, • Understand the process and information required to request necessary waivers and suspension of regulations, • Support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented • Maintain awareness of standing contracts for resource support during emergencies <p>For regulatory compliance information please see pages 17-18 of the 2017-2022 Health Care Preparedness and Response Capabilities.</p>
CPG Activity Assessment Questions			
23	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
24	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).

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		<input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> None	
25	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required <input type="checkbox"/> Other – please explain below	
26	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> N/A	

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Objective 3: Develop a Health Care Coalition Preparedness Plan

Objective Description	The HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the Emergency Support Function-8 (ESF-8) lead agency, the HCC should develop a preparedness plan that includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations (as collected in Capability 1, Objective 2, Activities 1-5). The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning with HCC members and other stakeholders. The HCC should develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies are represented. The plan can be presented in various formats (e.g., a subset of strategic documents, annexes, or a portion of the HCC's concept of operations plans [CONOPS]).		
#	Activity Component	Response	Guidance
27	<p>The HCC has a complete preparedness plan with the following required components (select all that are in the preparedness plan):</p> <p>Select Yes only if all components are present.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Incorporate the HCC's and its associated members' priorities for planning and coordination based on regional needs and gaps <input type="checkbox"/> Leverage HCC members' existing facility preparedness plans as required by the CMS Emergency Preparedness Rule: <i>Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers</i> <input type="checkbox"/> Be developed by HCC leadership with broad input from HCC members and other stakeholders <input type="checkbox"/> Outline strategic and operational objectives for the HCC as a whole and for each HCC member <input type="checkbox"/> Include short-term (within the year) and longer-term (three- to five-year) objectives <input type="checkbox"/> Include a recurring objective to develop and review the HCC response plan, which details the responsibilities and roles of the HCC and its members, including how they share information, coordinate activities and resources during an emergency, and plan for recovery <input type="checkbox"/> Inform training, exercise, and resource and supply management 	<p>For HCC preparedness plan requirements, please see page 17 of the Funding Opportunity Announcement (FOA) and page 2 of the supplement for territories and Freely Associated States (FASs).</p> <p>This is Performance Measure 4 in the HPP Performance Measure Implementation Guidance.</p>

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		<p>activities during the year</p> <p><input type="checkbox"/> Include a checklist of each HCC member's proposed activities, methods for members to report progress to the HCC, and processes to promote accountability and completion.</p> <p>RB:</p> <p>1. Yes 2. No</p>	
28	The HCC has a preparedness plan that has been approved by all of its core member organizations.	<p>RB:</p> <p>1. Yes 2. No</p>	<p>For HCC preparedness plan requirements, please see page 17 of the FOA and page 2 of the supplemental FOA for territories and FAS.</p> <p>This is Performance Measure 4 in the HPP Performance Measures Implementation Guidance</p> <p>Core member types are defined as hospitals, EMS, emergency management organizations, and public health agencies.</p>
29	The HCC has provided an opportunity for additional member organizations to provide input into the preparedness plan.	<p>RB:</p> <p>1. Yes 2. No</p>	<p>For HCC preparedness plan requirements, please see page 17 of the FOA and page 2 of the supplemental FOA for territories and FAS.</p> <p>This is Performance Measure 4 in the HPP Performance Measures Implementation Guidance</p>
30	The HCC has provided a final copy of the preparedness plan to all member organizations.	<p>RB:</p> <p>1. Yes 2. No</p>	<p>For HCC preparedness plan requirements, please see page 17 of the FOA and page 2 of the supplemental FOA for territories and FAS.</p> <p>This is Performance Measure 4 in the HPP Performance Measures Implementation Guidance</p>
31	The HCC has a process to regularly review and update the preparedness plan.	<p>RB:</p> <p>1. Yes 2. In-progress</p>	<p>HCC members should approve the initial plan and maintain involvement in regular reviews. Following reviews, the HCC should update the plan as necessary after exercises and real-world events. The review should include identifying gaps in</p>

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		3. No	the preparedness plan and working with HCC members to define strategies to address the gaps. For HCC preparedness plan requirements, please see page 17 of the FOA and page 2 of the supplemental FOA for territories and FAS.
CPG Activity Assessment Questions			
32	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
33	The HCC has gaps in meeting this objective.	RB: 1. Yes 2. No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
34	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
35	The HCC requires technical assistance to mitigate gaps in this objective.	RB:	

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	<ol style="list-style-type: none"> 1. Yes 2. No 	
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Objective 4: Train and Prepare the Health Care and Medical Workforce			
Objective Description	Training, drills, and exercises help identify and assess how well a health care delivery system or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of an HCC member's workforce. Trainings can cover a wide range of topics including clinical subject matter, incident management, safety and protective equipment, workplace violence, psychological first aid, or planning workshops. The HCC should promote these activities and participate in training and exercises with its members, and in coordination with the Emergency Support Function-8 (ESF-8) lead agency, emphasizing consistency, engagement, and demonstration of regional coordination.		
#	Activity Component	Response	Guidance
Activity 1: Promote Role-Appropriate National Incident Management System Implementation			
36	The HCC assists its members with NIMS implementation.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	Per page 28 of Funding Opportunity Announcement (FOA) the HCC must assist with NIMS implementation in the following ways: <ul style="list-style-type: none"> Ensure HCC leadership receives NIMS training Promote NIMS-related training and exercises Assist HCC members with incorporating NIMS components into their emergency operations plans
Activity 2: Educate and Train on Identified Preparedness and Response Gaps			
37	The HCC coordinates with its members to address preparedness and response gaps through education and training.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	The HCC's education and training program should include the following: <ul style="list-style-type: none"> Promote understanding of HCC member specific roles and responsibilities in emergency response Train on specific gaps and needs identified by HCC members Promote/support training for health care providers, laboratorians, non-clinical staff, and ancillary workforce Ensure health care organization leadership is aware of/engaged in HCC activities Employ a variety of modalities (e.g.,

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			online, classroom, etc.)
38	The HCC has documented its training and education activities and shared them with their awardee for inclusion in the multi-year exercise plan (MYTEP).	RB: 1. Yes 2. In-progress 3. No	Training plans should include: <ul style="list-style-type: none"> • Initial education • Continuing education • Appropriate certification • Just-in-time training For detail regarding awardee MYTEP submission requirements, please see page 1 of the HPP exercise requirements supplement.
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations			
39	The HCC plans and conducts coordinated exercises to assess the health care delivery system's readiness.	Responses regarding HCC exercise activities will be captured in the exercise section.	N/A
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements			
40	The HCC coordinates with its members to align exercises with federal standards, and facility regulatory and accreditation requirements.	RB: 1. Yes 2. In-progress 3. No	For standards, regulations, and accreditation requirements that HCCs should consider for exercise development/execution, please see page 21 of the 207-2022 <i>Health Care Preparedness and Response Capabilities</i> .
41	The HCC coordinates with its members to evaluate exercises and responses to emergencies.	RB: 1. Yes 2. In-progress 3. No	When evaluating exercises, the HCC should coordinate with its members and awardees to complete both After Action Reports (AARs) that document gaps revealed during exercises/events AND Improvement Plans (IPs) that detail plans to address gaps, responsible parties and time to complete, and recommended processes to retest revised plans. Possible gaps include such things as member composition issues, planning or resource shortfalls, or lack of skills revealed during the exercise and response evaluation processes.
Activity 6: Share Leading Practices and Lessons Learned			
42	The HCC coordinates with its members, government partners, and other HCCs to share leading practices and lessons learned.	RB: 1. Yes	For principles for sharing leading practices and lessons learned, please see page 22 of the 2017-2022 <i>Health Care Preparedness and Response</i>

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		2. In-progress 3. No	Capabilities.
43	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
44	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> Activity 6 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
45	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or	

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		exercising is required Other - please explain below	
46	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> Activity 6 <input type="checkbox"/> N/A	

Objective 5: Ensure Preparedness is Sustainable			
Objective Description	Sustainability planning is a critical component to HCC development. Strong governance mechanisms, constant regional stakeholder engagement, and sound financial planning help form the foundation to continue HCC activities well into the future. Sustainability should emphasize HCC processes and activities that support member needs and regulatory requirements (e.g., exercises and evacuation planning).		
#	Activity Component	Response	Guidance
Activity 1: Promote the Value of Health Care and Medical Readiness			
47	The HCC and its members promote their mission, role, and benefit to all sectors of the region through various mechanisms.	RB: 1. Yes 2. In-progress 3. No	For information on promoting the value of health care and medical readiness, please see page 22 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
Activity 2: Engage Health Care Executives			
48	The HCC communicates direct and indirect benefits of HCC participation to health care executives.	RB: 1. Yes 2. In-progress 3. No	For information on the benefits of joining an HCC, please see page 23 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
49	The HCC engages health care executives to provide input, acknowledgement, and approval regarding HCC strategic and operational planning.	RB: 1. Yes 2. In-progress 3. No	For further information on engaging health care executives, please see page 23 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
50	The HCC regularly informs its members' health care executives of activities	RB:	Please see Exercise section for more information

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	and initiatives through reports and invitations to participate in meetings, trainings, and exercises.	<ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	on including executives in HCC activities.
Activity 3: Engage Clinicians			
51	The HCC engages clinicians to provide input, acknowledgement, approval, and expertise across a range of HCC activities.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	Clinicians can contribute to the following activities: <ul style="list-style-type: none"> • Provide input, acknowledgment, and approval of strategic and operational planning • Validate medical surge plans • Provide subject matter expertise to ensure realistic training and exercises • Lead health care provider training for assessing and treating various types of illnesses and injuries
Activity 4: Engage Community Leaders			
52	The HCC engages community leaders to promote the resilience of the entire community.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	Community leaders are leaders outside of HCC membership organizations, including businesses, charitable organizations, and the media.
Activity 5: Promote Sustainability of Health Care Coalitions			
53	The HCC promotes organizational and financial sustainability.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	For suggestions on enhancing HCC sustainability, please see page 24 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> here.
54	The HCC has a formal budgeting process based on gap analysis and project prioritization.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	A formal budgeting process includes the method by which financial decisions are made to develop projects. This must include a project prioritization process. Project prioritization is based on the identification and prioritization of resource gaps.
55	Please provide the total amount of funding received from the following sources:	Provide the total funding for each category below:	This is Performance Measure 1 in the HPP Performance Measure Implementation Guidance.

Capability 1

		<input type="checkbox"/> Total HPP funding received from the awardee <input type="checkbox"/> Total funding received from other federal sources <input type="checkbox"/> Total funding received from non-federal sources	
56	The HCC receives in-kind support from sources other than the awardee in the following forms:	Check all that the HCC receives: <input type="checkbox"/> Physical space <input type="checkbox"/> Equipment/supplies <input type="checkbox"/> Services <input type="checkbox"/> Labor hours <input type="checkbox"/> Other <input type="checkbox"/> None received	In-kind support from sources other than the awardee is defined as any non-monetary support for HCC activities received from sources other than the awardee. For further definitions of in-kind support, please see 45 Code of Federal Regulation (CFR), Part 92.24 . This is Performance Measure 1 in the HPP Performance Measure Implementation Guidance.
CPG Activity Assessment Questions			
57	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
58	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
59	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel	

Capability 1

		<input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
60	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> N/A	

Capability 2

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans			
Objective Description	Health care organizations respond to emergent patient care needs every day. During an emergency response, health care organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. Every individual health care organization must have an Emergency Operations Plan (EOP) per federal and state regulations and multiple accreditation standards. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, should have a collective response plan that is informed by its members' individual EOPs. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. The purpose of coordinating response plans is not to supplant existing ESF-8 structures, but to enhance effective response in accordance with the wide array of existing federal, state, and municipal legal authorities in which HCC members operate (e.g., Emergency Medical Treatment & Labor Act [EMTALA], communicable disease reporting, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule).		
#	Activity Component	Response	Guidance
Activity 1: Develop a Health Care Organization Emergency Operations Plan			
61	The HCC supports its health care organization members in developing their individual Emergency Operations Plans (EOPs).	RB: 1. Yes 2. In-progress 3. No	Specific criteria for health care organization EOPs are located on page 26 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
62	The HCC coordinates with health care organization members to review and update their EOPs regularly including after exercises and real-world events.	RB: 1. Yes 2. In-progress 3. No	The EOP review process should include: <ul style="list-style-type: none"> Identifying gaps in the EOP Defining strategies and tactics to address any gaps Ways in which the HCC can assist in closing the gaps
Activity 2: Develop a Health Care Coalition Response Plan			
63	The HCC has a complete response plan with the following required components (select all that are in the response plan): Select Yes only if all components are present.	RB: 1. Yes 2. No <input type="checkbox"/> Individual HCC member organization and HCC contact information <input type="checkbox"/> Locations that may be used for multiagency coordination <input type="checkbox"/> Brief summary of each individual member's resources and responsibilities <input type="checkbox"/> Integration with appropriate ESF-8 lead	HCC response plans must clearly outline components listed on pages 29-30 of the Funding Opportunity Announcement (FOA). Per pages 5-6 of the supplemental FOA for territories and Freely Associated States (FAS), some elements of the response plan may be minimal or structured uniquely. This is Performance Measure 5 in the HPP Performance Measure Implementation Guidance.

Capability 2

		<p>agencies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency activation thresholds and processes <input type="checkbox"/> Alert and notification procedures <input type="checkbox"/> EEs agreed to be shared, including information format <input type="checkbox"/> Communication and IT platforms and redundancies for information sharing <input type="checkbox"/> Support and mutual aid agreements <input type="checkbox"/> Evacuation and mutual aid agreements <input type="checkbox"/> Evacuation and relocation processes <input type="checkbox"/> Policies and processes for the allocation of scarce resources and crisis standards of care <input type="checkbox"/> Additional HCC roles and responsibilities as determined by state and/or local plans and agreements <input type="checkbox"/> Activation and notification processes for initiating and implementing medical surge response coordination among HCC members and other topics related to medical surge 	
64	The HCC has a response plan that has been approved by all of its core member organizations.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>Core membership types include:</p> <ul style="list-style-type: none"> • Hospitals • Emergency Medical Services (EMS) • Public health agencies • Emergency management organizations <p>Core membership representation and approval is based on how the HCC has defined it.</p> <p>This is Performance Measure 5 in the HPP Performance Measure Implementation Guidance.</p>
65	The HCC has provided an opportunity for additional member organizations to provide input into the response plan.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>This is Performance Measure 5 in the HPP Performance Measure Implementation Guidance.</p>
66	The HCC has provided a final copy of the response plan to all member organizations.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>This is Performance Measure 5 in the HPP Performance Measure Implementation Guidance.</p>
67	The HCC reviews and updates its response plan regularly, including after exercises and real incidents.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 	<p>The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the HCC</p>

Capability 2

		2. In-progress 3. No	should review and recommend updates to the state and/or local ESF-8 response plan regularly.
CPG Activity Assessment Questions			
68	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
69	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
70	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
71	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> N/A	

Capability 2

Objective 2: Utilize Information Sharing Procedures and Platforms

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Capability 2

Objective Description	Effective response coordination relies on information sharing to establish a common operating picture. Information sharing is the ability to share real-time information related to the emergency, the current-state of the health care delivery system, and situational awareness across the various response organizations and levels of government (federal, state, local). The HCC's development of information sharing procedures and use of interoperable and redundant platforms is critical to successful response.		
#	Activity Component	Response	Guidance
Activity 1: Develop Information Sharing Procedures			
72	The HCC is able to access and collect timely, relevant, and actionable information about its members during emergencies.	RB: 1. Yes 2. In-progress 3. No	For details on HCC information sharing procedures, please see page 28 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . Additionally, please refer to pages 35-36 of the FOA and page 7 of the supplemental Funding Opportunity Announcement (FOA) for territories and Freely Associated States (FAS).
73	The HCC is able to share pertinent emergency information with their HCC members, the ESF-8 lead agency, and other stakeholders.	RB: 1. Yes 2. In-progress 3. No	For requirements on information sharing, please see pages 35-36 of the FOA and page 7 of the supplemental FOA for territories and FAS.
74	The HCC has documented information sharing procedures in its response plan.	RB: 1. Yes 2. In-progress 3. No	For details on HCC information sharing procedures, see page 28 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . Additionally, users can refer to pages 35-36 of the FOA.
75	The HCC provides situational awareness data, including data on bed availability, to ASPR and CDC during emergency response operations and at other times, as requested.	RB: 1. Yes 2. In-progress 3. No	For details on situational awareness data sharing requirements, please see page 35 of the FOA and page 7 of the supplement for territories and FAS.
Activity 2: Identify Information Access and Data Protection Procedures			
76	The HCC coordinates with state and local authorities, as appropriate, to identify information access and data protection procedures.	RB: 1. Yes 2. In-progress 3. No	For access and data protection procedures, please see page 29 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
Activity 3: Utilize Communications systems and Platforms			
77	The HCC uses primary and redundant communications systems and platforms to effectively coordinate information during emergencies, planned events, and on a regular basis.	RB: 1. Yes 2. In-progress	For more detail on HCC responsibilities, please see page 29 in the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .

Capability 2

		3. No	For requirements on redundant communications, see page 37 of the FOA. Related questions regarding redundant communications are located in the CAT Exercise form.
78	The HCC ensures that its member organizations have access to the HCC's information sharing platforms.	RB: 1. Yes 2. In-progress 3. No	For requirements on HCC member organizations' access to information sharing platforms, please see page 37 of the FOA and page 8 of the supplement for territories and FAS.
CPG Activity Assessment Questions			
79	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
80	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
81	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising	

Capability 2

		is required Other – please explain below	
82	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> N/A	

Objective 3: Coordinate Response Strategy, Resources, and Communications

Objective Description	The HCC should coordinate its response strategies, track its members' resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the Emergency Support Function-8 (ESF-8) lead agency. In addition, the HCC, in collaboration with its members, should provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.		
#	Activity Component	Response	Guidance
Activity 1: Identify and Coordinate Resource Needs during an Emergency			
83	The HCC and its members have visibility into member resources and resource needs to meet the community's clinical care needs during an emergency.	RB: 1. Yes 2. In-progress 3. No	For guiding principles for coordinating resource needs during emergencies, please see page 30 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
Activity 2: Coordinate Incident Action Planning During an Emergency			
84	The HCC integrates its incident action plan (IAP) into the jurisdiction's IAP, via the ESF-8 lead agency, during an emergency or planned event.	RB: 1. Yes 2. In-progress 3. No	The HCC should support its members' development of individual IAPs during an emergency or planned event. For guidance on coordinating IAPs, please see page 30 in the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency			
85	The HCC, in coordination with its public health agency members, has developed processes and procedures to rapidly acquire and share clinical knowledge among health care providers and health care organizations during responses.	RB: 1. Yes 2. In-progress 3. No	For guidance on communicating with health care providers, non-clinical staff, patients, and visitors during emergencies, please see page 30 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
Activity 4: Communicate with the Public during an Emergency			
86	The HCC supports its members' use of the community's Joint Information System (JIS) to share information with the public during an emergency.	RB: 1. Yes 2. In-progress 3. No	Coordinated health information that could be shared with the JIS is included on page 31 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
87	The HCC provides public information officer (PIO) training for its members as needed.	RB: 1. Yes 2. In-progress	Training should cover health risk communication.

Capability 2

		3. No	
CPG Activity Assessment Questions			
88	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
89	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
90	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
91	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4	

Capability 2

N/A

DRAFT

Capability 3

Objective 1: Identify Essential Functions for Health Care Delivery			
Objective Description	There are key health care functions (e.g., Mission Essential Functions [MEFs]) that should be continued after a disruption of normal activities and are a priority for restoration should any be compromised. Health care organizations should first determine their key functions when planning for continuity of health care service delivery. The HCC may play an important role in assessing and supporting the maintenance of these functions.		
#	Activity Component	Response	Guidance
92	The HCC supports its members' identification, assessment, and maintenance of key health care delivery functions after a disruption of normal activities.	RB: 1. Yes 2. In-progress 3. No	Key health care functions include clinical services and infrastructure. For details, please see pages 32-33 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
CPG Activity Assessment Questions			
93	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
94	The HCC has gaps in meeting this objective.	RB 1. Yes 2. No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)
95	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	

Capability 3

96	The HCC requires technical assistance to mitigate gaps in this objective.	RB: 1. Yes 2. No	
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Objective 2: Plan for Continuity of Operations

Objective Description	The foundation for safe medical care delivery includes a robust, redundant infrastructure and availability of essential resources. Health care organizations should determine their priorities for ensuring Key Functions are maintained during an emergency, including the provision of care to existing and new patients. Facilities should determine those services that are critical to patient care and those that could be suspended (e.g., closing a hospital's outpatient clinics to preserve staff to manage an elevated inpatient census). In addition, the HCC should have a plan to maintain its own operations. During continuity preparedness activities, health care organizations and the HCC should consider what disaster risk reduction strategies should be implemented in order to lessen the likelihood of complete and total failure. The HCC should facilitate each individual member's approach to risk reduction to promote a regional approach to addressing critical infrastructure (e.g., utilities, telecommunications, and supply chain).
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#	Activity Component	Response	Guidance
Activity 1: Develop a Health Care Organization Continuity of Operations Plan			
97	The HCC supports the development and activation of its member organizations' Continuity of Operations (COOP) plans.	RB: 1. Yes 2. In-progress 3. No	<p>The HCC is not expected to pay for continuity operations for their members, but can support member COOP development by sponsoring planning and training events for their members.</p> <p>The HCC and governmental partners (including the Emergency Support Function-8 (ESF-8) lead agency) should support continuity of health care operations when one or more health care organizations has lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation</p> <p>For more guidance on developing COOP plans, please see pages 33-34 of the 2017-2022 Health Care Preparedness and Response Capabilities.</p>
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan			
98	The HCC has developed a COOP plan, informed by its members' plans, which includes the requirement components.	RB: 1. Yes 2. In-progress 3. No	For HCC COOP plan required components, please see page 31 of the FOA and page 6 of the supplemental FOA for territories and Freely Associated States (FAS).
Activity 3: Continue Administrative and Finance Functions			
99	The HCC has plans to maintain its own administrative and financial functions during and after an emergency.	RB: 1. Yes 2. In-progress 3. No	<p>These plans may include the ability to use HCC funds consistent with normal activities to expedite purchases to support resources.</p> <p>The HCC and its members should maintain their own administrative and financial functions during and after an</p>

Capability 3

Activity 4: Plan for Health Care Organization Sheltering-in-Place			
100	The HCC assists its members' development of shelter-in-place plans.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>emergency.</p> <p>Health care organizations should consider the following when developing their shelter-in-place plans:</p> <ul style="list-style-type: none"> • Decision-making criteria and authorities • Identification of patient and non-patient care locations to provide protection from the external environment • Operational procedures for shutting down HVAC, lock-down, and access control • Assessment of internal capabilities and needs • Acquisition of supplies, equipment, pharmaceuticals, and other necessary resources for sustainment (e.g., water and food), as well as materials that may be important for children and others during extended sheltering (e.g., books and games) • Internal and external communications plans, including plans for communicating with patients' and workforce's families • Triggers for lifting shelter-in-place orders
CPG Activity Assessment Questions			
101	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	<p>DD:</p> <ol style="list-style-type: none"> 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical 	
102	The HCC has gaps in meeting this objective.	<p>Check which activity(ies) in which there are gaps, if any:</p> <p>CB:</p> <p><input type="checkbox"/> Activity 1</p> <p><input type="checkbox"/> Activity 2</p> <p><input type="checkbox"/> Activity 3</p> <p><input type="checkbox"/> Activity 4</p> <p><input type="checkbox"/> None</p>	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
103	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	<p>CB:</p> <p><input type="checkbox"/> Lack of personnel due to funding issues</p> <p><input type="checkbox"/> Lack of personnel due to hiring issues</p>	

Capability 3

		<input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
104	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> N/A	

Objective 3: Continuity of Health Care Service Delivery

Objective Description	Critical equipment and supplies for all populations should be available to ensure the ongoing delivery of patient care services. HCC members should assess equipment and supply needs that will likely be in demand during an emergency and develop strategies to address potential shortfalls.		
#	Activity Component	Response	Guidance
Activity 1: Assess Supply Chain Integrity			
105	The HCC has conducted a supply chain integrity assessment.	RB: 1. Yes 2. In-progress 3. No	The supply chain integrity assessment is used to evaluate equipment and supply needs that will be in demand during emergencies. The HCC should support its members in developing mitigation strategies to address potential shortfalls. For areas to include in the supply chain assessment, please see page 35 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For requirements on assessing supply chain integrity, please see page 39 in the Funding Opportunity Announcement (FOA) and page 9 of the supplemental FOA for territories and Freely Associated States (FAS).

Capability 3

106	The HCC, if using HPP funds to purchase pharmaceuticals or other medical materiel, has documented strategies for the following: <ul style="list-style-type: none"> • Acquisition • Storage • Rotation of day-to-day supplies • Activation and deployment of their stockpile • Disposal 	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 4. N/A 	For requirements on assessing supply chain integrity, see page 39 in the FOA and page 9 of the supplemental FOA for territories and FAS.
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements			
107	The HCC provides information to its members on how to obtain additional supplies from any existing HCC stockpiles.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	For details on assessing and addressing equipment, supply, and pharmaceutical requirements, please see pages 36-37 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
108	The HCC understands their jurisdictional medical countermeasure (MCM) distribution plans.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	HCCs can gain understanding either through participation in jurisdictional MCM operational readiness reviews or briefings provided by the jurisdiction's MCM coordinator. For details on MCM distribution plans requirements, please see page 38 of the FOA and page 9 of the supplemental FOA for territories and FAS.
109	If participating in the CHEMPACK program, Cities Readiness Initiative (CRI), or other state/local plans for maintaining treatment or prophylaxis caches, the HCC is engaged in the development, training, and exercising of MCM dispensing/distribution plans.	RB: <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 4. N/A 	For requirements pertaining to participating in CHEMPACK, CRI, or related state/local plans, please see page 38-39 of the FOA and page 9 of the supplemental FOA for territories and FAS.
CPG Activity Assessment Questions			
110	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: <ol style="list-style-type: none"> 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical 	
111	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
112	Please choose the type of gaps/challenges/barriers the HCC has to	CB:	

Capability 3

	any of the activities in this objective, if any.	<input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
113	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> N/A	

Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks

Objective Description	Cyberattacks on health care organizations have had significant effects on every aspect of patient care and organizational continuity. With increasing reliance on information systems, including EHRs, administrative and payment systems, mobile technology, communication systems, and networked medical devices, there is a potential risk to their integrity and safety. To combat these risks, health care organizations should implement cybersecurity leading practices and conduct robust planning and exercising for cyber incident response and consequence management. As the number of cyberattacks on the health care sector increases, health care practitioners, executives, IT professionals, legal and risk management professionals, and emergency managers should remain current on the ever-changing nature and type of threats to their organizations, systems, patients, and staff. Health care organizations, assisted by the HCC, should explore industry cybersecurity standards, guidelines, and leading practices necessary to protect these systems (e.g., National Institute of Standards and Technology Cybersecurity Framework - Framework for Improving Critical Infrastructure Cybersecurity), and have a plan in place for response and recovery should they be compromised.		
#	Activity Component	Response	Guidance
114	The HCC supports its members in planning for response and recovery should health care information systems and networks become compromised.	RB: 1. Yes 2. In-progress 3. No	For a partial list of industry-recognized leading practice for protecting health care information systems and networks, please see page 38 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For further information, see TRACIE's Cybersecurity Topic Collection here.

Capability 3

CPG Activity Assessment Questions

115	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
116	The HCC has gaps in meeting this objective.	RB 1. Yes 2. No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
117	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other – please explain below	
118	The HCC requires technical assistance to mitigate gaps in this objective.	RB: 1. Yes 2. No	

Objective 5: Protect Responders' Safety and Health

Objective Description	The safety and health of clinical and non-clinical personnel are high priorities for preparedness and continuity as effective care cannot be delivered without available staff. Health care organizations, in coordination with the HCC, should develop processes to protect responders' safety and health and align with various requirements, certifications, and standards (e.g., Occupational Safety and Health Administration [OSHA], Joint Commission, etc.). Those processes should be implemented to equip,
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#	Activity Component	Response	Guidance
Activity 1: Distribute Resources Required to Protect the Health Care Workforce			
119	The HCC supports its members' development of closed points of dispensing (POD) as a model to distribute medical countermeasures (MCMs).	RB: 1. Yes 2. In-progress 3. No	For guidance on developing PODs, please see page 38 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
120	The HCC equips and provides resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.	RB: 1. Yes 2. In-progress 3. No	For details on requirements for ensuring the safety and health of responders, please see pages 42-43 of the Funding Opportunity Announcement (FOA) here and page 9 of the supplemental FOA for territories and Freely Associated States (FAS).
121	If using HPP funds to purchase personal protective equipment (PPE), the HCC has documented acquisition, storage, rotation, activation, use, and disposal decisions.	RB: 1. Yes 2. In-progress 3. No 4. N/A	The HCC should promote regional PPE procurement for pricing and consistency benefits. For details on requirements for ensuring the safety and health of responders, please see pages 42-43 of the FOA here and page 9 of the supplemental FOA for territories and FAS.
Activity 2: Train and Exercise to Promote Responders' Safety and Health			
122	The HCC provides training (e.g., via trainings, drills, and exercises) to protect responder safety and health.	RB: 1. Yes 2. In-progress 3. No	For guidance on how HCCs can promote training, drills, and exercises, please see page 39 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For details on requirements for ensuring the safety and health of responders, please see pages 42-43 of the FOA here and page 9 of the supplemental FOA for territories and FAS.
Activity 3: Develop Health Care Worker Resilience			

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123	The HCC disseminates information and promotes programs and initiatives which support health care worker resilience to all members.	RB: 1. Yes 2. In-progress 3. No	For a list of programs and activities to promote worker resilience and emergency resiliency strategies, please see page 40 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
CPG Activity Assessment Questions			
124	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
125	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
126	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems	

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		<input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other – please explain below	
127	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> N/A	

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation

Objective Description	Health care organizations should evacuate or relocate when continuity planning efforts cannot sustain a safe working environment or when a government entity orders a health care organization to evacuate. The HCC should ensure all members and other stakeholders are included in evacuation and relocation planning including but not limited to, skilled nursing facilities and long-term care facilities. The HCC plays a critical role in coordinating the various elements of patient evacuation and relocation.		
#	Activity Component	Response	Guidance
Activity 1: Develop and Implement Evacuation and Relocation Plan			
128	The HCC ensures all health care organizations, public health agencies, emergency medical services (EMS), and emergency management organizations are included in evacuation and relocation planning and execution during exercises and real incidents.	RB: 1. Yes 2. In-progress 3. No	For a list of planning, evacuation, and relocation considerations, please see pages 40-41 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For details on evacuation planning requirements, see page 49 of the Funding Opportunity Announcement (FOA) and page 11 of the supplemental FOA for territories and Freely Associated States (FAS).
129	The HCC supports its members' planning for the special considerations that high risk patients should receive during evacuation and relocation.	RB: 1. Yes 2. In-progress 3. No	High risk patients include adults, children, and neonates in critical care units; current operative cases; and psychiatric patients.
Activity 2: Develop and Implement Evacuation Transportation Plans			
130	The HCC ensures all health care organizations, public health agencies, EMS, and emergency management organizations are included in evacuation transportation planning and execution during exercises and real incidents.	RB: 1. Yes 2. In-progress 3. No	For guidance on evacuation transportation planning, see page 41 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For details on evacuation planning requirements, please see page 49 of the FOA and page 11 of the supplemental FOA for territories and FAS.

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CPG Activity Assessment Questions			
131	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance 3. Important 4. Highly important 5. Critical	
132	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
133	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
134	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> N/A	

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Form Approved
OMB No. 0990-0391
Exp. Date 05/31/2018

Objective 7: Continuity of Health Care Service Delivery

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Objective Description	Effective recovery and reconstitution of the health care delivery system includes pre-incident planning and implementation of recovery processes that begin at the outset of a response. The HCC can play an important role in monitoring and facilitating the recovery processes of the health care delivery system disrupted by an emergency. These efforts are intended to promote an effective and efficient return to normal or, ideally, improved operations for the provision of and access to health care in the community.		
#	Activity Component	Response	Guidance
Activity 1: Plan for Health Care Delivery System Recovery			
135	The HCC participates in – and promotes its members’ participation in – state and local pre-emergency recovery planning activities as described in the <i>National Disaster Recovery Framework</i> .	RB: 1. Yes 2. In-progress 3. No	For more information on recovery planning, please see page 42 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For details on requirements for health care delivery system recovery planning, please see page 30 of the Funding Opportunity Announcement (FOA). Per page 6 of the supplemental FOA for territories and Freely Associated States, the Federated States of Micronesia (FSM), the Republic of Palau (PW), and the Republic of the Marshall Islands (RMI) do not recognize the National Disaster Recovery Framework.
Activity 2: Assess Health Care Delivery System Recovery after an Emergency			
136	The HCC assists with its members’ assessment of emergency-related structural, functional, and operational impacts after an emergency.	RB: 1. Yes 2. In-progress 3. No	For ways in which the HCC can support in the post-emergency recovery process, please see pages 42-43 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
137	The HCC supports its members in the post-emergency recovery process by facilitating patient repatriation and system operations restoration.	RB: 1. Yes 2. In-progress 3. No	For ways in which the HCC can support in the post-emergency recovery process, please see page 43 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
138	The HCC assists health care organizations in ensuring that their Incident Command System (ICS) prepares for a return to normal operations.	RB: 1. Yes 2. In-progress 3. No	For information on ways HCCs can assist in a return to normal operations, please see page 43 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> .
CPG Activity Assessment Questions			
139	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC’s overall preparedness and response mission.	DD: 1. Not relevant	

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		2. Limited importance 3. Important 4. Highly important 5. Critical	
140	The HCC has gaps in meeting this objective.	Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> None	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
141	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required Other - please explain below	
142	The HCC requires technical assistance to mitigate gaps in this objective.	CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> N/A	

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Objective 1: Plan for a Medical Surge			
Objective Description	Health care organizations can most effectively implement and manage medical surge when appropriate information sharing systems and procedures have been established, appropriate plans for all levels of care and populations have been developed, and personnel have been trained in their use.		
#	Activity Component	Response	Guidance
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan			
143	The HCC supports its members with incorporating medical surge planning into their Emergency Operations Plans (EOPs).	RB: 1. Yes 2. In-progress 3. No	Health care organization member EOPs should define the actions to initiate surge response and include the following: <ul style="list-style-type: none"> • Departmental sections that provide specific surge strategies for each unit or service line • Employee communication protocols • Processes to request waivers and emergency use authorizations
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan			
144	The HCC supports its Emergency Medical Services (EMS) members with incorporating medical surge planning components into their EOPs.	RB: 1. Yes 2. In-progress 3. No	The following medical surge elements should be incorporated into an EMS EOP: <ul style="list-style-type: none"> • Dispatch • Response • Pre-hospital triage and treatment • Transportation • Supplies and equipment <p>For more information on incorporating medical surge planning into EMS EOPs, please see pages 46-47 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i>.</p>
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan			
145	The HCC has incorporated all required medical surge elements into the HCC response plan.	RB: 1. Yes 2. In-progress 3. No	The HCC response plan must include the following medical surge elements: <ul style="list-style-type: none"> • Strategies to implement if the emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability, • Strategies for patient tracking, • Strategies for initial patient distribution (or redistribution) across the region and among local hospitals in the event a facility becomes overwhelmed, and • Processes for joint decision making and engagement among the HCC and stakeholders to

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			<p>avoid crisis conditions based on proactive decisions about resource utilization.</p> <p>For a detailed list of medical surge components required in the HCC response plan, please see page 30 of the Funding Opportunity Announcement (FOA) and pages 5-6 of the supplemental FOA for territories and Freely Associated States (FAS).</p>
146	The HCC has documented its plan for implementing Crisis Standards of Care (CSC).	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>HCCs must include the following in the documentation:</p> <ul style="list-style-type: none"> • The key stakeholders involved in the planning, including a description of how these stakeholders integrate with each other to ensure a coordinated response to crisis conditions • Efforts undertaken to promote provider engagement in CSC planning • Activities to support the implementation of crisis care decision-making by EMS agencies, including dispatch, transport, and treatment decisions • Activities to support the implementation of crisis care decision-making by hospitals and other health care entities, especially as they relate to managing limited resources and the integration of crisis strategies into surge capacity planning and incident management <p>U.S. territories and FAS, through their HCCs, must address this FOA requirement understanding that certain elements such as expansion of health care service delivery, adjustment of prescribing practices, and other elements will not apply or be modified.</p> <p>For further requirements related to CSC, see page 51 of the FOA and page 12 in the supplemental FOA for territories and FAS.</p>
CPG Activity Assessment Questions			
147	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	<p>DD:</p> <ol style="list-style-type: none"> 1. Not relevant 2. Limited importance 	

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		<p>3. Important 4. Highly important 5. Critical</p>	
148	The HCC has gaps in meeting this objective.	<p>Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> None</p>	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
149	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	<p>CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required <input type="checkbox"/> Other - please explain below</p>	
150	The HCC requires technical assistance to mitigate gaps in this objective.	<p>CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> N/A</p>	

Objective 2: Respond to a Medical Surge

Objective Description	Health care organizations and the HCC will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions. Certain emergencies require a specialized response, either because of the type of event or specific vulnerabilities of different patient populations. The HCC facilitates these responses through timely information and resource sharing (e.g., Essential Elements of Information (EELs), expertise
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#	Activity Component	Response	Guidance
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response			
151	The HCC can support a coordinated response to emergency department and inpatient medical surge.	RB: 1. Yes 2. In-progress 3. No	The goal of surge management is to ensure immediate bed availability (IBA). IBA is defined as the ability of a hospital to provide at least 20 percent bed availability of staffed beds within four hours of a disaster. For details on developing emergency department and inpatient medical surge capacity and capability, please see Table 2 on page 48 in the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . For details on emergency department and inpatient medical surge requirements, please see page 50 of the Funding Opportunity Announcement (FOA) and page 11 of the supplemental FOA for territories and Freely Associated States (FAS).
Activity 2: Implement Out-of-Hospital Medical Surge Response			
152	The HCC can support out-of-hospital medical surge response.	RB: 1. Yes 2. In-progress 3. No	Out-of-hospital members include, but are not limited to, ambulatory care (including primary care providers), Federally Qualified Health Centers (FQHCs), community and tribal health centers, stand-alone surgical and specialty centers, skilled nursing facilities, long-term care facilities, clinics, private practitioners, and home care. For details on implementing out-of-hospital medical response, please see page 49-50 in the <i>2017-2022 Health Care Preparedness and Response Capabilities</i>
Activity 3: Develop an Alternate Care System			
153	The HCC has planned with the appropriate community health care partners to develop alternate care systems.	RB: 1. Yes 2. In-progress 3. No	An alternate care system is defined as the utilization of non-traditional settings and modalities for health care delivery. For key considerations when developing an alternate care system, please see Table 3 on pages 50-51 of the <i>2017-2022 Health Care Preparedness and Response Capabilities</i> . Further information can be found on the TRACIE Alternate Care System page link .
Activity 4: Provide Pediatric Care during a Medical Surge Response			
154	The HCC promotes its members' planning for pediatric medical	RB:	For details on providing pediatric care during a medical surge

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	emergencies and foster relationships and initiatives with emergency departments that are able to stabilize and manage pediatric medical emergencies.	<ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>response, please see page 51 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i>.</p> <p>Further information can be found on the TRACIE Pediatric Surge page here.</p>
155	The HCC coordinates with the Health Resources and Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) to ensure that all hospitals are prepared to receive, stabilize, and manage pediatric patients.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>HRSA administers the EMSC program at the federal level. This program works to ensure that critically ill and injured children receive optimal pediatric emergency care.</p> <p>Further information can be found on HRSA's website here.</p>
Activity 5: Provide Surge Management during a Chemical or Radiation Emergency Event			
156	The HCC can support surge management during a chemical or radiation emergency event.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>For details on providing surge management during a chemical or radiation emergency event, please see page 51-52 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i>.</p>
Activity 6: Provide Burn Care during a Medical Surge Response			
157	The HCC supports a coordinated response to large burn emergencies.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>Given the limited number of burn specialty hospitals, an emergency affecting large numbers of burn patients will require HCC and awardee involvement to ensure those patients that can benefit the most from burn services receive priority for transfer.</p> <p>For details on providing burn care during a medical surge response, please see page 53 of the FOA and page 12 of the supplemental FOA for territories and FAS.</p>
Activity 7: Provide Trauma Care during a Medical Surge Response			
158	The HCC supports a coordinated response to large trauma emergencies.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 3. No 	<p>Given the limited number of trauma centers, an emergency affecting large numbers of trauma patients will require HCC and awardee involvement to ensure those patients that can benefit the most from trauma services receive priority for transfer.</p> <p>For details on providing burn care during a medical surge response, please see page 53 of the FOA and page 12 of the supplemental FOA for territories and FAS.</p>
Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response			
159	The HCC supports a coordinated response to behavioral health needs during a medical surge response.	<p>RB:</p> <ol style="list-style-type: none"> 1. Yes 2. In-progress 	<p>For details on providing behavioral health needs during a medical surge response, please see page 52-53 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i>.</p>

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		3. No	
Activity 9: Enhance Infectious Disease Preparedness and Surge Response			
160	The HCC supports a coordinated response to infectious disease surge events.	RB: 1. Yes 2. In-progress 3. No	For details on providing infectious disease preparedness and surge response, please see page 53 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i> .
161	The HCC, in collaboration with its members and jurisdictions, has expanded and improved existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all infectious disease emergencies.	RB: 1. Yes 2. In-progress 3. No	For details on infectious disease preparedness requirements, see page 54 of the FOA and page 13 of the supplemental FOA for territories and FAS.
162	The HCC includes health care associated infections (HAI) coordinators and quality improvement professionals at the health care facility and jurisdictional levels in all required activities.	RB: 1. Yes 2. In-progress 3. No	HAI coordinators must be included in planning, training, and exercising for infectious disease responses. Additional HCC roles in planning for and responding to infectious disease are included on page 54 of the FOA. For details on infectious disease preparedness requirements, see page 54 of the FOA and page 13 of the supplemental FOA for territories and FAS.
Activity 10: Distribute Medical Countermeasures during Medical Surge Response			
163	The HCC supports coordinated efforts to receive and dispense medical countermeasures (MCMs) to patients, responders, and employees and their households during a medical surge emergency.	RB: 1. Yes 2. In-progress 3. No	For guidance on establishing closed points of dispensing (PODs) and other elements of distributing MCMs during a medical surge response, please see page 54 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i> .
Activity 11: Manage Mass Fatalities			
164	The HCC supports coordinated management of mass fatalities during a medical surge emergency.	RB: 1. Yes 2. In-progress 3. No	For guidance on managing mass fatalities, please see pages 54-55 of the 2017-2022 <i>Health Care Preparedness and Response Capabilities</i> .
CPG Activity Assessment Questions			
165	Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	DD: 1. Not relevant 2. Limited importance	

Capability 4

		<p>3. Important 4. Highly important 5. Critical</p>	
166	The HCC has gaps in meeting this objective.	<p>Check which activity(ies) in which there are gaps, if any: CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2 <input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> Activity 6 <input type="checkbox"/> Activity 7 <input type="checkbox"/> Activity 8 <input type="checkbox"/> Activity 9 <input type="checkbox"/> Activity 10 <input type="checkbox"/> Activity 11 <input type="checkbox"/> None</p>	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).
167	Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	<p>CB: <input type="checkbox"/> Lack of personnel due to funding issues <input type="checkbox"/> Lack of personnel due to hiring issues <input type="checkbox"/> Lack of trained personnel <input type="checkbox"/> Lack of subject matter experts <input type="checkbox"/> Lack of plans/incomplete plans <input type="checkbox"/> Legal barriers <input type="checkbox"/> Administrative barriers <input type="checkbox"/> Issues with procurement/contracting process <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Lack of Information Technology (IT) systems <input type="checkbox"/> Lower priority Function <input type="checkbox"/> Lack of supporting infrastructure <input type="checkbox"/> Corrective actions and/or exercising is required <input type="checkbox"/> Other - please explain below</p>	
168	The HCC requires technical assistance to mitigate gaps in this objective.	<p>CB: <input type="checkbox"/> Activity 1 <input type="checkbox"/> Activity 2</p>	

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	<input type="checkbox"/> Activity 3 <input type="checkbox"/> Activity 4 <input type="checkbox"/> Activity 5 <input type="checkbox"/> Activity 6 <input type="checkbox"/> Activity 7 <input type="checkbox"/> Activity 8 <input type="checkbox"/> Activity 9 <input type="checkbox"/> Activity 10 <input type="checkbox"/> Activity 11 <input type="checkbox"/> N/A	
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Exercise Questions

Annual Coalition Surge Test

Each HCC must conduct an exercise using the HCC Surge Tool once annually to assess overall health care system response (low/no-notice exercise to test ability of HCCs to transition quickly into “disaster mode”).

Please note that this requirement applies to states, directly funded localities, Puerto Rico, and Guam. Coalition Surge Test information is located at the following link: <http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>.

The Coalition Surge Test must be completed annually.

Select the status of this test from the dropdown list. If completed or scheduled, please select the date from the date picker.

DD

1. Completed
2. Scheduled
3. Not scheduled

Date Picker

#	Performance Measure	Data Points
16 9	PM14 HCC core member organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	Enter total number of HCC core members participating by type: Hospital – DD EMS – DD EM – DD Public Health – DD
17 0	PM15 HCC core member organizations’ executives participating in Phase 2: After Action Review of the Coalition Surge Test	Enter total number of HCC core members with executives participating: Hospital – DD EMS – DD EM – DD Public Health – DD
17 1	PM16 Number of patients at the evacuating facilities that are identified as able to be: a) discharged safely to home or b) evacuated to receiving facilities during Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Enter total number of patients identified at evacuating facilities identified as being able to be discharged safely to home during a Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) - TB</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Enter total number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) – TB</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Enter total number of patients at all evacuating facilities at the beginning of the Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) – TB</div> <div style="padding-bottom: 5px;">Enter total number of staffed acute care beds in the coalition - TB</div>
17 2	PM17 Time [in minutes] for evacuating facilities in the HCC to report the total number of evacuating patients	Enter time in minutes for the last evacuating facility to report the total number of patients identified as able to be evacuated after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition’s total beds) - TB
17 3	PM18 Number of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes.	Enter total number of beds identified at all receiving facilities at the end of the exercise during a Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) – TB

Exercise Questions

17 4	PM19 Time [in minutes] for receiving facilities in the HCC to report the total number of beds available to receive patients.	Enter time in minutes for the last receiving facility to report the total number of beds available to receive patients after start of a Coalition Surge Test (or real world evacuation of at least 20% of coalition's total beds) - TB
17 5	PM20 Number of evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transport identified in 90 minutes .	Enter total number of patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (or real world evacuation of at least 20% of coalition's beds) - TB
17 6	PM21 Time [in minutes] for the HCCs to identify an appropriate mode of transport for the last evacuating patient.	Enter time in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds) - TB
FOR TERRITORY AND FREELY ASSOCIATED STATES HCCs ONLY Annual Hospital Surge Test		
The Awardees (American Samoa, Commonwealth of Northern Marianas, Federated States of Micronesia, Republic of Palau, Republic of the Marshall Islands, and U.S. Virgin Islands) must develop a surge scenario and use the Hospital Surge Test annually within hospitals, and include other partners (e.g., EMA, PH, EMS, etc.). Addressing gaps from risk assessments should be considered, as well as an evacuation component at least once during the project period. If FAA, U.S. Navy, or DOI plans an exercise during the project period, the islands should integrate.		
Hospital Surge Test information is located at the following link: http://www.phe.gov/preparedness/planning/hpp/surge/Pages/default.aspx		
The Hospital Surge Test must be completed annually by HCCs in US Territories and Freely Associated States ONLY.		DD 1. Completed 2. Scheduled 3. Not scheduled
Select the status of this test from the dropdown list. If completed or scheduled, please select the date from the date picker.		Date Picker
#	Performance Measure	Data Point
17 7	PM23 HCC core member organizations participating in the Command Center Tabletop and Emergency Department Tabletop of the Hospital Surge Test	Enter total number of HCC core members participating by type: Hospital - DD EMS - DD EM - DD Public Health - DD
17 8	PM24 HCC core member organizations' executives participating (in person or virtually) in the After Action Review of the Hospital Surge Test	Enter total number of HCC core members with executives participating: Hospital - DD EMS - DD EM - DD Public Health - DD
17 9	PM25	Number of empty staffed ICU beds - TB Number of ICU Patients (Red) Admitted from the ED - TB

Exercise Questions

	Number of ICU beds made available during the Hospital Surge Test	Number of ICU Patients (Red) Transferred Out or Discharged – TB
		Number of New ICU Treatment Spaces - TB
		Number of total (empty or occupied) staffed ICU beds – TB
180	PM26 Number of non-ICU beds made available during the Hospital Surge Test	Number of empty staffed non-ICU beds – TB
		Number of ICU Patients (Yellow) Admitted from the ED – TB
		Number of ICU Patients (Yellow) Transferred Out or Discharged – TB
		Number of New non-ICU Treatment Spaces - TB
		Number of total (empty or occupied) staffed (non-ICU) beds – TB
181	PM27 Emergency department beds made available during a Hospital Surge Test	Number of regular treatment beds in the main part of the ED at the end of the exercise – TB
		Number of regular treatment beds in the main part of the ED at the beginning of the exercise - TB
182	PM28 Number of patients with a bed identified in the emergency department during the Hospital Surge Test	Number of total regular treatment beds in the main part of the ED at the end of the exercise – TB
		Number of total emergent (Red) and urgent (Yellow) patients at the end of the exercise - TB
Redundant Communications Drill		
Each HCC must conduct a redundant communication drill twice during each budget period to test the effectiveness of redundant forms of communication (e.g., Bed/Resource Tracking Systems, Amateur and Commercial Radio, Satellite Phones, etc.). This applies to all 62 awardees.		
#	Performance Measure	Data Point
183	PM12 HCCs that have drilled their redundant communications plans and systems and platforms at least once every six months	The HCC has drilled their redundant communications plans, systems, and platforms at least once every six months (twice yearly). Drill #1: What is the status of this drill? DD 1. Completed 2. Scheduled 3. Not scheduled If completed or scheduled, select the date: Date Picker
		Drill #2: What is the status of this drill? DD 1. Completed 2. Scheduled 3. Not scheduled If completed or scheduled, select the date: Date Picker
184	PM13 HCC member organizations that responded during a redundant communications drill by system and platform type used	Primary communication system used by the HCC during the drill and number of core and additional member organizations responding. DD Select primary communication system used: <ul style="list-style-type: none"> Telephone (landline, fax, Government Emergency Telecommunications Service) Internet (cable, fiber-optic, VOIP) Radio (Land Mobile Radio system, amateur, two-way) Cellular (text, calls, data, pager, Wireless Priority Service)

Exercise Questions

- Satellite (phone, data)

TB: Total number of core member organizations responding

TB: Total number of additional member organizations responding

Backup communication system used by the HCC during the drill and number of core and additional member organizations responding.

CB

Select all that apply and input number of member organizations responding:

- Telephone (landline, fax, Government Emergency Telecommunications Service)
- Internet (cable, fiber-optic, VOIP)
- Radio (Land Mobile Radio system, amateur, two-way)
- Cellular (text, calls, data, pager, Wireless Priority Service)
- Satellite (phone, data)

TB: Total number of core member organizations responding

TB: Total number of additional member organizations responding

HPP-PHEP-EMA Joint Exercise

Each HCC, as part of a coordinated statewide effort, must participate in a Joint Statewide Exercise by the end of the five-year project period that meets HPP and PHEP requirements and involves HPP/HCCs, PHEP, and emergency management agency/organization partners. The exercise must be a standalone functional or full scale joint exercise involving Health Care Coalitions, Public Health Emergency Programs, and jurisdictional Emergency Management Agencies/Organizations that covers any event type.

Exercise must:

- Must include state emergency management engagement, and participation from all HCCs within the awardee jurisdiction, including their hospitals, public health agencies, emergency management organizations, emergency medical services, and other HCC members.
- Must test progress toward meeting the 2017 -2022 Health Care Preparedness and Response Capabilities, including HCC communication systems, information sharing, and resource visibility and sharing
- If the joint exercise scenario involved public health points of dispensing (POD) operations, healthcare entities should exercise their closed POD plans (request, receive, deliver, distribute). If the joint exercise does not include a relevant scenario for PODs, a separate exercise for closed PODs is not required.
- Provides an opportunity to plan for and test other HCC identified operational gaps.

This applies to states, directly funded localities, and Puerto Rico. This is optional for American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, Republic of the Marshall Islands, and U.S. Virgin Islands, who may focus exercise on any event type and may test the jurisdiction's Zika response plan to fulfill this requirement. A real incident/event will be considered.

Exercise Questions

18 5	<p>This exercise must be completed by the end of the five-year project period.</p> <p>Select the status of this exercise from the dropdown list. If completed or scheduled, please select the date from the date picker.</p>	<p>This exercise must be completed by the end of the five-year project period. What is the status of this drill?</p> <p>DD</p> <ol style="list-style-type: none">1. Completed2. Scheduled3. Not scheduled <p><u>Date Picker</u></p>
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