

# Surge Roadmap: *Strategies for Managing a Surge in COVID-19 Cases*



**Access the webinar recording here:**

**<https://attendee.gotowebinar.com/recording/1700367656049205264>**



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# Surge Roadmap: Overview



- The Federal Healthcare Resilience Working Group (HRWG) created ***Strategies for Managing a Surge in COVID-19 Cases***, also referred to as the **Surge Roadmap**, to provide guidance to the state, tribal, local, and territorial (STLT) jurisdictions on how to enhance their healthcare capabilities in response to a surge in COVID-19 cases.
- The Surge Roadmap concisely consolidates multiple resources related to:
  - Healthcare Workforce Staffing
  - PPE Preservation Implementation
  - Establishing a Medical Operations Coordination Cell (MOCC) and Alternate Care Site (ACS)
- Hosted on ASPR TRACIE: <https://files.asprtracie.hhs.gov/documents/strategies-for-managing-surge-roadmap-final.pdf>

# Surge Roadmap: Overview



**Step 1.** Enhance **healthcare workforce** to manage a **surge in healthcare provider demand and preserve personal protective equipment (PPE)**.

**Step 2.** Consider setting up the **Medical Operations Coordination Cell (MOCC)** at regional and state levels to ensure load-balancing across healthcare facilities **when healthcare demand exceeds the surge capacity** (e.g., consider monitoring daily inpatient ICU bed availability and defining ‘triggers’ and thresholds).

**Step 3.** Consider establishing an **Alternate Care Site (ACS)**, which may help alleviate health system stress caused by COVID-19 patient surge events.

<https://files.asprtracie.hhs.gov/documents/strategies-for-managing-surge-roadmap-final.pdf>

# Rural Healthcare Surge Readiness

- Health care entities in rural areas face significant and unique challenges related to COVID-19.
- The **Rural Healthcare Surge Readiness Web Portal** provides a collection of essential resources, tools, and trainings to prepare for and respond to surge events in rural settings.
  - Searchable by health care sector (pre-hospital, hospital, ambulatory, and long-term care) and role (executive, manager, and provider).
  - Also organized by topic area (e.g., behavioral health, telehealth, regulatory and policy, and workforce).
  - <https://www.ruralhealthinfo.org/healthcare-surge-readiness>
- **Podcast:** [Rural Health Resources Roundup: Rural Hospital Resources](#) - collaboration with the HRSA Office of Regional Operations.

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**Rural Healthcare Surge Readiness**

Access critical healthcare resources to prepare for and respond to COVID-19



Utilization: >23,800 web portal visits including every state in the U.S.

<https://www.ruralhealthinfo.org/healthcare-surge-readiness>

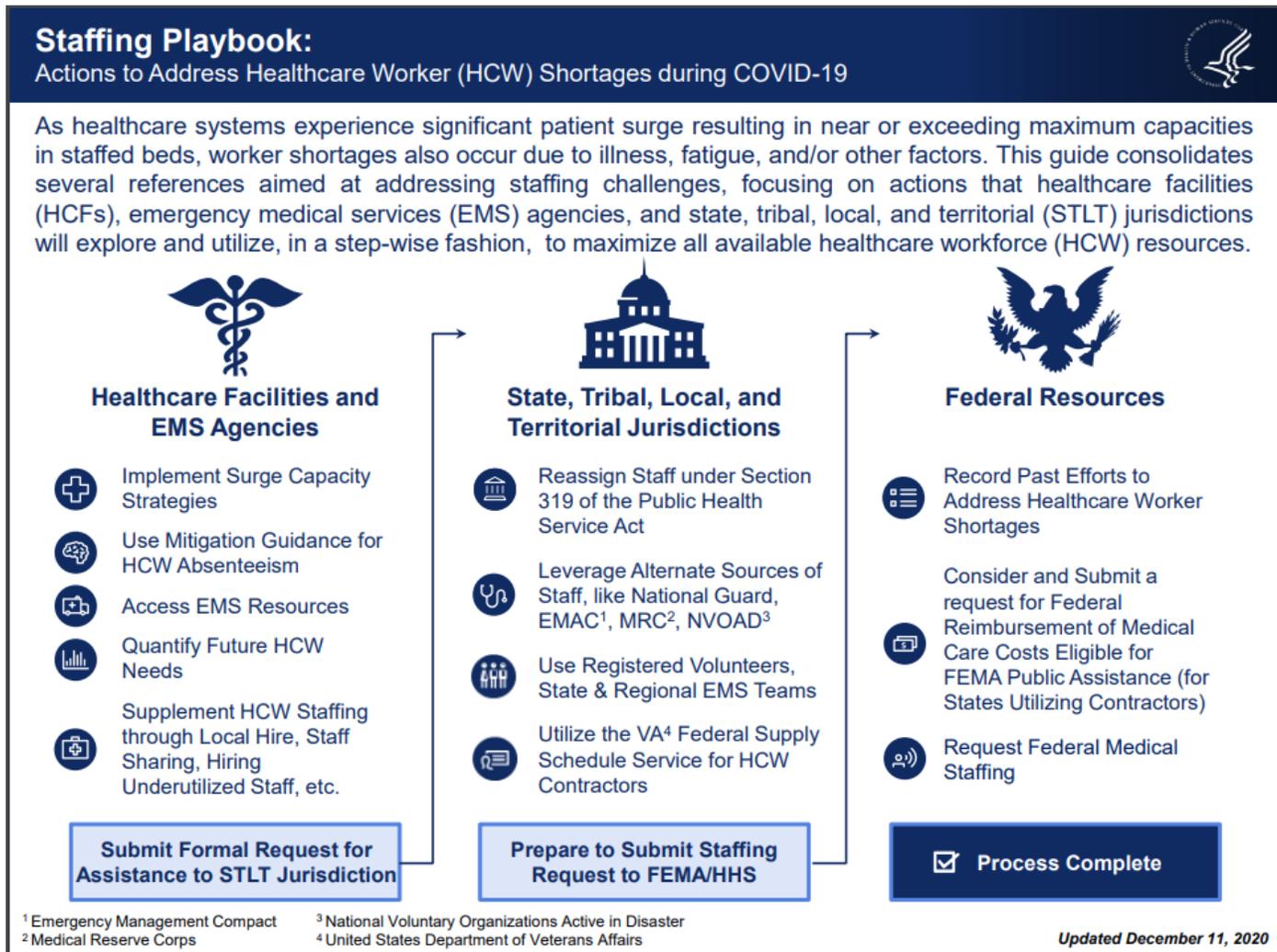
The banner features a background image of a combine harvester in a field. The text is overlaid on a dark blue background at the top and bottom of the banner.

Developed by the Rural Surge Readiness Team, COVID-19 Healthcare Resilience Working Group

# Healthcare Workforce Staffing



As healthcare systems experience significant patient surge resulting in near or exceeded maximum capacities in staffed beds, worker shortages also occur due to illness, fatigue, and/or other factors.



# Healthcare Workforce Staffing



## Step 1: Actions and Resources for HCFs and EMS Agencies

HCFs experiencing staffing shortages in the face of increasing patient surges have implemented contingency and crisis capacity strategies to mitigate staffing shortages

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

HCFs used mitigation guidance for HCW absenteeism due to HCW well-being issues

[Mitigate Absenteeism by Protecting Healthcare Workers' Psychological Health and Well-being during the COVID-19 Pandemic](#)

EMS organizations accessed resources

[NHTSA EMS.gov](#)

HCFs have quantified future HCW needs

1. [COVID-19 Health Workforce Surge Planning](#)
2. [Visier® Staff Demand Calculator for COVID-19 Surge Planning](#)
3. [COVID Staffing Project: COVID-19 Staffing Needs Calculator](#)

HCFs began supplementing HCW staffing through

- Local hiring;
- Health Care Coalition (HCC) staff sharing plans;
- Hiring furloughed or underutilized staff from other local providers

[Healthcare Resilience Working Group \(HRWG\) Strategies for Managing a Surge in Healthcare Provider Demand](#)

**NOTE:** This document contains references and web links to non-federal resources and materials. References are for factual purposes only and do not constitute an endorsement by the U.S. government or its employees.

## Step 2: Actions and Resources For STLT Jurisdictions

STLT has received HCFs' formal requests for assistance to address staffing shortages

[See State Resources](#)

STLT has considered reassigning staff under Section 319 of the Public Health Service Act allowing Governor, Tribal Leader or Designee to request temporary assignment of State and Local public health personnel to address public health emergency

[Guidance for Temporary Reassignment of State and Local Personnel during PHE](#)

STLT considered and leveraged National Guard to fill non-clinical positions at HCFs to assist in staffing shortfalls

STLT has utilized Emergency Management Assistance Compact (EMAC®) for other States to assist with staffing shortages

[EMAC® Website](#)

STLT has leveraged Medical Reserve Corps (MRC)

[MRC Website](#)

STLT has leveraged use of National Voluntary Organizations Active in Disaster (NVOAD) and other volunteer resources

[NVOAD Website](#)

STLT has leveraged state-registered healthcare provider volunteers

[ESAR-VHP Website](#)

STLT has leveraged use of State & Regional EMS Teams

[EMS Compact Website](#)

STLT has reviewed and utilized the Veterans Administrations (VA) Federal Supply Schedule Service (FSS) for seeking HCW contractors to fill staffing shortages

1. [VA Federal Supply Schedule Service](#)
2. [VA National Acquisition Center \(NAC\) Contract Catalog Search Tool \(CCST\)](#)
3. [GSA Federal Acquisition Service eLibrary](#)

## Step 3: Request for Federal Resources

STLTs prepared to submit a medical staffing request through FEMA/HHS regional leadership by first addressing the following:

- Decompressing hospitals;
- Cross leveling and augmenting staff;
- Expanding the use of telemedicine;
- Recalling retirees and activating MRC;
- Extending DOL Support
- Expanding delivery of care;
- Considering pre-hospital care;
- Eliciting support from NGA & Volunteers;
- Utilizing EMAC;
- Executing Contracts;
- Employing National Guard;
- Requesting Support from VA;
- Reassigning State & Local Personnel;
- Extending Support from HHS.

[FEMA Advisory](#)

States that have utilized HCW contractors have submitted a request for Federal reimbursement of medical costs eligible for FEMA public assistance, if applicable

[COVID-19: Medical Care Costs Eligible for Public Assistance \(FP 104-010-04\)](#)

STLTs request Federal Medical Staffing

[COVID-19: Medical Staffing Requests](#)

# Plan and Implement PPE Preservation



## **Always implement conventional strategies prior to contingency or crisis strategies!**

- Conventional capacity measures should be implemented as **standard** practice
- Contingency capacity practices are used temporarily during periods of **expected** PPE shortages
- Crisis capacity practices are considered during periods of **known** PPE shortages

Resources available:

- **PPE Preservation Best Practices Fact Sheet:**

<https://files.asprtracie.hhs.gov/documents/fema-fact-sheet-ppe-preservation-best-practices-update---14-july-2020.pdf>

- **PPE Preservation Planning Toolkit:** Dynamic tool to estimate PPE supply duration with preservation strategies

<https://files.asprtracie.hhs.gov/documents/ppepp-toolkit-fact-sheet-hrwg.pdf>



# Personal Protective Equipment (PPE) Preservation Strategies and Resource Request Process Guide

## Action Plan for Current or Anticipated COVID-19 PPE Shortages



For healthcare facilities (HCFs) and first-responder organizations (FROs), PPE is critical to prevent COVID-19 spread while providers perform life-saving activities. This is a concise guide for organizations to plan and to implement PPE preservation strategies, including information on ways to obtain new PPE supplies, either from commercial vendors or through state, local, tribal, and territorial (SLTT) jurisdictions or through federal channels. Facilities should work through each step until a step leads to a resolution.

<b>Step 1: Determine and Preserve Current Supply</b>	<b>Step 2a: Implement Contingency Capacity Strategies</b>	<b>Step 4: State, Local, Tribal, or Territorial Resource Requests to Federal Government</b>
<input type="checkbox"/> Determine PPE requirements.	<input type="checkbox"/> Implement contingency strategies when PPE shortages are expected while a <b>greater than three-day supply is on-hand and PPE delivery delays are anticipated.</b> <a href="#">HRWG Contingency and Crisis Strategies to Alleviate PPE Shortages</a>	<input type="checkbox"/> FEMA Regional Office in coordination with HHS/ASPR Regional Office reviews the SLTT Resource Request to clarify the requirement and to approve the request.
<ul style="list-style-type: none"> <li>• <a href="#">CDC PPE Burn Rate Calculator</a></li> <li>• <a href="#">EMS PPE Supply Estimator</a></li> <li>• <a href="#">Healthcare Resilience Working Group (HRWG) PPE Preservation Planning Toolkit</a></li> </ul>	<b>Step 2b: Request Additional Supplies from External Organizations</b>	<input type="checkbox"/> FEMA, in coordination with HHS, processes Approved Resource Requests.
<input type="checkbox"/> Receive PPE supplies from commercial vendors as scheduled, when commercial vendors are not reporting any current or anticipated delays.	<input type="checkbox"/> When experiencing PPE critical shortages, <ul style="list-style-type: none"> <li>• actively get new commercial suppliers;</li> <li>• seek donations from volunteer organizations or from the community;</li> <li>• solicit help externally from surrounding communities;</li> <li>• implement mutual aid agreements with surrounding HCFs and FROs.</li> </ul>	<input type="checkbox"/> FEMA/ HHS delivers PPE to SLTT jurisdictions for delivery to HCFs or FROs in need.
<input type="checkbox"/> Plan for potential PPE shortages, with awareness of <ul style="list-style-type: none"> <li>• national/regional-level delays;</li> <li>• <i>Contingency Capacity Strategies</i>;</li> </ul> and with implementation of PPE- preserving <i>Conventional Capacity Strategies</i> .	<ul style="list-style-type: none"> <li>• <a href="#">Get Us PPE*</a></li> </ul>	<b>Step 5: Implement Crisis Capacity Strategies (only after completing Steps 1- 4)</b>
<ul style="list-style-type: none"> <li>• <a href="#">CDC Strategies for Optimizing Supply of PPE during Shortages</a> (refer to conventional and contingency capacity strategies)</li> <li>• <a href="#">COVID-19: PPE Preservation Best Practices</a></li> <li>• <a href="#">HRWG PPE Preservation Planning Toolkit</a></li> <li>• <a href="#">Elastomeric Half-Mask Respirators and Powered Air-Purifying Respirators</a></li> <li>• <a href="#">Authorized Use and Avoiding Fraudulent Products</a></li> </ul>	<b>Step 3: Request Additional Supplies from SLTT Health Departments and Emergency Management Agencies</b>	<input type="checkbox"/> Implement crisis strategies when PPE shortages become critical (3 days or less supply on-hand) and PPE delivery delays are anticipated.
	<input type="checkbox"/> Submit resource requests at the local health department and local emergency management agency.	<ul style="list-style-type: none"> <li>• <a href="#">CDC Strategies for Optimizing Supply of PPE during Shortages</a> (refer to crisis capacity strategies)</li> <li>• <a href="#">HRWG Contingency and Crisis Strategies to Alleviate PPE Shortages</a></li> <li>• <a href="#">FDA EUA Devices for N95 Decon &amp; Reuse</a></li> </ul>
	<input type="checkbox"/> If local jurisdiction cannot fill PPE requirement, submit resource requests to state, tribal, or territorial health department.	<p><small>*This document may contain content and web links to non-Federal websites and webpages. Linking to a non-Federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.</small></p>

<https://files.asprtracie.hhs.gov/documents/personal-protective-equipment--ppe--preservation-implementation-strategy-final-.pdf>

# Plan and Implement PPE Preservation : Prioritization of Respirators and Facemasks by Activity Type



Respirators for Medical Use	Considerations for use by healthcare providers for COVID-19 patient care			
	Use for aerosol generating procedures	Use for care for patients with suspected or confirmed SARS-CoV-2 infection	Use for patients infected with multiple infectious diseases	Use for cohorted patients
<b>Surgical N95 Respirator</b>	Acceptable <sup>1</sup>	Acceptable <sup>1</sup>	Acceptable <sup>1</sup>	Acceptable <sup>1</sup>
<b>N95 Filtering Facepiece Respirator (Non-surgical N95)</b>	Preferred	Preferred	Preferred	Preferred
<b>N95 Filtering Facepiece Respirator (Industrial non-medical N95)</b>	Acceptable	Acceptable	Acceptable	Acceptable
<b>Elastomeric Half-mask respirators equipped with filters and PAPRs</b>	Acceptable	Acceptable	Acceptable	Acceptable
<b>KN95 Respirators and other international Evaluated by NIOSH Listed on the FDA EUA<sup>2</sup></b>	Acceptable	Acceptable	Acceptable	Acceptable
	(crisis capacity ONLY)	(crisis capacity ONLY)	(crisis capacity ONLY)	(crisis capacity ONLY)
<b>KN95 Respirators and other international Removed from the FDA EUA<sup>3</sup></b>	Not to be used even in crisis	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)
<b>Surgical Mask</b>	Not to be used even in crisis	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)	Not-acceptable (crisis capacity ONLY, use when no other respirators are available)

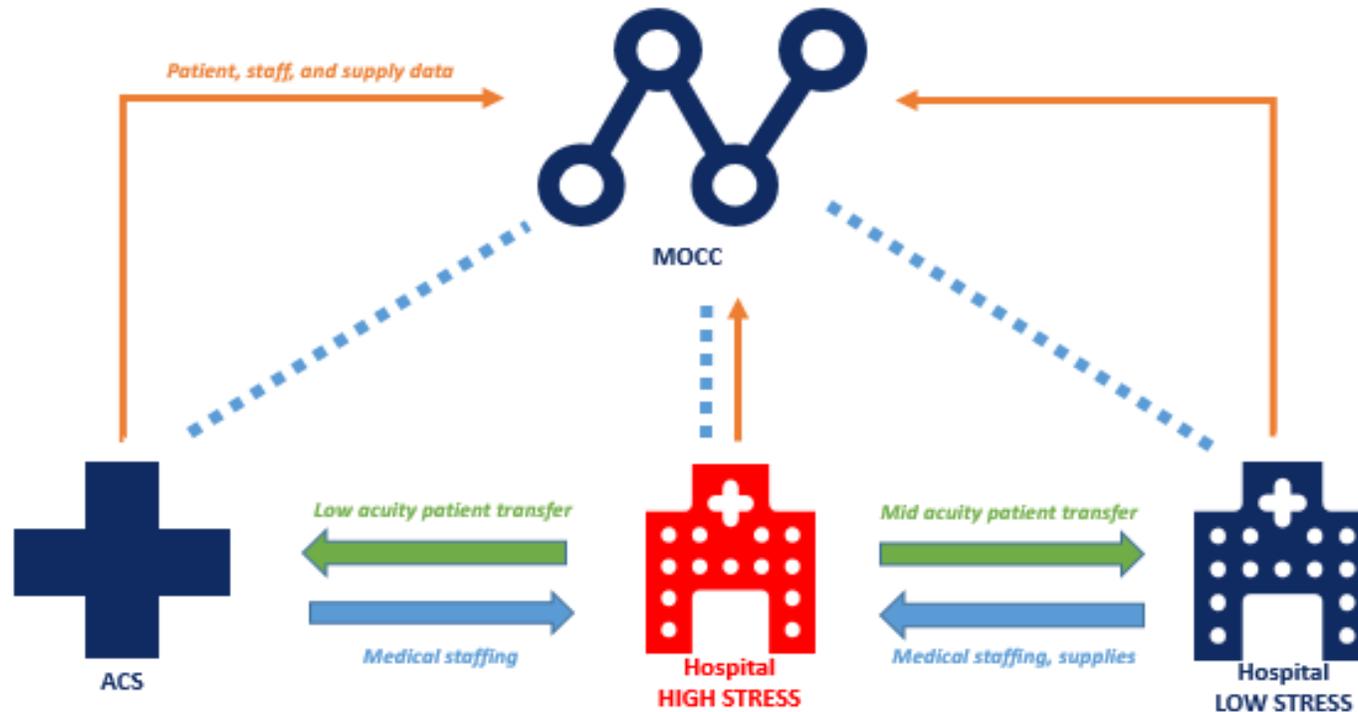
Footnotes:

1. Surgical N95s should be reserved for surgical settings.
2. [FDA International Umbrella EUA](#)
3. Refer to NIOSH's [PPE-CASE-P2020-0113-508](#) for detailed listing of KN95 models

## CDC/Respirator Infographic NIOSH

	 Surgical Mask	 N95 Respirator	 Elastomeric Half Facepiece Respirator
<b>Testing and Approval</b>	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84 <sup>4</sup>	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
<b>Intended Use and Purpose</b>	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols)	Reusable device made of synthetic or rubber material
<b>Face Seal Fit</b>	Loose-fitting	Tight-fitting	Tight-fitting
<b>Fit Testing Requirement</b>	No	Yes	Yes
<b>Designed for Reuse</b>	No	No	Yes
<b>User Seal Check</b>	No	Yes. Required each time the respirator is donned (put on)	Yes. Required each time the respirator is donned (put on)
<b>Filtration</b>	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles	May be equipped with filters that block 95%, 99%, or 100% of very small particulates. Also may be equipped to protect against vapors/ gases.
<b>Leakage</b>	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
<b>Use Limitations</b>	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed, no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids.	Reusable and must be cleaned/ disinfected and stored between each patient interaction

# Supporting Health Systems: Medical Operations Coordination Cells and Alternate Care Sites



- **MOCC → Systems**
  - Enables patient load balancing and situational awareness
- **ACS → Space**
  - Provides additional local capacity
  - Flexible, scalable implementation

<https://files.asprtracie.hhs.gov/documents/strategies-for-managing-surge-roadmap-final.pdf>

# Supporting Health Systems: Medical Operations Coordination Cells and Alternate Care Sites



## ACS Resource Package

- Quick reference guide to MOCC/ACS resources developed by the federal government and practical examples of establishment and operations
- Available at:  
<https://files.asprtracie.hhs.gov/documents/alternative-care-site-resource-package.pdf>

## Critical Care Load-Balancing Operational Template

- Designed to help load-balance regional capacity through hospital-to-hospital patient transfer coordination
- Available at:  
<https://files.asprtracie.hhs.gov/documents/critical-care-load-balancing-operational-template.pdf>

## ACS Discussion Guide

- Intended to help to inform and reassure patients, facilitate communication, and optimize ACS utilization
- Available at:  
<https://files.asprtracie.hhs.gov/documents/covid-19-alternate-care-site-discussion-guide.pdf>

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NEJM Catalyst | Innovations in Care Delivery

JOURNAL EVENTS INSIGHTS COUNCIL TOPICS COVID-19 ABOUT

COMMENTARY

### Alternative Care Sites for the Covid-19 Pandemic: The Early U.S. and U.K. Experience

By Gregg S. Meyer, MD, MSc, Bonnie B. Blanchfield, CPA, ScD, Richard M. J. Bohmer, MB ChB, MPH, James Mountford, MB ChB, MPH & W. Craig Vanderwagen, MD, RADM, USPHS (RET)

May 22, 2020

Alternative care sites can provide essential overflow capacity for cities or regions whose health care systems are overtaxed by Covid-19, but their design and operation will vary depending on specific local needs.

TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

### ALTERNATIVE CARE SITES: THE FEDERAL EXPERIENCE IN NEW YORK CITY

Best Practices, Community Paramedicine and Mobile Health, Coronavirus, Exclusives

### Deployment of a Shared Alternative Care Site During the COVID-19 Pandemic

By Sherri Kovach, MS, BSN, RN, EMT, Jackie Shaffer, MHA, BS, RN, Gregg M. Gascon, PhD and Robert E. Falcone, MD, FACS | 8.20.20

# Crisis Standards of Care



- Hospitals are responding to the current COVID-19 patient surge by implementing mitigation measures. However, shortages in specific resources (e.g. ICU beds) are expected.
- As a result, hospitals and healthcare providers should actively plan for and support the provision of healthcare under **Crisis Standards of Care (CSC)**.
  - CSC is defined as a substantial change in usual healthcare operations and the level of care that it is possible to deliver due to a pervasive or catastrophic event.
- An external CSC working group has been established to catalyze and inform CSC implementation, and has released a Call to Action.
  - <https://nam.edu/national-organizations-call-for-action-to-implement-crisis-standards-of-care-during-covid-19-surge/>
- Hospitals are experiencing acute and protracted surge, and stress for acute continuous renal replacement and dialysis treatments due to COVID-19 complications. The American Society for Nephrology and HHS conducted a series of Scarce Resource Roundtables and produced a report to provide best practices, lessons learned and clinical tools to support future surge cycles.
  - [https://www.asn-online.org/includes/cms/covid-19/uploads/Scarce Resources Roundtable Report FINAL 09.08.2020\(a\).pdf](https://www.asn-online.org/includes/cms/covid-19/uploads/Scarce%20Resources%20Roundtable%20Report%20FINAL%2009.08.2020(a).pdf)



<b>Strategies for Managing a Surge in COVID-19 Cases</b> <i>(also referred to as the Surge Roadmap)</i>	<a href="https://files.asprtracie.hhs.gov/documents/strategies-for-managing-surge-roadmap-final.pdf">https://files.asprtracie.hhs.gov/documents/strategies-for-managing-surge-roadmap-final.pdf</a>
<b>Rural Healthcare Surge Readiness Web Portal</b>	<a href="https://www.ruralhealthinfo.org/healthcare-surge-readiness">https://www.ruralhealthinfo.org/healthcare-surge-readiness</a>
<b>Healthcare Workforce (HCW) Staffing Playbook</b>	<a href="https://files.asprtracie.hhs.gov/documents/hcw-staffing-playbook-v9-20201104.pdf">https://files.asprtracie.hhs.gov/documents/hcw-staffing-playbook-v9-20201104.pdf</a>
<b>Strategies for Managing a Surge in Healthcare Provider Demand</b>	<a href="https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf">https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf</a>
<b>Healthcare Facility Onboarding Checklist</b>	<a href="https://files.asprtracie.hhs.gov/documents/healthcare-facility-onboarding-checklist-fillable-final.pdf">https://files.asprtracie.hhs.gov/documents/healthcare-facility-onboarding-checklist-fillable-final.pdf</a>
<b>COVID-19 Pandemic Personal Protective Equipment (PPE) Preservation Best Practices</b>	<a href="https://files.asprtracie.hhs.gov/documents/fema-fact-sheet-ppe-preservation-best-practices-update---14-july-2020.pdf">https://files.asprtracie.hhs.gov/documents/fema-fact-sheet-ppe-preservation-best-practices-update---14-july-2020.pdf</a>
<b>PPE Preservation Strategies and Resource Request Process Guide</b>	<a href="https://files.asprtracie.hhs.gov/documents/personal-protective-equipment--ppe--preservation-implementation-strategy-final-.pdf">https://files.asprtracie.hhs.gov/documents/personal-protective-equipment--ppe--preservation-implementation-strategy-final-.pdf</a>
<b>PPE Preservation Planning Toolkit</b>	<a href="https://files.asprtracie.hhs.gov/documents/ppepp-toolkit-fact-sheet-hrwg.pdf">https://files.asprtracie.hhs.gov/documents/ppepp-toolkit-fact-sheet-hrwg.pdf</a>



**Elastomeric Half-Mask Respirators and Powered Air-Purifying Respirators in Healthcare and Emergency Medical Service Settings**

<https://files.asprtracie.hhs.gov/documents/elastomeric-half-mask-respirators-and-powered-air-purifying-respirators-in-healthcare-and-ems-settings-fact-sheet.pdf>

**Respirators for Healthcare during COVID-19: Authorized Use & Avoiding Fraudulent Products**

<https://files.asprtracie.hhs.gov/documents/fact-sheet-fraudulent-respirators-8-july-2020.pdf>

**Alternate Care Site (ACS) Toolkit, 3<sup>rd</sup> edition**

<https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>

**ACS Resource Package**

<https://files.asprtracie.hhs.gov/documents/alternative-care-site-resource-package.pdf>

**ACS Discussion Guide**

<https://files.asprtracie.hhs.gov/documents/covid-19-alternate-care-site-discussion-guide.pdf>

**Critical Care Load-Balancing Operational Template**

<https://files.asprtracie.hhs.gov/documents/critical-care-load-balancing-operational-template.pdf>

**Mission Critical Resources for Healthcare Partners**

<https://files.asprtracie.hhs.gov/documents/mission-critical-resources-for-healthcare-partners.pdf>

**Behavioral and Mental Health Resources**

<https://files.asprtracie.hhs.gov/documents/hrwg-behavioral-and-mental-health-resources.pdf>



**National Organizations Call for Action to Implement Crisis Standards of Care During COVID-19 Surge**

<https://nam.edu/national-organizations-call-for-action-to-implement-crisis-standards-of-care-during-covid-19-surge/>

**COVID-19 Tool-Kit for Nephrology Clinicians: Preparing for a Surge**

<https://www.asn-online.org/covid-19/toolkit>

**COVID-19 American Society for Nephrology/HHS Scarce Resource Roundtable Report**

[https://www.asn-online.org/includes/cms/covid-19/uploads/Scarce Resources Roundtable Report FINAL 09.08.2020\(a\).pdf](https://www.asn-online.org/includes/cms/covid-19/uploads/Scarce_Resources_Roundtable_Report_FINAL_09.08.2020(a).pdf)

# Questions?



Please **share** this resource within your organization and professional networks



**Contact** the Healthcare Resilience Working Group at:  
[COVID-Healthcare-RFI@hhs.gov](mailto:COVID-Healthcare-RFI@hhs.gov)



Surge Roadmap Webinar **recording** and **slides** available on ASPR TRACIE:  
<https://files.asprtracie.hhs.gov/documents/patient-surge-management-resources-webinar-slides.pdf>