

Healthcare Coalition Recovery Plan Template

Background

Recovery after a disaster can be the most prolonged and complex phase of emergency management. [Recovery](#) includes the restoration and strengthening of key systems and resource assets that are critical to a community's continued viability. Recovery planning should be distinguished from continuity of operations (COOP) planning which seeks to maintain functions during, and following, an incident through response and mitigation activities (see the [ASPR Health Care Preparedness and Response Capabilities](#) for additional information regarding COOP planning versus recovery planning). [ASPR TRACIE](#) developed this template to help healthcare coalitions (HCCs) develop/ organize their recovery plan. Please note that jurisdictions are not required to use this template nor do they need to follow this exact format (some sections may not be applicable to all HCCs).

During the recovery phase of a major disaster, the focus shifts from Emergency Support Functions (ESF) to Recovery Support Functions (RSF) as outlined in the [National Response Framework](#) and the [National Disaster Recovery Framework](#). The Health and Social Services RSF is one of the six RSFs. It addresses healthcare system recovery among the following nine core mission areas:

1. Public Health
2. Healthcare Services
3. Behavioral Health
4. Environmental Health
5. Food Safety and Regulated Medical Products
6. Long-term Responder Health Issues
7. Social Services
8. Disaster Case Management/Referral to Social Services
9. Children and Youth in Disasters

Evaluating incident impact and decisions about restoration of services including how to “rebuild stronger systems” are critical to successful recovery. Thoughtful recovery processes will not simply seek to restore the prior services and infrastructure, but turn the disaster into an opportunity to enhance community resiliency and determine how the services could be provided more efficiently, safely, and cost effectively in the future by evaluating options.

Because the HCC involves key partners from emergency medical services (EMS), [Emergency Support Function \(ESF\) 8](#) (public health and medical services), and emergency management and usually has contacts with ambulatory care, long-term care entities, human services partners, and others, it is uniquely positioned to function as a key convener or leader during recovery. HCCs can provide input to the Mission Scoping Assessment (MSA) and the Recovery Support Strategy (RSS) as well as during implementation and transition back to steady state.

In fact, due to the deliberative and incremental nature of the recovery process, the HCC may have *more* of a prominent and/or prolonged role during recovery than during response. For example, bringing all the stakeholders to the table to assess impacts on public health and healthcare, establish plans and priorities for restoration of services and resources, support member healthcare organization's delivery of patient care and tracking, and to sort through

competing needs and priorities that are critical to developing and articulating a community recovery plan.

According to the [ASPR Health Care Preparedness and Response Capabilities](#) (Capability 3, Objective 7):

“Effective recovery and reconstitution of the health care delivery system includes pre-incident planning and implementation of recovery processes that begin at the outset of a response. The HCC can play an important role in monitoring and facilitating the recovery processes of the health care delivery system disrupted by an emergency. These efforts are intended to promote an effective and efficient return to normal or, ideally, improved operations for the provision of and access to health care in the community. Recovery processes can be integrated into existing plans (e.g., annex to EOPs) or be developed as a separate stand-alone plan. The HCC and its members should participate in state and local pre-emergency recovery planning activities as described in the [National Disaster Recovery Framework](#) in order to leverage existing recovery resources, programs, projects, and activities. Response, continuity operations, and recovery are overlapping, interdependent, and often conducted concurrently. Therefore, identifying connected functions, tasks, or activities in the post-emergency environment will facilitate a coordinated transition from response to recovery.”

The following are potential roles of HCCs in recovery, predicated on effective implementation of the HCC COOP plan:

- Act as an interface for information sharing, technical assistance, and available healthcare system resources within and between disciplines and coalition stakeholders.
- Act as a liaison with local and state health, emergency management officials, and federal partners in estimating initial disaster costs and providing assistance in applications for state or federal disaster recovery funding (if available).
- Support the impact assessment process including issues of trends, themes, and emerging or persistent needs.
- Provide a forum for collaboration and information sharing. Help disseminate post-disaster public health communications (e.g., mold and environmental health hazards).
- Ensure stakeholders are connected with recovery assistance programs.
- Participate in (or support) community-wide recovery planning and organization efforts; convene or participate in formal assessments and strategic planning.
- Advocate for the needs of healthcare within the broader community and/or state recovery efforts.
- Promote effective messaging to the community about healthcare system recovery efforts and available services.

HCC Recovery Template Overview

Both the [2017-2022 Health Care Preparedness and Response Capabilities](#) and [HPP-PHEP Cooperative Agreement Funding Opportunity Announcement \(FOA\)](#) emphasize the role of HCCs during the recovery phase of a disaster. This template provides general headers and descriptions for a sample pre-disaster HCC Recovery Plan that can be modified after an incident to become a disaster-specific plan. The resources used to develop this template include sample HCC plans, [Health Care Preparedness and Response Capabilities](#), and the [ASPR Healthcare COOP & Recovery Planning Concepts, Principles, Templates, & Resources](#).

Regardless of the plans that are already in place, HCCs should establish liaisons with major community recovery activities and be prepared to offer the HCC as a mechanism to communicate and coordinate during the recovery phase between and across stakeholders (by working with/through the Emergency Operations Center if it is still open).

This template is organized in the following sections:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability if available (shown as: capability.objective.activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used. Refer to the full text of the capabilities for additional detail/information; bulleted lists are not in any particular order); and
- Sample resources/plans that may provide guidance or a template for HCCs to assist in their planning efforts. There is no guarantee the resource(s) listed will fully comply with the capability.

A sample plan outline is provided in Appendix A of this document. Recovery plan development support resources from ASPR is included in Appendix B. Appendix C includes a full list of resources referenced in this template.

NOTE TO HEALTHCARE COALITIONS: HCCs are not required to use this template nor do they need to follow this exact format (some sections may not be applicable to all HCCs). This template is designed to provide one possible option and includes examples of related plans. Some HCCs may instead have an operational support plan that outlines how the coalition will support its members during recovery efforts. HCCs should also take into consideration varying state statutes/legislation. We hope that this template can help HCCs develop plans that are appropriate for their coalition and demonstrate how they will support healthcare and community recovery.

Planning, coordination, agreements, and acquiring resources comes well before an incident and helps to make the recovery process smoother. ASPR TRACIE also developed an accompanying [Preparedness Plan Template](#), [Response Plan Template](#), and other [select HCC Resources](#). For more information, visit <https://asprtracie.hhs.gov> or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

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1. Introduction

Section Headers/ Subheadings	Applicable Healthcare Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	N/A	The recovery plan establishes pre-incident disaster recovery planning and post-incident disaster recovery objectives and roles and responsibilities in accordance with the concepts and principles recommended from the National Disaster Recovery Framework (NDRF) and by local and state governments.	Recovery Federal Interagency Operational Plan
1.2 Scope	N/A	<p>Discuss the objectives of this plan and the HCC disaster recovery roles and responsibilities, which may include:</p> <ul style="list-style-type: none"> • Effective implementation of the HCC COOP plan to ensure they can sustain their role in recovery • Encourage HCC members and constituents to plan for recovery activities as early as possible in their incident responses • Participate (or lead) in health and social services reconstitution/restoration planning • Assist members with documenting costs, losses, and interfacing with local, state, and federal partners and recovery reimbursement, grant, and other programs • Advocate for full health care service delivery restoration for member facilities and organizations within coalition boundaries • Advocate for members to receive priority critical infrastructure restoration and reconstruction (including utilities and information technology/communications systems and assist with prioritization as needed) • Provide a forum for health and social services recovery strategic discussions • Support or coordinate a health and social services system impact assessment • Support or coordinate a long-term community behavioral health impact needs analysis • Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during the recovery phase • Demobilize and replenish regional supply caches and resources maintained by the coalition • Support or supervise demobilization or return procedures for any loaned or transported assets within the coalition • Assist with preparing After Action Reports (AARs), Corrective Action, and Improvement Plans (IPs) 	<p>ASPR Healthcare COOP & Recovery Planning Concepts, Principles, Templates, & Resources</p> <p>ASPR TRACIE Coalition Administrative Issues Topic Collection</p> <p>DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template.</p> <p>Eastern Virginia Healthcare Coalition Emergency Operations Guide for Disaster Avoidance, Preparation and Recovery</p>
1.3 Situation Overview	Capability 3, Objective 7, Activity 1 (Plan for Health Care Delivery System Recovery)	<p>May include:</p> <ul style="list-style-type: none"> • Planning assumptions • Analysis of likely hazards and their impact on systems, staff, supply chains, and supplies 	

		<ul style="list-style-type: none"> • Goals and strategic priorities for the continued delivery of essential healthcare services, including behavioral health, and opportunities for improvement after an emergency • Flexible operational objectives and tactics to accommodate different recovery approaches • Integration with pre-incident assessments and plans (e.g., health needs assessments, a hazard vulnerability analysis or threat and hazard identification and risk assessment, health improvement plans, organizational capital improvement plans, ASPR emPOWER, etc.) • Critical infrastructure dependencies (e.g., Emergency Support Functions such as public utilities, IT, transportation, etc.) 	FEMA Pre-Disaster Recovery Planning Guide for Local Governments
<p>1.4 Recovery Concept of Operations</p>	<p>N/A</p>	<p>May include:</p> <ul style="list-style-type: none"> • Brief overview of members and agencies • Description of the lead authorities/departments for health and social services disaster recovery (pre- and post-recovery) • Description of the local/county/regional/state health and social services recovery coordination structure • Brief summary of the key HCC functions/positions and their roles and authorities in the recovery phase <ul style="list-style-type: none"> ○ How and when personnel are assigned to fill recovery roles ○ Who will be responsible for data collection and how data will be collected ○ Who will communicate with recovery leadership and stakeholders and how that is coordinated ○ How and when will recovery partners be notified and engaged post-disaster • Describe recovery objectives and the necessary steps to return to “normalized” operations • Description of expected and likely issues coalition members may encounter <ul style="list-style-type: none"> ○ Cash flow and reimbursement policies ○ Communications (e.g. communicating on-going issues/needs to emergency management and local officials, receiving consistent updates from emergency management and local officials) ○ Workforce challenges and potential accommodations ○ Regulatory considerations (e.g. patient movement, waiver processes, documentation of post-incident actions) 	

2. Recovery Functions and Operations (Weeks to Months)

This section follows the recovery operation stages but is focused specifically on the HCC activities.

Section Headers/ Subheadings	Applicable Healthcare Preparedness and Response Capability	Description and Considerations	Sample Resources
2.1 Monitoring and Situational Awareness	Capability 3, Objective 7, Activity 2 (Assess Health Care Delivery System Recovery after an Emergency)	The HCC may assist its members’ assessment of emergency-related structural, functional, and operational impacts including: <ul style="list-style-type: none"> • Data collection and analysis to identify priorities in the reconstitution and delivery of healthcare services at the outset of an emergency <ul style="list-style-type: none"> ○ What types of assessment and data gathering will be conducted? ○ Are there predetermined guidelines and forms to be used for data collection? And if so, is everyone aware of and been trained on the guidelines? • Collect situational assessment data from member healthcare organizations on their ability to provide patient care as well as the capabilities of other stakeholders responsible for reconstituting healthcare operations • Collect individual facility data to generate coalition healthcare service delivery situational report • Disseminate healthcare service delivery data to federal and state health authorities and jurisdictional stakeholders 	ASPR Healthcare COOP & Recovery Planning Concepts, Principles, Templates, & Resources ASPR Healthcare System Recovery Guide- Hurricane Harvey ASPR TRACIE: System Recovery Timeline: A White Paper for Texas
2.2 Impact Assessment/ Evaluation	N/A	The input from these assessments can be critical to help local, regional, state, territorial, tribal, and federal officials to better understand the extent of the impact and recovery needs. Find ways to share this information in a way that protects any proprietary concerns but also allows the opportunity for the public sector to render any available assistance. The HCC may provide the following assistance to their members: <ul style="list-style-type: none"> • Conduct healthcare workforce shortage assessment within coalition boundaries • Communicate local/regional disruptions of critical infrastructure that affect the public health and medical sector • Determine regional disruption of or threats to the healthcare supply chain • Determine specific medical and non-medical supply needs of members • Determine extent of disruption of communication/information technology capabilities within coalition boundaries and to critical partners • Determine the expected barriers to recovery for the facility, the staff, the operations, and the supply chain 	ASPR TRACIE Recovery Planning Topic Collection

<p>2.3 Facilitate Recovery Assistance and Implementation</p>	<p>Capability 3, Objective 7, Activity 3 (Facilitate Recovery Assistance and Implementation)</p>	<p>The HCC should assist HCC members in gathering information needed to integrate with state and federal government processes for reimbursement, reconstitution, and resupply in coordination with emergency management organizations and ESF partners. In order for the HCC to provide efficient support, healthcare organizations should ensure their ICS prepares for a return to normal operations. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Identify and prepare documentation necessary for government assistance • Assess damaged infrastructure and impacted patient care services to restore functionality • Maintain patient lists during repatriation activities (i.e., patient tracking) • Support the physical and behavioral health needs of affected patients, staff, and families • Connect patients and staff with case management, social, and financial services 	<p>ASPR Healthcare COOP & Recovery Planning Concepts, Principles, Templates, & Resources</p> <p>ASPR Healthcare System Recovery Guide- Hurricane Harvey</p>
<p><i>2.3.1 Healthcare Workforce</i></p>	<p>N/A</p>	<p>Ability to deploy a credentialed health workforce to support healthcare service delivery in all environments. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Identify areas of the local healthcare system that have not returned to normal operations and that may require assistance with staffing from partners to resume normal operations • Support staff sharing between facilities and at community sites (e.g. alternate care sites)- please note that credentialing issues/barriers should be addressed in applicable preparedness planning efforts • Coordinate with volunteer groups to supplement medical and non-medical personnel • Disseminate reports of regional staffing shortages to local and state health authorities • Convene events (e.g., workshops, trainings, exercises) to identify what the healthcare community’s needs are or to provide forums to educate healthcare employees on available disaster recovery resources for themselves and their households (e.g., Psychological First Aid training, crisis counseling, disaster case management, FEMA Individual Assistance, disaster unemployment assistance, transitional sheltering assistance, Small Business Administration disaster loans) • Consider non-traditional forms of support to impacted staff (e.g. temporary billeting, meals, laundry facility access, childcare, etc.) • Communicate organizational plans for operations and the status of payroll as quickly as possible to allow staff to make appropriate plans 	<p>ASPR TRACIE Federal Patient Movement: NDMS Definitive Care Program Fact Sheet</p> <p>ASPR TRACIE Emergency Public Information and Warning/Risk Communications Topic Collection</p> <p>ASPR TRACIE Federal Patient Movement: Overview Fact Sheet</p> <p>ASPR TRACIE HCC Administrative Issues</p>
<p><i>2.3.2 Community/ Facility Critical Infrastructure</i></p>	<p>N/A</p>	<p>Includes maintaining or restoring power, water, sanitation, environmental remediation, etc. to support patient care environments. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Collect reports on critical infrastructure disruption and remediation • Disseminate reports to state health authorities • Advocate for priority service resumption for healthcare facilities/infrastructure through continuity operations and recovery phase • Delineate roles/responsibilities for debris management and environmental remediation 	<p>ASPR TRACIE Information Sharing Topic Collection</p> <p>ASPR TRACIE Responder Safety and Health Topic Collection</p>



<p>2.3.3 <i>Healthcare Supply Chain</i></p>	<p>N/A</p>	<p>Support activities including obtaining and delivering or re-allocating medical and non-medical supplies, pharmaceuticals, blood products, fuel, medical gases etc. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Coordinate with local/regional/state health authorities and/or federal partners, as appropriate, to distribute cache contents to healthcare organizations • Coordinate, as appropriate, with private sector vendors on distribution and resumption of normal supply delivery • Disseminate supply chain disruption Situation Reports (SitReps) to state health authorities and jurisdictional stakeholders • Establish mutual aid agreements with other HCCs or facilities who are less likely to be equally impacted by the same hazard 	<p>CDC Supply Chain Disaster Preparedness Manual</p> <p>FEMA Disaster Assistance</p>
<p>2.3.4 <i>Medical/ Non-Medical Transportation System</i></p>	<p>N/A</p>	<p>Includes fully functional medical and non-medical transportation systems that can meet the operational needs of the healthcare sector during the response and recovery phases of an event. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Determine regional medical transportation needs during response and recovery operations • Determine specific needs of member healthcare organizations and capabilities of EMS agencies • Coordinate with pre-identified regional transportation providers (e.g., EMS/Air Ambulance) to close gaps in system transportation needs • Advocate for coalition members for medical transportation assistance 	
<p>2.3.5 <i>Healthcare Information System</i></p>	<p>N/A</p>	<p>Includes a fully functional information technology and communications infrastructure that supports the healthcare sector’s data management and information sharing capability. HCCs should enable, support, promote and facilitate data sharing with key non-health partners. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none"> • Establish or support communication and information-sharing forum(s) for Health and Social Services RSF stakeholders within the state and/or community • Activate redundant communication capabilities, if necessary and available • Coordinate with local/state emergency management to secure priority service restoration to communication/information technology and critical infrastructure capabilities • Coordinate with state health authorities to disseminate critical response and continuity operations information 	
<p>2.3.6 <i>Communications</i></p>	<p>N/A</p>	<p>Promote clear communications and healthcare/ public health messaging for both internal and external audiences to provide accurate, appropriate and accessible information to the population regarding health and social services and threats.</p> <ul style="list-style-type: none"> • Integrate use of previously developed/canned messages which can be easily updated • Assist in public messaging through multiple venues, with considerations for cultural competency, limited English proficiency, multiple languages, and 508 compliance • Promote information sharing with partners and key stakeholders • Promote effective information sharing with the community about recovery efforts and available medical services 	

<p>2.3.7 Healthcare Administration/ Finance</p>	<p>N/A</p>	<p>Include maintaining and updating patient records, adapting to disaster recovery program requirements (if applicable), payroll continuity, supply chain financing, claims submission, losses covered by insurance, and legal issues. The HCC may provide the following assistance to their members:</p> <ul style="list-style-type: none">• Collect disaster response data and issues to be used in AARs• Keep coalition members informed of disaster recovery program requirements and changes• Keep coalition members informed about available disaster assistance from federal, state and local sources• Support cost and damage tracking activities by stakeholders	
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3. Recovery Operations and Transition (Months to Years)

Section Headers/ Subheadings	Applicable Healthcare Preparedness and Response Capability	Description and Considerations	Sample Resources
3.1 System Operations Restoration	Capability 3, Objective 7, Activity 3 (Facilitate Recovery Assistance and Implementation)	The HCC, in coordination with its partners, supports its members in the post-emergency recovery process by facilitating system operations restoration. The HCC may provide the following assistance to their members: <ul style="list-style-type: none"> • Convene a platform to identify long-term healthcare and community health recovery gaps, and develop potential strategies to address them • Support and/or develop and communicate short- and long-term priorities to the jurisdiction’s government and emergency management functions (e.g., ESF-6, ESF-8, and the Health and Social Services Recovery Support Function) • Plan and execute the after-action learning and improvement processes for coalition stakeholders • Collaborate with emergency management organizations and government officials to identify opportunities for future mitigation strategies or initiatives to enhance the resilience of the physical healthcare infrastructure and systems of care • Collaborate with federal infrastructure and insurance assessment teams to enhance knowledge of disaster impacts on physical healthcare infrastructure and inform future risk mitigation strategies • Perform or support emergency management organizations’ disaster impact assessments to enhance knowledge of disaster impacts on physical infrastructure and public health or access to care and inform future risk mitigation strategies • Participate in healthcare service delivery restoration decision-making in the community during longer-term events 	ASPR TRACIE Healthcare System Recovery Timeline: A White Paper for Texas ASPR TRACIE Recovery Planning Topic Collection
3.2 Transition and Return to Steady State Operations	N/A	Healthcare service delivery is maintained or restored in all inpatient and outpatient environments. The HCC may provide the following assistance to their members: <ul style="list-style-type: none"> • Promote self-sufficiency and continuity of the health and well-being of affected individuals, particularly the needs of children, seniors, people living with disabilities who may have additional functional needs, people from diverse origins, people with limited English proficiency, underserved populations, and other at-risk populations • Reconnect or provide displaced populations with essential health and social services • Assess and mitigate health threats to the population and response and recovery workers in the post-disaster environment • Assess and mitigate factors that prevent healthcare personnel from returning/continuing to work 	

4. Appendices

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

Section Headers/ Subheadings	Description and Considerations	Sample Resources
4.1 Inventory and Sustainability Resources and Assets	<p>Sustainability:</p> <ul style="list-style-type: none"> • Pre-Planning (to include exercises) • Activation • Response • Recovery • Ownership of documentation <p>Inventory of Resources and Assets</p> <ul style="list-style-type: none"> • Communications • Resources (e.g., personal protective equipment, fuel) • Safety and Security • Health IT • Facility floor plans, engineer drawings, etc. <p>Assessment and Restoration Resources</p>	<p>96 Hour Sustainability Tool</p> <p>A Process for Determining Sustainability During Emergencies: Dealing with the 96 Hour Rule</p> <p>ASPR TRACIE Virtual Medical Care Topic Collection</p>
4.2 Healthcare Facility Safety Evaluation Templates/ Resources	<p>Sample re-entry/ safety assessment templates, resources, forms</p>	<p>AHRQ Health Care Facility Design Safety Risk Assessment Toolkit</p> <p>ASPR TRACIE Utility Failures Topic Collection</p> <p>Disaster Recovery Tracking Tool</p> <p>Hospital Administrator, Post Disaster Functional Checklist</p> <p>Hospital Assessment and Recovery guide</p> <p>Hospital Disaster Preparedness Self-Assessment Tool</p> <p>Post-Disaster Hospital Reopening Procedures</p>

4.3 Sample Regulatory Waiver Requests	Sample regulatory waiver requests for local, state, and federal healthcare regulations – pre-vetted by the HCC’s legal team	CMS Waiver Information
4.4 Recovery Support Contact Information	Key contact information for regional FEMA, HHS (CMS, ASPR, HRSA, ACF, CDC, OASH), state, and other officials that can provide consultative support or direct support for recovery needs	ASPR Recovery Technical Assistance Contact



Appendix A: Healthcare Coalition Recovery Plan Outline Example

1. Introduction

- 1.1 Purpose of Plan
- 1.2 Scope
- 1.3 Situation Overview
- 1.4 Concept of Operations

2. Recovery Functions and Operations

- 2.1 Monitoring and Situational Awareness
- 2.2 Advance Evaluation
- 2.3 Facilitate Recovery
 - 2.3.1 Healthcare Workforce
 - 2.3.2 Community/ Facility Critical Infrastructure
 - 2.3.3 Healthcare Supply Chain
 - 2.3.4 Medical/Non-Medical Transportation System
 - 2.3.5 Healthcare Information System
 - 2.3.6 Communications
 - 2.3.7 Healthcare Administration/ Finance

3. Recovery Operations and Transition

- 3.1 System Operations Restoration
- 3.2 Transition and Return to Steady State

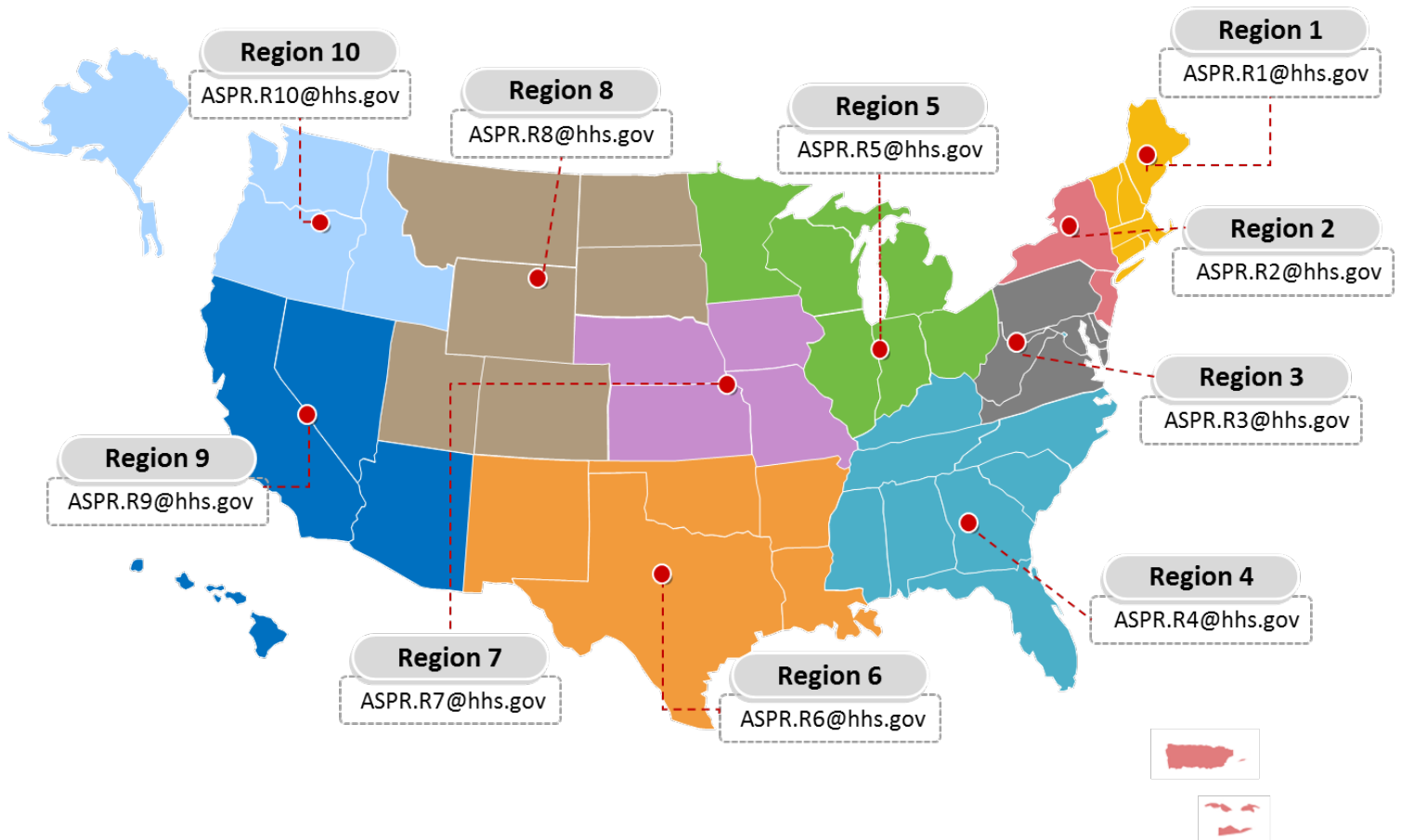
4. Appendices

- 4.1 Inventory and Sustainability Resources and Assets
- 4.2 Healthcare Facility Safety Evaluation Templates/ Resources
- 4.3 Sample Regulatory Waiver Requests
- 4.4 Recovery Support Contact Information

Appendix B. Plan Development Support Resources

Like most effective planning processes, the development of an HCC recovery plan can be intensive. In addition to the resources included in this guide, ASPR has staff who are well trained and experienced in managing disaster recovery issues.

Depending on where you are, we have staff who are in your region and are able to discuss the options for how to meet your needs (see map below for regional email addresses). For overall recovery questions, you can email the ASPR Recovery Division at disaster.recovery@hhs.gov.



Appendix C: Resources

ASPR TRACIE Developed Resources

- [Access and Functional Needs Topic Collection](#)
- [CMS Emergency Preparedness Rule Resources](#)
- [Coalition Administrative Issues Topic Collection](#)
- [Coalition Models and Functions Topic Collection](#)
- [Coalition Response Operations](#)
- [Continuity of Operations/ Failure Plan Topic Collection](#)
- [Emergency Public Information and Warning/Risk Communications Topic Collection](#)
- [Federal Patient Movement: NDMS Definitive Care Program Fact Sheet](#)
- [Federal Patient Movement: Overview Fact Sheet](#)
- [Health Care Coalition Preparedness Plan](#)
- [Health Care Coalition Response Plan](#)
- [Healthcare System Recovery Timeline](#)
- [Information Sharing Topic Collection](#)
- [Recovery Planning Topic Collection](#)
- [Responder Safety and Health Topic Collection](#)
- [Select Health Care Coalition Resources](#)
- [Utility Failures Topic Collection](#)
- [Virtual Medical Care Topic Collection](#)

Additional Resources

American College of Emergency Physicians. (n.d.). [Hospital Disaster Preparedness Self-Assessment Tool](#). (Accessed 7/31/2018.)

ASPR. (2017). [2017-2022: Health Care Preparedness and Response Capabilities](#).

ASPR. (2015). [Healthcare COOP & Recovery Planning Concepts, Principles, Templates, & Resources](#). National Healthcare Preparedness Program.

ASPR. (2018). [ASPR Healthcare System Recovery Guide- Hurricane Harvey](#).

CDC. (2018). [Supply Chain Disaster Preparedness Manual](#). Oak Ridge Institute for Science and Education.

DC Emergency Healthcare Coalition. (2014). [DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template](#).

Eastern Virginia Healthcare Coalition. (2016). [Eastern Virginia Healthcare Coalition Continuity of Operations Plan Guide for Disaster Avoidance, Preparation and Recovery](#).

FEMA. (n.d.). [FEMA Disaster Assistance](#). (Accessed 7/31/2018.)

FEMA. (n.d.). [IS-2900: National Disaster Recovery Framework Overview](#). (Accessed 7/31/2018.)

FEMA. (2016). [National Disaster Recovery Framework](#).

FEMA. (2017). [Pre-Disaster Recovery Planning Guide for Local Governments](#). FEMA Publication FD 008-03.

- [Appendix E: Pre-Disaster Recovery Plan Components](#)
- [Appendix G: Local Pre-Disaster Recovery Planning Key Activities Checklist](#)

FEMA. (2016). [Recovery Federal Interagency Operational Plan, Second Edition](#).

Harvard School of Public Health, Emergency Preparedness and Response Exercise Program. (2014). [Essential Functions and Considerations for Hospital Recovery Version 2](#).

Institute of Medicine. (2015). [Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery](#). The National Academies Press.

Institute of Medicine. 2012. [Post-Incident Recovery Considerations of the Health Care Service Delivery Infrastructure: Workshop Summary](#). The National Academies Press.

Iroquois Healthcare Association and Healthcare Association of New York State. (n.d.). [96 Hour Sustainability Tool](#). (Accessed 7/31/2018.)

Pan American Health Organization, World Health Organization. (2017). [Hospital Administrator, Post Disaster Functional Checklist](#).

South Carolina Department of Health and Environmental Control. (2016). [Post-Disaster Hospital Reopening Procedures](#).

St. Louis Area Regional Response System. (2014). [St. Louis Area Regional Hospital Evacuation and Transportation Plan](#).

Texas A&M University, School of Public Health. (2015). [Disaster Recovery Tracking Tool: Measuring Recovery through Healthy Community Indicators](#).

U.S. Department of Homeland Security. (2016). [National Disaster Recovery Framework—Second Edition](#).

Wagner, W., Jansen-Adams, L., Bartels, R. (2008). [A Process for Determining Sustainability During Emergencies: Dealing with the 96 Hour Rule](#). Inside ASHE.

Zane, R., Biddinger, P., Gerteis, J., and Hassol, A. (2010). [Hospital Assessment and Recovery Guide](#). AHRQ Publication No. 10-0081.