

ASPR TRACIE Technical Assistance Request

Requestor:

Requestor Phone:

Requestor Email:

Request Receipt Date (by ASPR TRACIE): 24 August 2015

Type of TA Request: Standard

Request:

ASPR TRACIE received a request for sample regional medical surge plans or templates.

Response:

Section I-III below include applicable excerpts from the ASPR TRACIE Hospital Surge Capacity and Immediate Bed Availability Topic Collection. The complete collection can be viewed [HERE](#). The [ASPR TRACIE Topic Collections](#) highlight key resources under specific health and medical preparedness topics. They contain resources that are vetted and recommended by expert practitioners and topic area contributors as part of the ASPR TRACIE Subject Matter Expert Cadre.

Section IV includes additional sample plans that are not part of the ASPR TRACIE Topic Collection, but may still be useful/ applicable.

Additional support that ASPR TRACIE can provide if you would like additional resources, sample plans, or have other questions include:

- Facilitate a meeting with an ASPR TRACIE Subject Matter Expert Cadre member that has specific expertise in this area.
- Solicit plans/ resources from other ASPR TRACIE users via the [Information Exchange](#) and/ or our distribution list.

I. Sample Plans and Templates

Please note we have attached all of these sample plans/ templates to our response email in case you do not have a login for the National Association of County & City Health Officials (NACCHO) Toolbox).

Richmond City Health District (Virginia). (2012). [Health and Medical Surge Plan](#). (Login required.) National Association of County & City Health Officials.

This plan can be used as an example by those looking to plan for post-disaster public health and medical surge response.

Southeastern District Health Department (Idaho). (2012). [Medical Surge Capacity Plan Annex](#). (Login required.) National Association of County & City Health Officials.

This plan can serve as an example for local health departments interested in establishing region-wide preparedness for a mass casualty or surge event.

Stanislaus County Health Department (California). (2010). [Medical Surge Plan Example](#). (Login required.) National Association of County & City Health Officials.

Focused on pandemic influenza, this plan includes several modeling tools and appendices on surge response, surge measures for healthcare facilities, implementing and monitoring surge response, and recovering from surge.

II. Checklists and other Useful Tools

Barbera, J.A. and Macintyre, A.G. (2009). [Medical Surge Capacity and Capability \(MSCC\): The Healthcare Coalition in Emergency Response and Recovery](#). Washington, DC: U.S. Department of Health and Human Services.

The authors wrote this guide as a companion piece to the MSCC handbook, providing tips for developing, implementing, and maintaining effective Healthcare Coalitions.

Florida Department of Health. (2012). [Hospital Mass Casualty Incident Planning Checklist](#). Florida Department of Health.

This checklist is rooted in the “whole community approach” and provides step-by-step guidance for those planning for significant increases in demand as a result of a critical incident.

Pennsylvania Department of Health. (2012). [Medical Surge Management Series](#). Harrisburg, PA: Pennsylvania Department of Health

This collection of PDF documents outlines Pennsylvania’s strategy for mass response, and includes information on alternate care sites and the delivery of healthcare with scarce resources.

Santa Clara County Public Health. (2008). [Hospital Surge Capacity Toolkit](#). National Association of County & City Health Officials.

The creators of this toolkit include information on providing medical surge capacity, tracking patients, and establishing alternate care sites. Each section of this toolkit is available in Microsoft Word and PDF format, allowing users to tailor it to their requirements. Users can download the files or order a CD-ROM containing the templates from the National Association of County and City Health Officials.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). [Hospital Surge Evaluation Tool](#). U.S. Department of Health and Human Services.

This tool can be used by hospital emergency planners, administrators, and other personnel to both assess and enhance their facility's surge plans. It includes evaluation tools specific to emergency department triage and hospital incident command.

III. Websites

The following websites are dedicated providing tools, links, guidance, and templates related to hospital surge capacity and immediate bed availability.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program: [Guidance, Reports and Research](#).

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Crisis Standards of Care Communities of Interest: [Immediate Bed Availability](#).

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, [Hospital Surge Model, Version 1.3](#). Sponsored by U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

IV. Additional Example Plans/ Templates

Region 9 Health Care Coalition (Washington). (2012). [Region 9 Health Care System Plan](#).

This healthcare coalition resource coordination plan describes the roles and functions of critical response partners (hospitals, local health jurisdictions, emergency medical services, law enforcement, county emergency managers, etc.), as well as information on how to initiate response with these partners.

Napa County Health and Human Services Agency (HHSA), Public Health Division (California). (2013). [HHSA Emergency Operations Plan- Appendix 6: Medical Surge Plan](#).

This plan focuses on enhancing the capacity of the Napa County healthcare system in a medical surge situation. For the purposes of this plan, “surge is defined as an overwhelming increase in the number of patients demanding healthcare needs within the county at a level above 110 – 125% of normal capacity, or an incident necessitating multi-casualty, multi-branch response as defined in the Napa County EMS Multi-Casualty Incident Management Plan.”