



**Capital Area Trauma Regional Advisory Council (TSA-O)
Texas Department of State Health Services
Hospital Preparedness Program**

**PARTICIPATING AGENCY/SUBCONTRACTOR AGREEMENT
DSHS Years FY18 – FY22, July 1, 2017 – June 30, 2022**

Between

**Capital Area Trauma Regional
Advisory Council (CATRAC)
4100 Ed Bluestein Blvd Suite 200
Austin, TX 78721**

and

**Williamson County EMS
P.O. Box 873
Georgetown, TX 78626
Attn: Mike Knipstein**

BACKGROUND

The U.S. Department of Health & Human Services (HHS) provides funding for hospital/healthcare systems preparedness and public health/community preparedness. The HHS funding is awarded by two separate distinct federal preparedness programs but aligned through a cooperative agreement.

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) provides funding and technical assistance to every state and territory to prepare the health system to respond to and recover from disasters through the Hospital Preparedness Program (HPP). To develop a comprehensive all-hazards approach to enhance healthcare systems preparedness and response capabilities, HPP is building the capacity of healthcare coalitions (HCCs) to meet the disaster healthcare needs of communities. HCCs are regional collaborations between healthcare organizations, emergency medical services (EMS), emergency management, public health agencies, public sector agencies, and other private partners. Healthcare facilities and healthcare delivery systems play a critical role in both identifying and responding to a potential natural disaster, terrorism attack or infectious disease outbreak. The HCCs provide a forum to work on emergency preparedness, response, recovery, and mitigation principles. The purpose of the HPP funds is to focus on activities that advance progress toward meeting the goals of the four capabilities detailed in the *2017-2022 Health Care Preparedness and Response Capabilities*. It also serves to document progress in establishing and maintaining ready health care systems through strong HCCs.

The HHS Centers for Disease Control and Prevention (CDC) provides funds for strengthening public health preparedness to address bioterrorism, outbreaks of infectious diseases and public health emergencies. This public health funding, referred to as the Public Health Emergency Preparedness (PHEP), focuses on the critical tasks necessary for the public health community to prepare for and respond to a terrorist event or other

public health emergencies, emphasizing integrated response systems. The ability to quickly and effectively distribute preventive medication in affected areas is one of the nation's top priorities to be addressed by these funds.

To accomplish the goals within the healthcare system and community preparedness, HHS has developed four (4) capabilities specific to the HPP funding which intertwine to the fifteen (15) PHEP capabilities.

The four (4) Healthcare Preparedness Capabilities are:

1. Foundation for Health Care and Medical Readiness
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

The four goals are further broken down by objectives and activities as listed in the *2017-2022 Health Care Preparedness and Response Capabilities* can be referenced at <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.

In Texas, the federal ASPR/HPP funding is administered through the Texas Department of State Health Services (DSHS). The Capital Area Trauma Regional Advisory Council hereinafter referred to as CATRAC, has been designated by contract to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters with a primary focus on Healthcare Coalition building, regional healthcare system preparedness, and Emergency Medical Task Force (EMTF) component development within the DSHS identified Trauma Service Areas (TSAs) of L, M, N, and O. The Trauma Service Areas are designated by the DSHS Office of EMS/Trauma Systems Coordination and are made up of the following counties:

- TSA L: Bell, Coryell, Hamilton, Lampasas, Milam, and Mills
- TSA M: McLennan, Bosque, Falls, Hill, and Limestone
- TSA N: Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington
- TSA O: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis, and Williamson.

PURPOSE

The purpose of this Participating Agency/Subcontractor Agreement is to outline the responsibilities of CATRAC, as the DSHS contractor, and the Participating Agency/Subcontractor. As a condition of HPP grant program participation, the Participating Agency/Subcontractor agrees to work in cooperation with CATRAC and other Health Care Coalition (HCC) members to achieve the healthcare preparedness capabilities and performance measures, participate in planning and exercises, maintain minimum levels of readiness, and participate in preparedness activities as defined by ASPR and DSHS guidance.

CATRAC administers the HPP funds as the contractor of DSHS. As a contractual requirement for the HPP Statement of Work, CATRAC will be responsible for the distribution and expenditure of HPP funding, equipment, and supplies within the TSAs L,

M, N, and O with coordination of the healthcare coalitions in the respective TSA areas for enhanced preparedness and response readiness.

CATRAC Responsibilities:

1. Serve as the contractual and lead agency between DSHS and the regional Hospital Preparedness Program (HPP); Health Care Coalitions (HCCs) in TSA L, M, N, and O and Emergency Medical Task Force (EMTF) regional component development.
2. Administer the HPP funds and expenditures for the Health Care Coalitions (HCCs) in Trauma Service Areas L, M, N, O as well as the regional Emergency Medical Task Force (EMTF) to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters.
3. Lead the efforts to establish and maintain regional disaster Healthcare Coalitions in TSAs L, M, N, and O. This Healthcare Coalitions will identify gaps in preparedness, determine priorities, and develop plans for building and sustaining the four (4) Healthcare Preparedness Capabilities which consist of:
 - Capability 1: Foundation for Health Care and Medical Readiness
 - Capability 2: Health Care and Medical Response Coordination
 - Capability 3: Continuity of Health Care Service Delivery
 - Capability 4: Medical Surge
4. Provide guidance to the Health Care Coalitions regarding the development of ASPR preparedness and response capabilities, especially for hospitals, and other healthcare facilities emergency medical service systems including:
 - a. Emergency medical management and response capabilities;
 - b. Medical evacuation and family reunification;
 - c. Effective utilization of any available mobile medical assets and the integration of regional assets;
 - d. Protection (e.g., training, supplies, equipment) of healthcare workers and healthcare first responders from health exposures during an emergency;
 - e. Evaluation of alternate care sites in collaboration with public health and healthcare systems in reference to medical surge for the region.
5. Distribute HPP equipment, supplies, and services to Participating Agency/Subcontractors according to the Work Plan in support of and in compliance with DSHS and ASPR guidelines.
6. Ensure compliance with the DSHS HPP contract, including monitoring of the progress of preparedness and response capabilities including performance measures.
7. Assist with training in EMResource, EMTrack, WebEOC, radio, and other information sharing platforms as needed for optimal regional response.
8. Assist in training and exercise development to test preparedness and response capabilities.

9. Provide administrative support to the HPP meetings and HPP workgroups.
10. Represent the HCC's in emergency management, exercises and other pertinent meetings on an "as needed" basis.
11. Report periodically to member hospital/agency senior leadership on the status of reaching the health care preparedness and response capabilities.
12. Coordinate with local, regional, and state agencies during planned events and emergencies.
13. Maintain an annual inventory of HPP funded supplies and equipment within each TSA and the EMTF program per DSHS inventory management and disposition requirements.
14. Monitor participating agencies to ensure that they are tracking and performing maintenance on all HPP funded equipment and supplies.
15. Ensure that HPP Participating Agencies/Subcontractors, participate in functional or full-scale exercises during the five-year project period.
16. Represent as the lead HPP representative to appropriate Disaster District Chair (DDC), Emergency Operations Center (EOC), Regional Health Medical Operations Center (RHMO), or Multi-Agency Coordination Center (MACC).
17. Disseminate HPP preparedness and response information in a timely manner.

Participating Agencies / Hospital / Healthcare System Responsibilities:

1. Designate a representative from the Participating Agency/Subcontractor to the Health Care Coalition.
2. Representative will attend 75% of the scheduled Health Care Coalition meetings within their respective Trauma Service Area, and be responsible for participating in committee discussions.
3. Participate with CATRAC and the appropriate healthcare coalition in the planning, implementation, and evaluation of all four (4) Healthcare Preparedness Capabilities as listed below.
 - Capability 1: Foundation for Health Care and Medical Readiness
 - Capability 2: Health Care and Medical Response Coordination
 - Capability 3: Continuity of Health Care Service Delivery
 - Capability 4: Medical Surge
4. Properly store, monitor and maintain all equipment purchased with HPP funds according to the conditions, terms, and requirements of the HPP contract.
5. Maintain an inventory of all equipment, supplies, and services received via HPP funding for all years of participation in the HPP in accordance with DSHS inventory

management and disposition requirements. Equipment and supplies shall be made available for inspection and audit to CATRAC, DSHS, and/or federal personnel, as applicable, to ascertain participating agency compliance with ASPR and DSHS requirements.

6. For hospital agencies, maintain a minimum level of preparedness of PPE and decontamination capability as outlined in the most current *OSHA Best Practices for Hospital-Based First Receivers of Victims for Mass Casualty Incidents Involving the Release of Hazardous Substances*, as may be required by DSHS and/or as required in response to the agencies Hazard Vulnerability Assessments (HVA) that reflect the need for such capability.
7. Provide CATRAC with agencies' Hazard Vulnerability Assessments (HVA) upon request and participate in the Regional Healthcare HVA.
8. Participate and report in a timely manner any surveys, assessments, or other data collection tools as requested by CATRAC and/or DSHS.
9. Incorporate NIMS (National Incident Management System) into the agencies' incident command and response structure. At CATRAC request, show documentation of staff members' participation in NIMS compliant courses.
10. Identify a Point of Contact for notification in the event of an emergency/disaster situation.
11. Participate in discussion-based and/or operations-based exercises (e.g., tabletop exercises, drills, functional exercises, full scale exercises) per contract year as specified in that respective year's CATRAC contract with DSHS. Exercise participation requirements may be waived following submission of appropriate documentation, including after action reports and corrective action plans, which reflect participation in actual emergencies or disasters. Submit after action reports to CATRAC after completion and as requested.
12. Participate in the training and utilization of regional information sharing documentation systems, such as WebEOC, EMResource, and EMTrack.
13. Participate in the integration of local and regional emergency preparedness and response activities during planned events and emergencies.
14. Receive patients that are appropriate for classification and capabilities.
15. Provide CATRAC a copy of organization's emergency management and response plans upon request.
16. Comply with other HPP guidelines as may be required by CATRAC, DSHS, and/or ASPR.

Additionally, if an agency is a hospital, the hospital must:

1. Report bed availability in a timely manner using EMResource, WebEOC, and/or other appropriate documentation means as specified by CATRAC, DSHS, or ASPR.
2. Continue to maintain medical surge capacity and isolation capacity above 20% staffed bed capability.
3. Receive patients that are appropriate for classification and capabilities.

TERMS AND TERMINATION

The Participating Agency/Subcontractor Agreement may be amended:

- Upon agreement between both signatory parties,
- When the HPP contractual obligations change due to DSHS and/or ASPR directive(s),
- And/or changes in the HPP capabilities.

The term for this Participating Agency/Subcontractor Agreement will commence with the DSHS annual HPP contract budget beginning on July 1, 2017. The annual budget periods are July 1-June 30 of each calendar year.

The DSHS-CATRAC contract may be renewed up to four additional years, at the discretion of DSHS' contract terms, available funding and/or HPP state and federal guidance. This agreement will be automatically renewed annually for the next four years upon the contract renewal between DSHS and CATRAC. It is expected that this agreement will continue for the federal five year project period with annual DSHS HPP budget periods ending on June 30, 2022.

Both parties reserve the right and privilege to terminate and cancel this Agreement if either party deems this to be in its best interest. The notice of termination shall be in writing and shall provide the other party with a minimum of thirty (30) days written notice prior to intended date of termination.

A change in Signatory Authority of the Participating Agency may be made by mutual agreement between CATRAC and the Participating Agency upon 60 days written notice.


Upon termination of this agreement by the participating agency, all equipment and supplies associated with HPP funds shall be returned in a timely manner, if such return is in the best interest of the emergency response capability of the TSA region. Return of HPP funded equipment and supplies will be under guidance of DSHS in collaboration with CATRAC.


Participating Agencies that cease operations, including business closure and/or bankruptcy proceedings, shall notify CATRAC, and arrange for the transfer or return of all funds, equipment, and supplies associated with the HPP. Such transfer of equipment and/or supplies shall be accompanied by closure inventory and transfer documentation. Contact information for closeout coordination will be supplied to CATRAC.

I understand that signatories to the Agreement are subject to Federal A-133 audits and other performance measures related specifically to expenditures of the ASPR funds.

By my signature, I attest to understanding the goals of the ASPR Hospital Preparedness Program (HPP), and as one of the participating agencies, will support and comply with the HPP capabilities as displayed in this Agreement and attachments.

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PARTICIPATING AGENCY AGREEMENT
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GEO/Administrator Signature
12.11.2017
Date
Gov. of July - DAN A. GATTI
GEO/ Administrator (Print)


HPP/HCC Representative Signature
11/17/17
Date
Mike Knipslein
HPP/HCC Representative (Print)


CATRAC Executive Director Signature
11-16-2017
Date
Dave Reimer, RN LP
CATRAC Executive Director (Print)

I understand that signatories to the Agreement are subject to Federal A-133 audits and other performance measures related specifically to expenditures of the ASPR funds.

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CEO/Administrator Signature

Date

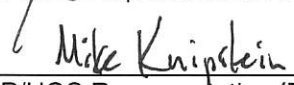
CEO/ Administrator (Print)



HPP/HCC Representative Signature

11/17/17

Date



HPP/HCC Representative (Print)



CATRAC Executive Director Signature

11-16-2017

Date

Dave Reimer, RN LP

CATRAC Executive Director (Print)