

Health Care Coalition Infectious Disease Surge Annex Template

Updated July 2026

The [FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity](#) (NOFO) requires Health Care Coalitions (HCCs) to perform specific core functions to include specialty care planning. The development of a complementary coalition-level **Infectious Disease Surge Annex** supplements the coalition's base medical surge/trauma mass casualty response plan to improve the capacity and capability of the HCC to manage special pathogen patients or a surge of infectious disease patients due to epidemic, pandemic, or bioterrorism situations.

This infectious disease-focused operational annex is meant to complement the HCC Response Plan. It is intended to be a high-level, incident-specific strategy that identifies the available experts and specialized resources that exist within or are external to an HCC. Each HCC member is encouraged to develop more detailed policies and procedures that support their individual operations; that level of detail is not necessary in this annex.

According to the [Health Care Preparedness and Response Capabilities for Health Care Coalitions](#) (published in 2016), "Both health care organizations and the HCC have roles in planning for and responding to infectious disease outbreaks that stress either the capacity and/or capability of the health care delivery system" (Capability 4, Objective 2, Activity 9). The FY 2024-2028 NOFO states that HCCs must develop or update their Special Pathogen Annex in coordination with relevant [Regional Emerging Special Pathogen Treatment Centers](#) (Level 1 RESPTCs), and planned activities should support regional concept of operations plans (CONOPS) or similar efforts.¹

This template provides general headers and descriptions needed to develop a sample HCC Infectious Disease Surge Annex. The resources used to develop this template include sample HCC plans, [Health Care Preparedness and Response Capabilities for Health Care Coalitions](#) guidance, and relevant information from the [National Special Pathogen System \(NSPS\) System of Care](#), which includes Level 1 RESPTCs and the [National Emerging Special Pathogens](#)

¹ Due to the specificity of the term Special Pathogen as used by the NSPS and to address the intent of the FY 2024-2028 NOFO, the annex template is titled "Infectious Disease" and incorporates multiple scenarios.

[Training and Education Center](#) (NETEC). The HCC should seek guidance and input from leaders of other systems of care (e.g., the trauma system) to ensure their plans are integrated with components of the NSPS.

As directed by Congress and supported by the U.S. Department of Health and Human Services (HHS)/Administration for Strategic Preparedness and Response (ASPR), the NETEC is a national resource that leads the NSPS. The NSPS System of Care is envisioned to be a tiered system of health care facilities, emergency medical services (EMS), and other medical transport systems. The NSPS tiered level of health care facilities is anchored by Level 1 RESPTCs, which provide definitive care and are a regional resource for special pathogen preparedness and response. Each HHS region has at least one Level 1 RESPTC supported by HHS/ASPR and assessed by NETEC to meet NSPS Level 1 RESPTC capability requirements. Other components of the NSPS (e.g., Level 2-4 facilities and medical transport) are in various stages of development.

Given their role and expertise as a regional resource for infectious diseases, health care coalitions should partner with their respective RESPTCs as they develop this annex.

This document is organized to include:

- Sample plan headings/subheadings.
- Description and considerations.
- A sample annex outline in [Appendix A](#).
- Considerations/key issues for each scenario type in [Appendix B](#).

During development of this annex, it is important to consider that health care organizations respond to emergency patient care needs daily and prepare for and respond to emerging threats that might simultaneously impact the public's health. The annex should align with existing local, regional, state, and multi-state Regional CONOPS for High Consequence Infectious Disease (HCID) patients and patient movement that supports the NSPS tiered hospitals and system of care.

The FY 2024-2028 NOFO states on page 81, "In addition to the usual information management and resource coordination functions, each specialty surge annex framework should be similarly formatted and emphasize the following core elements:

- Indicators/triggers and alerting/notifications of a specialty event.

- Initial coordination mechanism and information gathering to determine impact and specialty needs.
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources²).
- Access to subject matter experts (SMEs) – local, regional, and national.
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility).
- Relevant baseline or just-in-time training to support specialty care.
- Evaluation and exercise plan for the specialty function.”

The Infectious Disease HCC planning *must also*:

- Expand existing Ebola or pandemic plans to enhance preparedness and response for novel/high consequence infectious diseases.
- Develop coalition-level anthrax response plans.
- Develop coalition-level pandemic response plans.
- Develop plans to collaborate with RESPTCs and other partners to build capacity to conduct diagnostic and non-diagnostic clinical laboratory testing for novel/high consequence infectious diseases.
- Include health care-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills.
- Develop a continuous screening process for acute care patients and integrating information with electronic health records (EHRs) where possible in HCC member facilities and organizations.
- Coordinate visitor policies for infectious disease emergencies at HCC member facilities to ensure uniformity.
- Coordinate medical countermeasure (MCM) distribution and use by health care facilities for prophylaxis and acute patient treatment.

² Some resources are likely NOT located within the HCC but coordination with those entities will be required for a successful response.

- Develop and exercise plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available.

Prior to developing any emergency response plan, HCCs should work with jurisdictional emergency management to complete a new risk assessment and should conduct a hazard vulnerability assessment (HVA) for their state or jurisdiction. In addition, HCCs should also consider identifying incident-specific essential elements of information (EEI), integrating with state and local crisis standards of care (CSC) plans, assessing supply stockpiles of relevant acquisition, and understanding standards of reuse and extended use. Additional guidance on collaborative planning and the role of HCCs in disaster response can be found in the [Health Care Preparedness and Response Capabilities for Health Care Coalitions](#).

NOTE TO COALITIONS: Although jurisdictions are not required to use this template nor follow this format, the previously listed **core elements** must be included in the Infectious Disease Annex. There are many acceptable planning methods and document formats; HCCs are encouraged to use this template to promote consistent operational planning and formatting of the specialty annexes. Due to the low frequency of special pathogen incidents, it is appropriate for an HCC to identify via a crosswalk that these **core elements** are part of an already established local, state, or regional CONOPS plan to meet this requirement rather than creating a standalone annex. The process should begin in collaboration with Level 1 RESPTCs to ensure the HCC Infectious Disease Annex supports the regional CONOPS and the NSPS System of Care. The planning process also should be collaborative between other hospitals, community-based health care facilities, public health departments (particularly with local and state infection prevention teams), EMS and other medical transport organizations, emergency management agencies, and other community organizations to discuss, strategize, and plan for the level of care that can be provided and resources available during an infectious disease incident. This annex template is consistent with the ASPR TRACIE [Health Care Coalition Response Plan](#) format and supports a seamless planning process and facilitated response. The length and complexity of the annex should be directly proportional to the diversity of resources and members within the HCC.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on the [Health Care Coalitions Resource Page](#). ASPR TRACIE also developed the [Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#) and the [Infectious Disease Resource Page](#), which includes [Bioterrorism and High Consequence Biological Threats](#), [Influenza Epidemic/Pandemic](#), [Coronaviruses](#), [Ebola/VHF](#), and [Zika](#) Topic Collections.

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

Acknowledgements

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1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Infectious Disease Surge Annex will address and related HCC goals and objectives. Sample language: This annex provides guidance to support a coordinated health care response to a range of infectious disease incidents from one/several cases of a special pathogen to many cases during a bioterrorism incident, major epidemic, or pandemic. It is adjustable to ensure a tailored response to a variety of infectious agents where the number and severity of exposed or possibly exposed patients could challenge the capabilities of the region’s National Special Pathogen System (NSPS) components and HCC member facilities. It outlines specific incidents and response protocols necessary to properly plan for, manage, and care for patients during an infectious disease incident. This annex does not replace other HCC, state, county, or local emergency operations plans or procedures but rather builds upon existing plans to provide additional health response details. It also supports the regional CONOPS and other planning led by the RESPTC and/or public health departments. The annex does not replace the need to have separate infectious disease protocols, equipment, and training for each health care facility and EMS agency.	Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) Minnesota High Consequence Infectious Diseases (HCID) Disease Specifics PowerPoint North Georgia Health District Communicable Disease Exposure Control Plan Northwest Healthcare Response Network Infectious Disease Surge Annex

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	If an HCC chooses to crosswalk these requirements with an existing local, regional, or state infectious disease CONOPS, ensure all required core elements are referenced in the crosswalk. This annex should ensure that during an infectious disease emergency: • HCC members understand their roles and responsibilities for identifying, responding to, and caring for those affected. • Resources within the HCC and external to it are documented and HCC members understand the timeframe for resource activation and arrival. • Each health care facility and EMS agency has: • A plan to identify and isolate patients suspected or confirmed to have an infectious disease and inform relevant response partners, • Training in the use of PPE specific to the infectious disease, and • Proper training to address the safe care and treatment of infected patients, including those with potential special pathogen infection. • Sources of information regarding care and treatment plans for those impacted by an infectious disease are documented and readily available (e.g., job aids, access to technical experts).	
1.2 Scope	This section should be brief and include: • Timeframe covered by the plan. • Geographic area covered by the plan (refer to base plan). • NSPS health care facilities and special pathogen medical transport resources in the region, noting which HCC health care organizations are also established components of NSPS. The Level designation of the NSPS facilities (1-4) should also be noted.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	- Acknowledgement of National Emerging Special Pathogens Training & Education Center (NETEC) as a national resource. - Involved HCC and jurisdictional/regional partners (may refer to base plan but also include non-traditional HCC partners who may only support the HCC during an infectious disease emergency). - Definitions of key terms. - Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities), jurisdictional requirements, or acknowledgement of other dedicated community plans. This section may also describe elements not addressed in the plan and refer the reader to other relevant documents, considerations, or specialty annexes. This annex should also refer to any state infectious disease plan and/or interstate regional infectious diseases CONOPS and remain consistent with terminology/definitions. Note that FY 2024-2028 NOFO requirements include the expansion or development of several pathogen-specific plans, to include: - Expanding Ebola and pandemic plans to enhance preparedness and response for novel/high consequence infectious diseases (i.e., special pathogens), - Developing HCC-level anthrax response plans, and - Developing HCC-level pandemic response plans. This annex should refer to these and any other agent or scenario-specific infectious disease-related plans the HCC or state has developed.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.3 Overview/Background of HCC and Situation	This section should include a general overview of the HCC and the community relative to infectious disease resources, including: • Infectious disease and epidemiologic experts involved in planning • State Health Alert notification or other systems • State epidemiologic and laboratory support for testing • Demographics, including local at-risk groups (e.g., international visitors, health care workers, laboratory/research staff, communities most at risk for imported disease) • NSPS components that exist within the coalition’s geographic boundaries (e.g., NETEC assessed Level 1 RESPTCs, Level 2 SPTCs, Level 3 Assessment Centers) • Acknowledgement of NETEC as a national special pathogen resource that can be accessed if needs exceed regional expertise • Specialized EMS transport units/teams for infectious diseases • Major international airports with direct flights to and from areas of particular risk • Airports with runways long enough to land C-130/L-100 aircraft that can transport a Portable Biocontainment Unit (PBCU) • Alternate care site (ACS) plans • Baseline screening and reporting resources • Existing caches of response materials/supplies, including personal protective equipment (PPE), ventilators, and medical countermeasures (MCM) • Private sector assets	NETEC Category A Waste and Healthcare Facility Questions to Ask Your Waste Vendor NSPS System of Care

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	This section may also include information related to the impact of infectious disease incidents and the overarching HCC differences between the following planning scenarios (refer to Appendix B for key issues): • Pandemic • Bioterrorism incident (e.g., anthrax, plague) • Viral hemorrhagic fever (VHF) (e.g., Ebola, Marburg, Lassa), • Highly pathogenic respiratory viruses and other highly transmissible respiratory infections (e.g., MERS, SARS, avian influenza, measles)	
1.4 Assumptions	This section should outline key points and assumptions of the plan, noting that even though this is an HCC annex, individual facility-level and EMS preparedness is essential. The HCC will play a key role in advancing facility and regional preparedness. For example: • The situation will evolve rapidly. Maintaining understanding of the pathogen, infection prevention protocols, risk factors, and clinical care needs will directly impact patient outcomes and staff safety. • The response will likely be longer and require higher levels of complex coordination than other incidents HCC partners will face. This may include virtual coordination and intensive logistics planning. • Each incident requires a brief description of state public health powers, detailing when and why certain incidents may trigger a public health emergency or disaster declaration and others may not.	NETEC Category A Waste and Healthcare Facility Questions to Ask Your Waste Vendor NSPS System of Care

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	• The response may require collecting EEI (e.g., bed availability, intensive care unit availability, ventilator availability, current capacity.) relevant to an infectious disease; this section may refer to the coalition base plan. • There likely will be a need for the increased use of telemedicine/telehealth consultations. Plans should address how these needs will be met (e.g., technology requirements, equipment). • There is a potential need for ground and/or air specialized medical transportation capabilities to a higher level of care. • It may be necessary to establish ACS /Systems, depending on the infectious disease and scale of the incident. • Major public health emergencies will require federal Centers for Medicare & Medicaid Services (CMS) waivers, Food and Drug Administration (FDA)-issued Emergency Use Authorizations (EUA), and other authorities that may affect health care operations and HCC response options. • Public health agencies will be responsible for epidemiologic investigations, contact tracing, and issuing guidance related to population-based interventions, isolation, and quarantine orders according to state laws. This includes issuing guidance on infection prevention and control measures. • Staffing resources may be challenged by illness, fear, or family obligations (e.g., child/family care if schools are closed). • Health care workers are often at high risk; providing effective infection prevention measures and associated training is critical for workforce protection. • Families of patients and worried well may place a strain on the health care system through information-seeking about loved ones or concerns about exposure/illness. Exposed loved ones may pose a risk to health care workers and others in the community.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• There will be suspected and confirmed cases; all cases will require laboratory confirmation (unless authorities no longer require testing to meet the case definition). Testing requirements may strain local laboratory capacity or exceed testing capability and may delay case confirmation. Expectations should be managed and plans put in place to accommodate delayed results (i.e., care in place may be required until test results return). • Health care facilities and vendors may become overwhelmed with the management and disposal of biohazardous materials. HCCs should document plans and resources for handling and disposing of Category A biohazardous waste. • Supply chain and delivery issues will likely occur in major incidents and may impact clinical care, including testing and treatment, requiring guidelines for resource allocation. • The HCC should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets in accordance with jurisdictional public health and emergency management processes. This includes PPE, ventilators, and medical treatments (e.g., antitoxin for anthrax). • If vaccines or treatments are available, their allocation and distribution may involve significant logistics planning between public health and health care. • Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask wearing, contact tracing, vaccination, quarantine and/or isolation, restrictions on community-wide events, implementing hospital visitation policies) remain the primary methods for controlling and mitigating transmission. • Roles and responsibilities of agencies and organizations will change, depending on the severity/spread of the infectious disease incident. • The media will play an integral role in the response based on the information they are sharing and the intensity of the coverage.	

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	• Large-scale epidemics or pandemics may require the recruitment of volunteers, health care retirees, and trainees to support and relieve health care workers. • Community-based interventions may require significant public health effort (e.g., mask distribution, isolation housing, vaccination, prophylaxis). • Health concerns, difficult work environments, and stresses of community mitigation measures may lead to negative mental health issues for both responders and the public. • During some infectious disease incidents, individual health care facilities may face fatality management challenges that require support from other HCC members.	

2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Activation	This section should describe the annex activation process, including: • The indicators/triggers that would initiate the plan, including what role, if any, the HCC has when a suspect special pathogen case is identified vs. during an epidemic/pandemic with many cases. • Defining who would be contacted to initiate the coordination response and the mechanisms for doing so.	ASPR TRACIE HCC Influenza Pandemic Checklist

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.2 Notifications	This section should outline the alerting/notification strategies specific to an infectious disease incident or should otherwise refer to the base plan. It should assume initial notification may be from a variety of sources and consider in detail: - Who will be notified, by whom, when, and how (e.g., health alerts, notification of Level 1 RESPTC). - Information on specific communication systems and information management processes. - Notification/coordination strategies between the HCC and its member health care facilities, specialty facilities, EMS, and federal, state, local, tribal, or territorial health agencies. This may be divided according to the type of infectious disease incident (e.g., VHF case versus bioterrorism incident).	Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) NETEC Consulting Services North Georgia Health District Communicable Disease Exposure Control Plan Northwest Healthcare Response Network Infectious Disease Surge Annex NSPS System of Care
2.3 Roles and Responsibilities	This section should clearly identify and document the roles and responsibilities of HCC members during an infectious disease incident. This should include: - A brief overview of incident command, including the lead agency. This includes situations in which there is no jurisdictional emergency declaration (i.e., no Emergency Support Function-8 activation) such as response to a single or few confirmed or suspected cases of an infectious disease. - Ensuring plans align with existing local, regional, state, and multi-state regional CONOPS for special pathogen patient movement that support the NSPS tiered system. - Providing an overview of planned health care system response and coordination activities in relation to regional plans and partners (including the NSPS).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	- Identifying subject matter experts (including the Level 1 RESPTC and, if needed, NETEC) for infectious diseases, critical care, infection prevention and control, behavioral health, waste management, and other disciplines to inform response practices. - Developing a screening process for acute care patients and integrating screening with health care EHRs where possible. - Collaborating with Level 1 RESPTCs and the state for diagnostic and non-diagnostic clinical laboratory testing. - Establishing responsibility for patient movement, including distribution of complicated and critically ill patients, including designated EMS transport agencies for special pathogen patients and general critical care transportation. - Identifying a lead agency for MCM points of distribution, PPE distribution (if available), and ACS operations (if necessary). - Specifying the primary agency that will oversee risk communication during an infectious disease incident to ensure rapid public messaging (e.g., the need for isolation, quarantine, and infection control procedures). This section should note how some roles and responsibilities will change or will only be applicable during certain infectious disease incidents, such as a bioterrorism incident vs. VHF case.	
2.4 Operational Mission Areas. Appendix B includes key issues by scenario type that will assist HCCs with planning and developing this specialty annex.		

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4.1 Surveillance	This section should describe the HCC’s role in supporting the identification and reporting (e.g., identify, isolate, inform) of infectious disease cases and EEI and monitoring and evaluating response outcomes. This includes supporting a consistent patient screening process across health care facilities and EMS during outbreaks. Plans should consider the vital role of HCCs in strengthening partnerships between public health and health care delivery systems to ensure timely gathering of information, including electronic laboratory reporting, test ordering (e.g., standing orders), electronic death reporting, staff absenteeism monitoring, and syndromic surveillance as it relates to the submission of health care data to the public health agency.	ASPR TRACIE HCC Influenza Pandemic Checklist ASPR TRACIE Health Care Provider Shortages: Resources and Strategies for Meeting Demand Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) NETEC Identify, Isolate, Inform Tip Sheet
2.4.2 Safety and Infection Control and Prevention	This section should outline the role of the HCC in coordinating and circulating necessary safety and infection prevention and control measures during an infectious disease surge incident (i.e., limiting exposures and disease transmission/spread). HCCs should: • Ensure jurisdictional public health work with health care infection control and prevention staff to develop response plans. • Include relevant HCC members to inform management of individual cases and larger scale emerging infectious disease outbreaks (e.g., Level 1 RESPTC, major tertiary care center). • Plans should also consider:	NETEC Know Your PPE NIOSH Hierarchy of Controls Northwest Healthcare Response Network Infectious Disease Surge Annex Readiness in Real Life: Inside Bellevue’s No-Notice Drill

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Facility use of the National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls to inform workplace engineering and administrative controls and PPE usage as appropriate to the pathogen and transmission routes • Roles and resources for N95 respirator fit-testing • Guidelines for conservation and reuse or extended use of N95 respirators/powered air purifying respirators (PAPRs), if deemed appropriate during CSC related to PPE shortages • Support for PPE donning and doffing training and education. • Coordination of return-to-work post-illness or exposure policies for health care workers with the state and HCC partners • Promoting uniform HCC visitor and access control policies • Contingency plans for at-risk staff • Use of telehealth and phone triage lines • Use of dedicated care teams or spaces as required based on the scope of the incident • Supporting circulation of infection prevention recommendations and inter-facility dialogue on best practices during epidemic events	
2.4.3 Non- Pharmaceutical Interventions	This section should define how the HCC will promote consistent response strategies and joint policy coordination during an infectious disease incident (i.e., using multi-agency coordination mechanisms). This could include: • Public communication and promotion of personal protective actions • Disseminating recommendations for quarantine operations and isolation protocols	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Restrictions on facility visitors, including adapting to allow for continuation of critical services such as EMS handoffs, supply deliveries, off-site laboratory processing, and waste management while protecting the facility • Restrictions on mass gatherings and other social distancing measures	
2.4.4 Surge Staffing	This section should include strategies for increasing/maintaining staffing levels to ensure adequate personnel for extended operations during a response, including specialty staff. Plans should consider: • HCC leadership continuity plans • The need for specialized infectious disease response teams (as applicable), including recruitment, training, and use/allocation strategies • General staffing contingencies • Cross training of staff • Sharing agreements (e.g., shifting staff between HCC members or from other non-impacted facilities) • Policies and procedures for engaging volunteers and contract staff, including compensation policies and expedited credentialing, licensing, and onboarding • Engagement with specialists or subject matter experts (e.g., infectious disease, biocontainment), including through the NSPS System of Care • Effects of isolation/quarantine, return to work policies, and travel restrictions • Support services, including health care and non-health care staff required to support the care of patients (e.g., laboratories, waste management, food and dietary services, pharmacy, linen/laundry, and environmental services) This section may reference surge capacity plans from the HCC base plan.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)	This section should document the HCC-level infectious disease equipment and supply chain expectations of member health care facilities. Plans should include: - Disseminating PPE use guidance, including description of HCC and regional trainings and strategies for the consistent use of PPE. This may include ensuring guidance is consistent with that of the Level 1 RESPTC, or other public health authorities. - Defining baseline preparedness supply thresholds (e.g., from the DASH tool) for hospitals and EMS agencies in the coalition to ensure that, based on their size, each facility/agency has a reasonable starting amount of supplies on hand prior to any incident that may provide a critical buffer, but are sustainable for the facility to rotate or replace. - Determining whether collaborative or joint purchasing contracts are feasible and assessing whether members are overly reliant on a single supply vendor for commonly needed supplies. - Documenting HCC stockpiling considerations, shelf-life, storage conditions, vendor managed inventory, and the potential extended use or reuse of equipment based on prior lessons learned to overcome inventory management, supply chain, and delivery issues. - Listing current HCC and other PPE (including expiration dates) stockpiles as necessary (including working with the state to understand the status of Cities Readiness Initiative/SNS programs). - Documenting policies and training to request, receive, and distribute any stockpiled infectious disease specific assets (including PPE, respirators, medical treatments, MCMs, materials/supplies) in accord with jurisdictional public health and emergency management processes. Describe who gets what, when, and whether replenishment is expected. - Determining how information about PPE supplies will be shared across the HCC.	ASPR TRACIE Resources Clinical Resources for Emergency Shortages of Treatments and Supplies (CRESTS) CRESTS Topic Collection Partnering with the Healthcare Supply Chain During Disasters Cities Readiness Initiative Disaster Available Supplies in Hospitals (DASH) PPE Module Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – Appendix A NETEC Contingency and Crisis Capacities NETEC Know Your PPE

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4.6 Support Services	This section should describe health care and non-health care staff or material resources that would be required to support the care of those infected by or exposed to an infectious disease including VHF. Plans should consider support needs such as: • Respiratory care • Dialysis • Blood banks/blood product providers • Laboratory surge capacity • Waste and material management • Food and dietary • Pharmacy • Radiology • Environmental services • Medical devices (biomedical engineering) HCCs should work with their Level 1 RESPTC on recommendations for standardized patient care protocols and staffing for special pathogens patients.	APHL Packaging and Shipping Evaluation Tool ASPR TRACIE Exchange Issue 8: Supporting Hospital Surge—Meeting Patient and Staff Needs NETEC Basic Guidance for Category A Waste Management in Special Pathogen Isolation Northwest Healthcare Response Network Infectious Disease Surge Annex NETEC Lab Samples and Suspect Cases
2.4.6.1 Laboratory	This section should describe how HCCs will manage increased or specialized laboratory needs during an infectious disease incident. Plans should ensure:	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	- Members understand the role of public health laboratories during an infectious disease incident (e.g., what public health laboratories will do versus the hospital laboratories and timeline), including: - The process for submitting samples to public health laboratories. - The process for transporting samples to public health laboratories (e.g., Category A vs. Category B, courier vs. state employee vs. law enforcement). - Facility laboratories understand how they will handle basic clinical evaluation of suspect special pathogen cases such as VHF (e.g., point of care testing for electrolytes and other basic testing vs. transfer of samples to a laboratory with capability to safely run VHF specimens). - Members consider how a surge incident would impact routine lab processes, including submission and reporting and how lab processes may be augmented during surges. - Consideration of capacity to adequately handle laboratory needs, including HCC responsibility (e.g., staffing, supplies, policies).	
2.4.6.2 Waste Management, Decontamination	Plans should include/consider: - The timely and correct categorization of waste handling based on pathogen. - The need for large-scale disposal of contaminated waste (e.g., needles, contaminated PPE) from patient care operations, ACS locations, drive-through testing/vaccination sites, and MCM dispensing sites and any waste transport restrictions. - The need for just-in-time training on standard safety measures for waste disposal/management. - Use of disinfectants or decontamination materials, including guidance to health care facilities and transport organizations. - Relevant waste management protocols for EMS agencies in line with existing jurisdictional CONOPS (e.g., whether they can dispose of suspected or confirmed Category A waste at the hospital/RESPTC).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	- Containment needs (e.g., special receptacles, waste bins) for those pathogens that are Category A infectious agents. - Potentially list waste management supplies, equipment, and inactivation methods (e.g., PG II barrels, ASTM-compliant liner bags, validated autoclave or incinerator) maintained by HCC members to manage certain types of medical waste and/or to maintain a list of vendors approved to handle these types of waste. - Special transportation waste management protocol (e.g., state, local regulations). Jurisdictions may have limitations on the disposition or transportation of certain types of medical waste. - Relevant jurisdictional emergency management (or public health or Level 1 RESPTC) protocols.	
2.4.7 Patient Care/ Management	This section should describe the HCC role in developing and helping to implement/disseminate strategies to maintain patient care when the system is overwhelmed, to include triage guidance, assessing and managing resource needs across the health care system, and facilitating the review or development of allocation/triage guidelines (i.e., CSC). Plans should include: - A screening process (i.e., identify, isolate, inform) for acute care patients and integration of information with EHRs where possible in HCC member facilities and organizations. - Adaption of screening protocols when there are known/many cases in the community. Know what information is needed to support decision-making (e.g., patient history [including travel history], diagnostic data, lab/test results). Note how this information will be collected, documented, and shared when transferring to a higher level of care. - Resources available to support infectious disease surge operations such as: transport agencies, bed types, isolation rooms, identified or potential ACS locations, and equipment (e.g., ventilators, isolation transport/care units).	ASPR TRACIE Resources Crisis Standards of Care Topic Collection Disaster Available Supplies in Hospitals (DASH) PPE Module EMS Infectious Disease Playbook Fatality Management Topic Collection HCC Influenza Pandemic Checklist Hospital Surge Capacity and Immediate Bed Availability Topic Collection Mass Distribution and Dispensing/Administration of Medical Countermeasures Topic Collection

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	- HCC role in sharing clinical and operational protocols modified or developed based on lessons observed/best practices. This may include expert clinical groups (e.g., critical care, infectious disease, infection preventionists, palliative care) or expansion or changes in care delivery (e.g., ACS establishment and enhanced use of telemedicine). - How specialty consult would be initiated and maintained, including transfer to higher levels of care. Describe the role of the Level 1 RESPTC, NETEC, and other elements of the NSPS. - The use of Medical Operations Coordination Centers (MOCCs) or other means (e.g., memoranda of understanding) of load-balancing and distributing large volumes of patients or specialty patients within health care systems. - The ability to shift from conventional to contingency to crisis care and back as an infectious disease surge situation requires based on facility surge plans for infectious patients (e.g., cohorting) and changes to services provided.	Medical Operations Coordination Centers Toolkit 3rd Edition Patient Movement, MOCCs, and Tracking Topic Collection Pre-Hospital Mass Casualty Triage and Trauma Care Topic Collection CDC Recommended Postmortem Preparation of Human Remains Containing Ebola Virus CDC Safe Handling of Human Remains of VHF Patients in U.S. Hospitals and Mortuaries Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) NETEC Resources Decedent Management for VHF Patients Template EMS Procedural Guidelines for Special Pathogens
2.4.8 Medical Countermeasures	This section should provide an overview of the HCC member role in distribution/administration of MCMs during an infectious disease surge incident, including prophylaxis for bioterrorism incidents and vaccination activities during epidemics/pandemics. Specify the roles and responsibilities of public health and health systems. Plans should consider: - Strategies for coordinating MCM distribution and use by health care facilities for prophylaxis and acute patient treatment including use of health care-based points of distribution for employees/family members (i.e., closed points of distribution [PODs]). - Plans to request and distribute local, state, and federal MCM supplies. - Policies to request, receive, and distribute specific assets in accord with jurisdictional public health and emergency management processes.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.4.9 Community-based Testing	This section should describe the roles and responsibilities of HCC members related to community-based testing issues and decisions. Plans should consider how HCCs can support: • Implementing additional community testing, including the establishment of testing site(s) and determining responsible partners • Expanded testing needs • Testing results follow-up	• Identify, Isolate, Inform Tip Sheet • Infection Preventionist Job Action Sheet Joint Commission Standards for High Consequence Infectious Disease (HCID) Infection Control Resources
2.4.10 Patient Transport	Plans should include/consider: • Regional resources (including biocontainment units and other specialized resources) for ground and air transport of special pathogen patients. This includes resources that may be available through the Level 1 RESPTC and/or ASPR (e.g., PBCU). Note: Transport considerations for patients with suspected or confirmed VHF are complicated and require detailed planning. NETEC’s Biosafety Transport Consortium is a national resource that can be accessed to support planning. • Use of a MOCC or similar mechanism to coordinate load balancing of hospitals (i.e., moving patients from overwhelmed facilities to facilities with capacity) during an infectious disease surge incident. • Surge planning for EMS, to include increased capacity (more units) and capability (appropriate PPE and policies for personnel as well as increased capacity for infectious disease patient transport).	Northwest Healthcare Response Network Infectious Disease Surge Annex State of California Mutual Aid Region I Regional Emerging Infectious Disease Transportation Concept of Operations State of California Mutual Aid Region I Regional Emerging Infectious Disease Transportation Concept of Operations
2.4.11 Fatality Management	This section should describe the role of the HCC in helping to disseminate decedent handling guidance for infectious disease casualties to health care agencies and relevant partners and, as required, coordinate with the state and hospitals on local protocols and capacity management. Plans should:	The Joint Commission New and Revised Requirements for Infection Prevention and Control for Critical Access Hospitals and Hospitals

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Ensure awareness among HCC members of state processes for VHF cases (e.g., BioSeal systems, 3 HD mortuary bags) and mortuary resources for other epidemic situations. • (For VHF cases), consider resources and training for decedent management, including engagement of personnel/consultation with regional Level 1 RESPTC or NETEC due to the complexity. • (During a pandemic), consider fatality management resources (e.g., body bags, PPE) that may be available for distribution by and among HCC members and facility/community plans for establishing and managing a temporary morgue (if needed).	
2.5 Special Considerations		
2.5.1 Behavioral Health	This section should include considerations for access to a continuum of stepped-care mental/behavioral health services for patients, caregivers, and providers with emphasis on resilience-building, stress reduction, and counseling that includes telehealth options. During an infectious disease incident, education and reassurance regarding transmission, PPE use, and other aspects may help mitigate adverse impact. If supplies are limited requiring triage decisions or the potential for provider exposure/illness is high, moral distress may be severe. General behavioral health response issues should be addressed in the all-hazards HCC response plan.	ASPR TRACIE Resources • Mental/Behavioral Health (non-responders) Topic Collection • Disaster Behavioral Health Self Care for Healthcare Workers Modules • Responder Safety and Health Topic Collection National Center for PTSD Stress First Aid
2.5.2 At-Risk Populations	This section should include considerations specific to at-risk populations and people with special needs (e.g., communities most impacted by disasters, immunocompromised individuals, children, older adults, individuals with underlying physical and behavioral health conditions, individuals experiencing access to	ASPR TRACIE Resources • Populations with Access and Functional Needs Topic Collection

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	care issues, pregnant women). The information should ensure that HCC members account for at-risk persons during an infectious disease incident. Plans should consider: • Identifying specific populations at risk based on the pathogen (e.g., limited English proficiency in a specific at-risk group, pediatric populations, access and functional needs populations). • Targeted testing, care, isolation housing, vaccination, prophylaxis, or other interventions that may be needed to ensure access to services. • The need to support those groups with specific interventions to ensure access to appropriate services and care. • The need for resources (e.g., interpreters) to support provision of care. • Possible issues surrounding suddenly orphaned children and children separated from family (including visitation policies for hospitalized minors and EMS policies related to caregivers accompanying transported children). • How to care for/transport patients with physical limitations/disabilities, mobility challenges, or behavioral health conditions.	• Engaging Healthcare System Partners in Medical Surge Resource Page Pediatric Disaster Centers of Excellence WRAP-EM Pediatric Surge Playbook
2.5.3 Situational Awareness	This section should mainly refer to documentation of the HCC response plan. Specific special pathogen issues that may be worth addressing include: • Collecting incident-specific EEI (e.g., available ventilators) or disease surveillance data. • Tracking patient census and available scarce resources (e.g., ventilators, extracorporeal membrane oxygenation systems, bariatric equipment, neonatal isolettes, MCMs) and shifts to contingency or crisis care.	Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) Northwest Healthcare Response Network Situational Awareness Annex

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	Continuing awareness of epidemiologic and infection prevention information and communication to partners (including interface with state and regional Level 1 RESPTC).	
2.5.4 Communications	This section should mainly refer to the HCC response plan documentation. Risk communication with HCC partners and the public will be critical during an infectious disease incident. Specific infectious disease issues that may be worth addressing include: - Streamline communications efforts across the community to prevent the public from overwhelming HCC members by advising when and where to seek testing and/or care. - Ensure communications by multiple methods and tailored to specific communities. - Consider the best mechanism to clearly articulate specific guidance to the public on who may be at risk and what to do if they are exposed or are experiencing symptoms. - Ensure clear communication of available countermeasures and how they may be obtained (both internal and external).	ASPR TRACIE Topic Collections Communication Systems Information Sharing Risk Communications/ Emergency Public Information and Warning Social Media in Emergency Response
2.5.5 Jurisdictional-Specific Considerations	This section should outline specific jurisdictional/demographic/geographic based protocols that could impact response and recovery efforts. (e.g., population density, tribal policies, border issues, lack of available local resources/testing capability, distance to RESPTC).	ASPR TRACIE Rural Disaster Health Topic Collection
2.6 Training and Exercises	This section should address how to: Work with the RESPTC, state and local public health and EMS, and NSPS designated hospitals to support training and exercises within each HCC region to support state and regional CONOPS exercises in coordination with the Level 1 RESPTC for special pathogen cases. This may include	ASPR TRACIE Step-by-Step Guide to Implementing the Infectious Disease Surge Annex TTX Template

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	PPE donning and doffing, screening or identification of potential cases, and interfacility ground and air medical transport. • Support training and exercises to test SNS/MCM request and distribution, alternate care site operations, pandemic response (including CSC), community-based interventions, and establishment of community testing and MCM dispensing sites. • Support ongoing training on appropriate use of PPE and management of suspect special pathogen infections by healthcare facilities and EMS. • Engage infection prevention professionals in planning training and exercises/drills. • Consider a variety of infectious disease scenarios with differing levels of severity and impacts, including using templates developed by NETEC. • Align training and exercise plans with the regional Level 1 RESPTC and established plans.	Minnesota Multi-year Planning, Training, and Exercise Plan Template Minnesota Video Vignettes for Donning and Doffing NETEC Education and Training NETEC Exercise Templates West Virginia Hospital Association Be Smart, Take Part-Emerging Infectious Disease Preparedness and Response for Frontline Healthcare: Training Program
2.7 Deactivation and Recovery	This section should include considerations for deactivation of the regional response and continuity of recovery efforts, with attention to demobilization of ACS sites/systems, waste management, cache repletion, and reimbursement.	ASPR TRACIE Topic Collections • Continuity of Operations (COOP)/ Business Continuity Planning • Recovery Planning Northwest Healthcare Response Network Infectious Disease Surge Annex

3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Legal Authorities	This appendix should list or refer to applicable federal and state legal authorities/regulatory information specific or relevant to infectious disease outbreaks/pandemic response, public health emergencies, CSC /liability protections, mass fatality, non-pharmaceutical interventions, and related legal issues. This appendix may refer to the all-hazard HCC response plan. Interstate issues of staff licensure/sharing, patient transport, and use of volunteers or federal assets (e.g., National Disaster Medical System [NDMS], Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP], Medical Reserve Corps [MRC], Community Emergency Response Teams [CERT]) should also be addressed.	ASPR TRACIE Crisis Standards of Care Considerations: Legal/Regulatory ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy TC
3.2 Additional Resources/ References	This appendix lists applicable plans, tools, templates, and/or resources used to develop the infectious disease response annex.	California Emergency Medical Services Authority Incident Response Guide: Infectious Disease

Appendix A: Health Care Coalition Infectious Disease Annex Outline Example

Acknowledgements

1. Introduction

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

2. Concept of Operations

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

3. Appendices

3.1 Legal Authorities

3.2 Additional Resources/ References

Appendix B: Key Issues by Scenario Type

Bioterrorism

VHF/Ebola

Highly Pathogenic Respiratory Viruses/Other Highly Transmissible Infections

Pandemic

Appendix B: Key Issues by Scenario Type

This list supplements the considerations noted in [Section 2.4 Operational Mission Areas](#).

Bioterrorism

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

VHF/Ebola

- Recognition of case(s)/determination of potential impact
- Identify – isolate – inform
- Testing coordination (including packaging/transporting)
- Regional patient movement coordination (e.g., Level 1 RESPTC)
- PPE support/coordination
- Engineering and administrative controls for infection prevention
- Public health investigation/isolation/quarantine
- Public health laboratory testing capabilities and process
- NSPS tiered hospital coordination (Level 1, 2, 3, 4) treatment resources and roles
 - Surge capacity plan for multiple cases that exceed NSPS optimal capacity

- EMS transport mechanisms/teams/process, consideration to develop a just in time transport plan utilizing the best prepared and capable EMS agency to ensure the safety of patients and staff.
- Category A waste management and environmental protection of facilities
- Fatality Management

Highly Pathogenic Respiratory Viruses/Other Highly Transmissible Infections

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

Pandemic

- Recognition of case(s)/determination of potential impact
- Identify – isolate – inform
- Coalition vs. state coordination/interface (how do coalitions interface with state response to prevent duplication of effort/maintain coalition operations that may be different in different areas)
- Request for state/federal assets – PPE, ventilators, MCM/treatment, Federal Medical Station (FMS)
- State/federal declarations of disaster/public health emergency
- Regional patient movement coordination/MOCC role and “level loading” policies
- PPE use recommendations, support for fit-testing, supply/cache support role
- Supply Chain - potential issues and shortage recommendation coordination
- Public health - potential interventions and authorities
- Surge capacity (outpatient and inpatient, especially ICU)
- CSC – indicators and triggers (e.g., cancelling non-emergency surgery), roles and responsibilities, triage decision-making

- Testing strategy and roles/responsibilities
- MCM distribution – community and closed points of distribution (e.g., vaccine)
 - Vaccine prioritization guidance development (state)
- MCM distribution and use – health care
 - Pharmacy (e.g., distribution, receipt, handling, billing)
 - Clinical care
- Long-term care facility support
- Homecare agency support
- Alternate care sites/systems (potentially including ACS site(s) for countermeasure/treatment administration)
- Fatality management/mass fatalities