

# Health Care Coalition Preparedness Plan

Both the [2017-2022 Health Care Preparedness and Response Capabilities](#) and [HPP-PHEP Cooperative Agreement Funding Opportunity Announcement \(FOA\)](#) require Health Care Coalitions (HCCs) to develop a preparedness plan. This template provides general headers and descriptions for a sample HCC Preparedness Plan Template. The resources used to develop this template include sample HCC plans and the [Health Care Preparedness and Response Capabilities](#). This document is organized as such:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability if available (shown as: capability.objective.activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may provide guidance or a template for HCCs to assist in their planning efforts. There is no guarantee the resource(s) listed will fully comply with the capability. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the [Health Care Preparedness and Response Capabilities](#) (Capability 1, Objective 3), “the HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the 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. The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response and recovery 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, 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]).”

**NOTE TO COALITIONS:** Jurisdictions are not required to use this template nor do they need to follow this exact format. There are many acceptable planning methods and ways to organize planning documents developed by HCCs. Some coalitions may determine that they prefer to not have a single “preparedness plan” but rather, independent documents that work together to form a combination of strategic governance and coalition management/ operations documents. We hope that this template can assist with helping to develop those individual documents. We encourage you to utilize this template as it applies to your coalition/ jurisdictional partners and to promote operational planning. The focus of this template is to facilitate the growth of operational capabilities of coalitions. While every coalition will likely have different uses for this template, we hope that the elements we have included are considered and included in the development of your overall preparedness documents.

ASPR TRACIE also developed an accompanying [Response Plan Template](#) and other [resources that are helpful for HCCs](#). For more information, visit <https://asprtracie.hhs.gov> or contact our Assistance Center at 1-844-5-TRACIE or [askasprtracie@hhs.gov](mailto:askasprtracie@hhs.gov).

# 1. Introduction

**Note:** For coalitions using a preparedness plan consisting of multiple documents, consider including an Administrative Procedures section in each of your documents to provide the purpose and scope of the document and timeline/process for review.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
<p><b>1.1 Purpose of Plan</b></p>	<p>N/A</p>	<p>An HCC preparedness plan should document the organization and process of the Coalition and how it prioritizes and works collectively to develop and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery.</p>	<p><a href="#">ASPR TRACIE Coalition Administration/ Bylaws Topic Collection</a></p> <p><a href="#">ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection</a></p> <p><a href="#">Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan</a></p> <p><a href="#">Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD)</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
1.2 Scope	N/A	This section should include the timeframe covered by the plan, define the involved coalition and jurisdictions, and offer any necessary disclaimers about the plan — not superseding authorities of the participating entities, etc. It may also describe elements not addressed in the plan and refer the reader to the relevant organization document.	<a href="#">Eastern Virginia Healthcare Coalition Emergency Operations Guide</a>
1.3 Administrative Support	1.3 2.1.2	<p>HCC members should approve the initial plan and maintain involvement in regular reviews. Some HCCs may choose to obtain official approvals from core members and acknowledgement/secondary approvals from additional members. Following reviews, the HCC should update the plan as necessary after exercises and planned and real world incidents. The review should include identifying gaps in the preparedness plan and working with HCC members and external partners to define strategies to address the gaps.</p> <p>This section should include a schedule to review and update the preparedness plan, and staff and other support for the plan.</p>	<p><a href="#">Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)</a></p> <p><a href="#">FEMA Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0</a></p> <p><a href="#">Louisiana ESF-8 Health and Medical Preparedness and Response Coalition</a></p>

## 2. Coalition Overview

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
2.1 Introduction/ Role/Purpose of Coalition	N/A	This section should include the coalition’s documented mission/ vision/values, as developed.	<a href="#">ASPR TRACIE Coalitions Models and Functions Topic Collection</a>
2.2 Coalition Boundaries	1.1.1	The plan should define the HCC boundaries which should reflect daily health care delivery and referral patterns—including those established by corporate health systems—and organizations within a defined geographic region, such as independent organizations and federal health care facilities. Additionally, the HCC may consider boundaries based on defined catchment areas, such as regional EMS councils, trauma regions, accountable care organizations, emergency management regions, etc. Defined boundaries should encompass as much as possible more than one of each member type (e.g., hospitals, EMS) to enable coordination and enhance the HCC’s ability to share the load during an emergency. HCC boundaries may span several jurisdictional or political boundaries, and the HCC should coordinate with all ESF-8 lead agencies within its defined boundaries.	<a href="#">Central Florida Disaster Medical Coalition Strategic Plan 2016-2018</a> <a href="#">Emerald Coast Health Care Coalition Strategic Plan (FL)</a> <a href="#">Strategic Development for Building Operational Healthcare Coalitions (ASPR TRACIE Webinar)</a> <a href="#">Strategic Plan for 2015-2016 Northern Utah Healthcare Coalition</a> <a href="#">Southeast Minnesota Disaster Health Coalition, Our Coalition</a>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
<p><b>2.3 Coalition Members</b></p>	<p>1.1.2</p>	<p>This section should include a listing of HCC core and additional members (which may also include a list of who may be included in the HCC. HCC should include a diverse membership to ensure a successful whole community response. If segments of the community are unprepared or not engaged, there is greater risk that the health care delivery system will be overwhelmed. As such, the HCC should liaise with the broader response community on a regular basis. The list is recreated below, delineating core and additional HCC members. For larger coalitions, a full listing of members may be deferred to an appendix.</p> <p>Core HCC members should include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>• Hospitals (2 acute care)</li> <li>• EMS (including inter-facility and other non-EMS patient transport systems)</li> <li>• Emergency management organizations</li> <li>• Public health agencies</li> </ul> <p>Additional HCC members may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Behavioral health services and organizations</li> <li>• Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)</li> <li>• Dialysis centers and regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</li> <li>• Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)</li> <li>• Home health agencies (including home and community-based services)</li> <li>• Infrastructure companies (e.g., utility and communication companies)</li> <li>• Jurisdictional partners, including cities, counties, and tribes</li> </ul>	<p><a href="#">Southeast Minnesota Disaster Health Coalition, Our Partners</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<ul style="list-style-type: none"> <li>• Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)</li> <li>• Local public safety agencies (e.g., law enforcement and fire services)</li> <li>• Medical and device manufacturers and distributors</li> <li>• Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)</li> <li>• Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)</li> <li>• Primary care providers, including pediatric and women’s health care providers</li> <li>• Schools and universities, including academic medical centers</li> <li>• Skilled nursing, nursing, and long-term care facilities</li> <li>• Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)</li> <li>• Other (e.g., child care services, dental clinics, social work services, faith-based organizations)</li> <li>• Medical examiners/ coroners and funeral homes</li> <li>• Agency/facility public information specialists</li> </ul> <p>Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers) should ideally be HCC members within their geographic boundaries. They may also serve as referral centers to other HCCs where that specialty care does not exist. In such cases, referral centers’</p>	



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<p>support of HCC planning, exercises, and response activities can be mutually beneficial and their liaison role should be documented.</p> <p>Some HCCs may choose to tier the additional members by membership level/type since some may be part of another coalition.</p>	
<p><b>2.4 Organizational Structure/ Governance</b></p>	<p>1.1.3</p>	<p>This section can include a link or reference to separate by-laws or governance document, if applicable.</p> <p>The HCC should define and implement a structure and processes to execute activities related to health care readiness and coordination. The elements of governance include organizational structures, roles and responsibilities, mechanisms to develop priorities, provide guidance and direction, funding management, and processes to ensure integration of planning and exercises with the ESF-8 lead agency (local and state). The HCC should specify how structure, processes, and policies may be developed and be implemented during preparedness (steady-state) activities. HCC members should utilize these elements and be part of regular reviews.</p> <p>The HCC should document the following information related to its governance:</p> <ul style="list-style-type: none"> <li>• HCC membership</li> <li>• An organizational structure to support HCC activities, including executive and general committees, election or appointment processes, and any necessary administrative rules and operational functions (e.g., bylaws, decision-making)</li> <li>• Member guidelines for participation and engagement that consider each member and region's geography, resources, and other factors</li> </ul>	<p><a href="#">ASPR TRACIE Coalition Administration/ Bylaws Topic Collection</a></p> <p><a href="#">ASPR TRACIE Coalition Leadership Development Topic Collection</a></p> <p><a href="#">ASPR TRACIE Coalitions Models and Functions Topic Collection</a></p> <p><a href="#">Disaster Healthcare Partners Coalition Governance Document (County of Santa Barbara, CA)</a></p> <p><a href="#">Eastern Virginia Healthcare Coalition Charter-Bylaws</a></p>





Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<ul style="list-style-type: none"> <li>• Policies and procedures, including processes for making changes, orders of succession, and delegations of authority</li> <li>• HCC integration within existing state, local, and member-specific incident management structures and specified roles—such as a primary point of contact who serves as the liaison to the ESF-8 lead agency and EOCs during an emergency</li> <li>• Development and use of mutual aid agreements and memorandums of agreement</li> </ul>	<p><a href="#">Framework for Development of Healthcare Preparedness Coalitions (Maryland Department of Health and Mental Hygiene)</a></p> <p><a href="#">Healthcare Coalition Charter Template (Kansas Department of Health and Environment)</a></p> <p><a href="#">Healthcare Coalitions: An Emergency Preparedness Framework for Non-Urban Regions (Missouri Hospital Association)</a></p> <p><a href="#">Memorandum of Understanding: Hospital/Health System Facility Emergency Mutual Aid (NW Oregon Health Preparedness Organization Region 1)</a></p> <p><a href="#">MOU for Hospitals in the District of Columbia (DC Emergency Healthcare Coalition)</a></p>

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
<p><b>2.4.1 Role of Leadership within Member Organizations</b></p>	<p>1.5.2</p>	<p>This section includes general expectations of members. Should also include commitment of leadership from member organizations to participate in the HCC (leadership should be defined by the coalition/member).</p> <p>Health care executives should formally endorse their organization’s participation in an HCC. This can take the form of letters of support, memoranda of understanding, or other agreements. Health care executives should be engaged in their facilities’ response plans and provide input, acknowledgement, and approval regarding HCC strategic and operational planning.</p>	<p><a href="#">San Luis Obispo County Healthcare Coalition Memorandum of Understanding (CA)</a></p> <p><a href="#">Sonoma County Healthcare Coalition Governance (CA)</a></p> <p><a href="#">Utah Basin Regional Healthcare Preparedness Coalition: Inter-Healthcare Provider Master Mutual Aid Agreement (UT)</a></p>
<p><b>2.5 Risk</b></p>	<p>1.2.1</p>	<p>This section should briefly summarize results of a common hazard vulnerability analysis (HVA)/ Threat and Hazard Identification and Risk Assessment (THIRA) with key risks of concern to the coalition members. A link or copy of the HVA should be provided if available in the appendices. A Resource Vulnerability Analysis (RVA) may be used to assess potential gaps in response systems and resources.</p> <p>A healthcare system HVA is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system’s ability to provide these services. This annual assessment may also include estimates of potential injured or ill survivors, fatalities, and post-emergency community needs based on the identified risks. Health care coalitions should also participate in jurisdictional THIRA</p>	<p><a href="#">ASPR TRACIE Evaluation of HVA Tools</a></p> <p><a href="#">ASPR TRACIE Hazard Vulnerability/Risk Assessment Topic Collection</a></p> <p><a href="#">ASPR TRACIE Health Care Coalition Resource and Gap Analysis Tool</a></p> <p><a href="#">ASPR Rapid Infrastructure Assessment Tool (to be developed)</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<p>The HCC should define, identify, and prioritize risks, in collaboration with the ESF-8 lead agency, by conducting assessments or using and modifying data from existing assessments for health care readiness purposes. These assessments can help 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.</p>	<p><a href="#">ASPR Resource Vulnerability Assessment</a></p> <p><a href="#">DC Emergency Healthcare Coalition Enhanced Hazard Vulnerability Analysis</a></p> <p><a href="#">Appendix F: Step 5 of Enhanced HVA for DC Emergency Healthcare Coalition (Washington, DC)</a></p> <p><a href="#">Midlands Regional Hazard Vulnerability Assessment (SC)</a></p>
<p><b>2.6 Gaps</b></p>	<p>1.2.2</p>	<p>A comparison between available resources (plans and assets) and current risks will identify gaps and help prioritize HCC activities. Gaps may include a lack of, or inadequate, plans or procedures, staff, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. Just as the resource assessment will be different for different member types, so will efforts to prioritize identified gaps.</p> <p>This section should describe the process the coalition will use to identify and agree on appropriate preparedness thresholds as applicable as well as coalition priorities for planning or exercise efforts.</p>	<p><a href="#">ASPR TRACIE Health Care Coalition Resource and Gap Analysis Tool</a></p> <p><a href="#">Central Florida Disaster Medical Coalition Strategic Plan 2016-2018</a></p> <p><a href="#">Emerald Coast Health Care Coalition Strategic Plan</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<p>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. Gaps may be addressed through coordination, planning, training, or resource acquisition. Ultimately, the HCC should focus its time and resource investments on closing those gaps that affect the care of acutely ill and injured patients.</p> <p>Certain response activities may require external support or intervention, as emergencies may exceed the preparedness thresholds the HCC, its members, and the community have deemed reasonable. Thus, during the prioritization process, planning to access and integrate external partners and resources (i.e., the local process for ESF-8 to request additional resources from federal, state, and/or local sources) is a key part of gap closure.</p> <p>This section should briefly summarize key gaps identified through a community or coalition-based process that will be prioritized for remediation. It should refer to the assessment of regional health care resources (see Capability 1, Objective 2, Activity 2) and should include specific needs with results from the HVA. The assessment of regional health care resources (e.g. beds, ventilators, PPE etc.) can be included as an appendix to the preparedness plan.</p>	<p><a href="#">Regional Coalition Tracking Reporting Tool</a> (Note: This resource is available in the ASPR TRACIE Information Exchange or contact ASPR TRACIE to receive a copy)</p> <p><a href="#">Strategic Plan for 2015-2016 Northern Utah Healthcare Coalition</a></p>
<p><b>2.7 Compliance Requirements/ Legal Authorities</b></p>	<p>1.2.5</p>	<p>This section should include how to address gaps identified in members' existing preparedness plans as required by the <a href="#">Centers for Medicare and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers</a> (CMS Emergency Preparedness Rule) and community requirements during the plan period (e.g. airport exercises, grant required exercises). This section may include a statement that the HCC is informed/governed by these legal authorities and a more detailed list can be included in the</p>	<p><a href="#">ASPR TRACIE CMS Emergency Preparedness Rule Resources</a></p> <p><a href="#">ASPR TRACIE Healthcare Related Disaster Legal/Regulatory/Federal Policy</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		<p>appendices or separate document. The HCC, in collaboration with the ESF-8 lead agency and state authorities, should assess and identify regulatory compliance requirements that are applicable to day-to-day operations and may affect planning for, responding to, and recovering from emergencies.</p> <p>HCCs may also choose to divide this section into two: the first focusing on the legal and regulatory requirements for preparedness, and the second focusing on the legal and regulatory requirements that may affect a response.</p> <p>The HCC should (see Capability 1, Objective 2, Activity 5 for more detail):</p> <ul style="list-style-type: none"> <li>• Understand federal, state, or local statutory, regulatory, or national accreditation requirements that impact emergency medical care.</li> <li>• Understand the process and information required to request necessary waivers and suspension of regulations.</li> <li>• Support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities.</li> <li>• Maintain awareness of standing contracts for resource support during emergencies.</li> </ul> <p>Document relevant state and local ordinances, statutes, and rules that may affect the coalition and its response as required including state and local emergency powers that may affect the coalition response.</p>	



### 3. Coalition Objectives

This section provides elements of consideration for HCCs when developing their coalition objectives. Documentation may look different across coalitions, for example some may have these elements as part of their objectives and others may provide additional information on how they will or are working with partners to address these areas. Per Capability 1, Objective 3, strategic and operational priorities for the HCC and each member discipline should be based on risk and gap information. Elements for consideration include:

- Define the priorities for the plan and how they address gaps (focus on how the strategies promote communications, information sharing, resource coordination, and operational response).
- Short-term and long-term objectives that support the priorities- these can be supporting objectives associated with each overarching coalition objective.
- Support for the objectives (e.g., staffing and material, financial).
- Foster effective information sharing with HCC members and timely and effective messaging to the public.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
<p><b>3.1 Maintenance and Sustainability of HCC</b></p>	<p>1.5</p>	<p>This section should address the following:</p> <ul style="list-style-type: none"> <li>• Promote the value of health care and medical readiness (Capability 1, Objective 5, Activity 1) - The HCC, with support from its health care organization members, should be able to articulate its mission, including its role in community preparedness and how that provides benefit (both direct and indirect) to the region. The HCC has a duty to plan for a full range of emergencies and both planned and unplanned events that could affect its community. It is essential that the HCC has leaders who can serve as primary points of contact to promote preparedness and response needs to community leaders. Additionally, members have a shared responsibility to ensure the HCC has visibility into their activities in the region.</li> <li>• Promote sustainability of HCC (Capability 1, Objective 5, Activity 5) - There are a variety of ways to promote greater community effectiveness and organizational and financial sustainability. Full investment in readiness includes in-kind donation of time, resources, financial support (e.g., donations fees etc.), and continued engagement with HCC members and the community. Financial strategies, including cost- sharing techniques and other funding options, enhance stability and sustainment.</li> <li>• Sharing leading practices and lessons learned (Capability 1, Objective 4, Activity 6) - The HCC should coordinate with its members, government partners, and other HCCs to share leading practices and lessons learned. Sharing information between HCCs will improve cross-HCC coordination during an emergency and will help further improve coordination efforts.</li> </ul>	<p><a href="#">ASPR TRACIE Coalition Business Case Topic Collection</a></p> <p><a href="#">Central Florida Disaster Medical Coalition Strategic Plan 2016-2018</a></p> <p><a href="#">Emerald Coast Health Care Coalition Strategic Plan (FL)</a></p> <p><a href="#">Strategic Plan for 2015-2016 Northern Utah Healthcare Coalition</a></p>



Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	
<b>3.2 Engagement of Partners and Stakeholders</b>	1.5	This section should address the strategy or structure for engaging executives, clinicians, leaders, etc. if it exists currently in the governance and coalition structure section.	<a href="#">ASPR TRACIE Access and Functional Needs Topic Collection</a>
<b>3.2.1 Health Care Executives</b>	1.5.2	This section should address how the HCC has engaged and continues to engage health care executives. HCCs should communicate the direct and indirect benefits of HCC membership to health care executives to advance their engagement in preparedness and response. Executives can promote buy-in across all facility and organization types, clinical departments, and non-clinical support services. The benefits of HCC participation are not limited to emergency preparedness and response.	<a href="#">ASPR TRACIE Coalition Leadership Development Topic Collection</a>  <a href="#">Identifying and Engaging Community Partners (Healthy People 2010 Toolkit)</a>
<b>3.2.2 Clinicians</b>	1.5.3	This section should address how the HCC has engaged and continues to engage health care delivery system clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning. Clinicians from a wide range of specialties should be included in HCC activities on a regular basis to validate medical surge plans and to provide subject matter expertise to ensure realistic training and exercises. Clinicians with relevant expertise should lead health care provider training for assessing and treating various types of illnesses and injuries. Clinicians should be engaged in strategic and operational planning, contribute to committees and advisory boards, and participate in training and education sessions. Additional engagement can include active participation in planning, exercises, and response activities.	<a href="#">Southeast Minnesota Disaster Health Coalition, <i>Our Partners</i></a>





Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
<b>3.2.3 Community Leaders</b>	1.5.4	This section should address how the HCC has engaged and continues to engage community leaders. There are a variety of ways to promote greater community effectiveness and organizational and financial sustainability. Full investment in readiness includes in-kind donation of time, resources, financial support (e.g., fees donations etc.), and continued engagement with HCC members and the community. Financial strategies, including cost-sharing techniques and other funding options, enhance stability and sustainment.	
<b>3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs</b>	1.2.4	This section should address how the HCC and its members have conducted inclusive planning for the whole community with agencies representing children; pregnant women; seniors; individuals with access and functional needs, such as people with disabilities; individuals with pre-existing, serious behavioral health conditions; and others with unique needs. These individuals may require additional assistance before, during, and after an emergency.	



### 4. Workplan

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
<p><b>4.1 Roles and Responsibilities</b></p>	<p>1.1 1.3 1.4</p>	<p>This section should focus on roles and responsibilities of the HCC and members for executing the preparedness plan. It should document primary and supporting roles, proposed outputs, and timelines. Should include for example:</p> <ul style="list-style-type: none"> <li>• Policy development and process</li> <li>• Role and responsibilities of committees/work groups in developing response plans policies and procedures</li> <li>• Educational material development and educational presentation/ evaluation</li> <li>• Materials research and acquisition as applicable</li> <li>• Evaluate exercises and responses to emergencies</li> </ul>	<p><a href="#">ASPR TRACIE Coalitions Models and Functions Topic Collection</a></p> <p><a href="#">ASPR TRACIE Exercise Program Topic Collection</a></p> <p><a href="#">Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD)</a></p> <p><a href="#">Eastern Virginia Healthcare Coalition Emergency Operations Guide</a></p> <p><a href="#">Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan</a></p> <p><a href="#">Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)</a></p> <p><a href="#">Strategic Plan for 2015-2016 Northern Utah Healthcare Coalition</a></p>



## 5. Appendices

The appendices of the plan will be dependent on the needs of the HCC. Below are a few examples of types of appendices that an HCC may consider.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations
5.1 Detailed Information on HVA	1.2	Include copy of HVA or detailed summary, assessment of regional health care resources, and resource gaps and mitigation strategies.
5.2 Commitment to Participate	1.5.2	Signature page or similar of HCC members. Actions to be taken when participant participation wanes or ceases.
5.3 Program Plan and Budget	1.5.5	As part of sustainability efforts, the HCC should develop a financing structure, and document the funding models that support HCC activities; and determine ways to annually cost share (e.g., required exercises may be coordinated with public health agencies, emergency management organizations, and other organizations with similar requirements). Can also be expanded to include multiple sources and cost sharing requirements as needed.

# Appendix A: Health Care Coalition Preparedness Plan Outline Example

## 1. Introduction

- 1.1 Purpose
- 1.2 Scope
- 1.3 Administrative Support

## 2. Coalition Overview

- 2.1 Introduction/Role/Purpose of Coalition
- 2.2 Coalition Boundaries
- 2.3 Coalition Members
- 2.4 Organizational Structure/ Governance
  - 2.4.1 Role of Leadership within Member Organizations
- 2.5 Risk
- 2.6 Gaps
- 2.7 Compliance Requirements/ Legal Authorities

## 3. Coalition Objectives

- 3.1 Maintenance and Sustainability
- 3.2 Engagement of Partners and Stakeholders
  - 3.2.1 Health Care Executives
  - 3.2.2 Clinicians
  - 3.2.3 Community Leaders
  - 3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs

## 4. Workplan

- 4.1 Roles and Responsibilities

## 5. Appendices

- 5.1 Detailed Information on HVA
- 5.2 Commitment to Participate
- 5.3 Program Plan and Budget

## Appendix B: Resources

### ASPR TRACIE Developed Resources:

- [Access and Functional Needs Topic Collection](#)
- [CMS Emergency Preparedness Rule Resources](#)
- [Coalition Administration/ Bylaws Topic Collection](#)
- [Coalitions Models and Functions Topic Collection](#)
- [Emergency Operations Plans/ Emergency Management Program Topic Collection](#)
- [Evaluation of HVA Tools](#)
- [Exercise Program Topic Collection](#)
- [Hazard Vulnerability/ Risk Assessment Topic Collection](#)
- [Healthcare Related Disaster Legal/ Regulatory/ Federal Policy Strategic Development for Building Operational Healthcare Coalitions](#)

### ASPR TRACIE Select Health Care Coalition Resources

Central Florida Healthcare Coalition. (2016). [Strategic Plan](#).

Central Main Regional Health Care Coalition. (2016). [All Hazards Emergency Operations Plan](#).

DC Emergency Healthcare Coalition. (2010). [Appendix C: MOU for Hospitals in the District of Columbia](#).

DC Emergency Healthcare Coalition. (2015). [Appendix F: Step 5 of Enhanced HVA for DC Emergency Healthcare Coalition](#).

DC Emergency Healthcare Coalition. (2014). [Emergency Operation Plan for the DC Emergency Healthcare Coalition](#).

DC Emergency Healthcare Coalition. (2015). [Enhanced Hazard Vulnerability Analysis \(HVA\)](#).

Delmarva Regional Healthcare Mutual Aid Group. (2015). [Emergency Operations Standard Operating Guidelines](#).

Eastern Virginia Healthcare Coalition. (2016). [Emergency Operations Guide](#).

Emerald Coast Health Care Coalition. (2016). [Strategic Plan](#).

Federal Emergency Management Agency. [Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide \(CPG\) 101, Version 2.0](#).

Healthy People 2010 Toolkit. (2010). [Identifying and Engaging Community Partners](#).

Kansas Department of Health and Environment. (2013). [Healthcare Coalition Charter Template](#).

Louisiana Hospital Association. (2013). [Louisiana ESF-8 Health and Medical Preparedness and Response Coalition](#).

Maryland Department of Health and Mental Hygiene. (2014). [Framework for Development of Healthcare Preparedness Coalitions](#).

Midlands Healthcare Coalition (SC). (2016). [Midlands Regional HVA 2016](#).

Northern Utah Healthcare Coalition. (2015). [Strategic Plan for 2015-2016 Northern Utah Healthcare Coalition](#).

NW Oregon Health Preparedness Organization Region 1. (2015). [Memorandum of Understanding: Hospital/Health System Facility Emergency Mutual Aid](#).

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