1. Committee Purpose and Responsibilities

1.1. The Regional Emergency Preparedness Committee (REPC) is responsible for jointly identifying and recommending plans and solutions that support improvements in TSA-E emergency/disaster preparedness and response between medical emergency preparedness stakeholders.
1.2. Serves as the steering committee that provides recommendations and support to the NCTTRAC Board and staff regarding the execution of the Texas Hospital Preparedness Program contract as administered by the Texas DSHS for EMTF-2, and TSAs C, D, and E.
1.3. Provides guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP.
1.4. Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

2. Sub-Committees and Work Groups

2.1. Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Work Groups may be established at the discretion of the Chair of the Board of Directors and will operate in due consideration of NCTTRAC's Bylaws and this SOP. Current subcommittees and workgroups include
  2.1.1. EMTF-2 Subcommittee: Tasked with providing subject matter expertise in regional and state planning, mobilization, recruiting, training, operations, recovery, and fiscal responsibilities.
  2.1.2. HCC Planning Subcommittee: Tasked with providing subject matter expertise in regional all-hazards disaster planning support.
  2.1.3. Training & Exercise Workgroup: Tasked with developing and supporting a robust training and exercise program throughout the region, including but not limited to completing the annual MYTEP, Coalition Surge Test (CST) and Hazard Vulnerability Analysis (HVA).

3. Committee Chair/Chair-Elect Responsibilities

3.1. Chair
  3.1.1. The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:
    3.1.1.1. Knowledge of the Bylaws.
    3.1.1.2. Scheduling meetings.
    3.1.1.3. Meeting agenda and notes.
    3.1.1.4. Providing a committee report to the Board of Directors.
    3.1.1.5. Annual review of REPC – Responsible Disaster Plans, Guidelines, committee SOP, and SPI indicators.
    3.1.1.6. Provide or arrange for knowledge and dissemination of appropriate liaison group activities to committee members and the Board of Directors.
  3.1.2. The Chair must be a documented representative of a NCTTRAC Member in good standing as defined in the NCTTRAC Membership and Participation SOP.

3.1.3. The Chair will serve a one-year term of office, beginning at the start of the Fiscal year, and be succeeded by the Chair-Elect at the end of the Fiscal Year.
3.1.4. The Committee Chair may not simultaneously hold another elected position in NCTTRAC.
3.1.5. The Committee Chair only votes at the REPC meeting in the event of a tie.
3.1.6. The Committee Chair has the authority to call or postpone REPC meetings.

3.2. Chair-Elect
3.2.1. The Committee Chair-Elect assists the Chair with committee functions and assumes the Chair's responsibilities for committee activity and meeting management in the temporary absence of the Chair. The Chair Elect will serve in lieu of the REPC Chair for Board of Directors responsibilities.
3.2.2. The Chair-Elect must be a documented representative of a NCTTRAC Member in good standing as defined in the NCTTRAC Membership and Participation SOP.
3.2.3. The Chair-Elect automatically ascends to the Chair position at the end of the current Chair's term or if the Chair position is otherwise vacated.
3.2.4. The Chair-Elect position will be voted on by the Regional Emergency Preparedness Committee annually or when the incumbent has vacated this position.

4. Committee Medical Director / Co-Medical Director

4.1. The elected Disaster (REPC) Medical Director / Co-Director is responsible for participating directly with their service line committee, establishing and maintaining a standing coordination method with their service line peers and availability for coordinating with other committees' Medical Directors to recommend a minimum standard of care for providers participating in the trauma, acute, emergency healthcare and disaster response systems of TSA-E
4.2. The Disaster Medical Director / Co-Director provides current physician insight and involvement in support of the Regional Emergency Preparedness Committee and its responsibilities, including:
4.2.1. Identifying and assessing regional performance improvement standards, formulating strategies and making recommendations to the committee to ensure that the best possible standards of healthcare can be met within TSA-E.
4.2.2. Active partnership in the coordination and support of the following service line committee products
4.2.2.1. Service Line Regional Plans
4.2.2.2. Guidelines
4.2.2.3. Texas Department of State Health Services (DSHS) Rules Reviews
4.3. The Disaster Medical Director / Co-Director must be a documented representative of a NCTTRAC Member in good standing as defined in the NCTTRAC Membership and Participation SOP.
4.4. The Disaster Medical Director / Co-Director position will be voted on by the REPC annually, with each Fiscal Year, or if otherwise vacated.
4.5. The Disaster Medical Director / Co-Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.

4.6. The Disaster Medical Director / Co-Director will be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Disaster Medical Directors (by email or meeting) in support of REPC efforts as appropriate.
  4.6.1. The Disaster Medical Director Leads the REPC Disaster Clinical Advisory Group
  4.6.2. The REPC Disaster Clinical Advisory Group comprises EMS and Hospital Medical Directors, or other licensed clinical leadership, in support of emergency preparedness programs.
  4.6.3. The REPC Disaster Clinical Advisory Group function is embedded within the REPC, led by the elected Disaster medical director(s) who will engage other clinical leaders through the NCTTRAC Medical Directors Committee. They will provide acknowledgment and validation of medical surge plans and ensure realistic training and exercises.
  4.6.4. The REPC Disaster Clinical Advisory Group will be recruited based on survey results obtained by EMS Medical Directors and Hospital Emergency Preparedness Coordinators, at minimum.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Regional Emergency Preparedness Committee.
5.2. REPC Leadership Group
  5.2.1. The REPC Leadership Group shall be composed of the Committee Chair, Chair-Elect, Medical Director/Co-Director, Immediate Committee Past Chair, Subcommittee Chairs, and Chairs Elect, and Workgroup Leads – i.e. Hospital Preparedness Program (HPP) Planning Subcommittee, EMTF-2 Subcommittee, and Training & Exercise Workgroup.
  5.2.2. The REPC Leadership Group may convene on an ad hoc basis to represent REPC in time-sensitive matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. Actions taken will be reported at the next scheduled REPC meeting.
5.3. Organizations/agencies identified in this SOP form the core group of voting representatives that make up the Regional Emergency Preparedness Committee. Committee positions that are filled by NCTTRAC Member organizations must be by individuals who are documented as a primary or delegated voting representative by that organization which also is required to maintain its NCTTRAC Membership in good standing. "Non-NCTTRAC Member" partner or stakeholder organizations, agencies, or peer groups are also identified to provide voting representatives at the committee level. The voting representatives will be reviewed annually.
  5.3.1. The REPC voting representatives are from hospitals, emergency medical services (EMS), public health, emergency management, and other key partnering agencies. In accordance with the NCTTRAC Bylaws, committee-voting authority afforded to REPC voting representatives include those identified in this SOP except where noted.
  5.3.2. Representation: The REPC voting representatives will be composed of specified primary and alternate representatives of the following:
    5.3.2.1. TSA-C Healthcare Coalition Partners (1 representative from each):
      5.3.2.1.1. TSA-C Healthcare Coalition

5.3.2.1.2. Emergency Medical Task Force (EMTF) – 2 Partnering RAC - North Texas Regional Advisory Council
5.3.2.2. TSA-D Healthcare Coalition Partners (1 representative from each):
5.3.2.2.1. TSA-D Healthcare Coalition
5.3.2.2.2. Emergency Medical Task Force (EMTF) – 2 Partnering RAC - Big Country Texas Regional Advisory Council
5.3.2.3. TSA-E Healthcare Coalition Partners
5.3.2.3.1. REPC Chair
5.3.2.3.2. REPC Chair-Elect
5.3.2.3.3. Disaster Medical Director/Co-Director
5.3.3. The REPC voting representatives will be composed of a primary and alternate representative of the following:
5.3.3.1. Public County Hospitals (1 representative from each):
5.3.3.1.1. John Peter Smith Hospital
5.3.3.1.2. Parkland Health & Hospital System
5.3.3.2. Hospital Systems (1 representative from each):
5.3.3.2.1. Baylor Scott and White Health
5.3.3.2.2. Medical City Healthcare
5.3.3.2.3. Methodist Health System
5.3.3.2.4. Texas Health Resources
5.3.3.3. Pediatric Hospitals (1 representative, selected from a peer group)
5.3.3.4. Academic Medical Centers (1 representative, selected from a peer group)
5.3.3.5. Hospitals Metropolitan At Large (1 representative, selected from a peer group)
5.3.3.6. Hospitals Non-metropolitan At Large (1 representative, selected from a peer group)
5.3.3.7. Stand-alone EDs (1 representative, selected from a peer group)
5.3.3.8. Medical Societies (1 representative, selected from a peer group)
5.3.3.9. CMS Providers (1 representative, selected from a peer group)
5.3.3.10. Air Medical EMS (1 representative, selected from a peer group)
5.3.3.11. EMS (1 representative from each):
5.3.3.11.1. Dallas County
5.3.3.11.2. Tarrant County
5.3.3.11.3. Collin County
5.3.3.11.4. Denton County
5.3.3.11.5. At Large Metropolitan Provider (non-fire from Collin, Dallas, Denton, or Tarrant Counties, or any provider from Ellis, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, or Wise Counties) *DSHS define counties with 50,000+ inhabitants as metropolitan.
5.3.3.11.6. At Large Non-metropolitan Providers (from Cook, Erath, Fannin, Navarro, Palo Pinto, or Somervell Counties)
5.3.3.12. Public Health (1 representative from each):
5.3.3.12.1. Texas DSHS Public Health Region 2/3
5.3.3.12.2. County Public Health (A provider from Collin, Dallas , Denton, Grayson, Navarro, or Tarrant County Public Health

5.3.3.13. Disaster Behavioral Health (1 representative, selected from a peer group)
5.3.3.14. Fatality Management (1 representative, selected from a peer group)
5.3.3.15. Councils of Government (1 representative from each):
5.3.3.15.1. North Central Texas Council of Government (COG)
5.3.3.15.2. Texoma Council of Government (COG)
5.3.3.16. Emergency Management (1 representative from each, selected from a peer group):
5.3.3.16.1. Regional Emergency Management Representative
5.3.3.16.2. Metropolitan Emergency Management Representative
5.3.3.16.3. Non-metropolitan Emergency Management Representative
5.3.3.17. Texas Division of Emergency Management / Disaster District Committees (1 representative)

6. Committee Attendance

6.1. Attendance is a prerequisite to meaningful participation and as such, the Regional Emergency Preparedness Committee requires documented attendance of 70% of committee meetings by the primary or identified alternate organization/agency representative. Any voting representative organization that does not maintain the 70% minimum will not be able to vote. Online attendance counts towards the attendance requirement, but only in-person attendees may vote. Attendance rosters are maintained on a rolling calendar year.

7. Healthcare Coalition Participation

7.1. Healthcare Coalition Participation is defined by facilities/agencies who have satisfied one or more of the following criteria:
7.1.1. Signed an HPP Letter of Agreement (LOA) & Memorandum of Sharing (MOS)
7.1.2. Signed a TX EMTF Memorandum of Agreement (MOA)
7.1.3. Retrieved a Certificate of Completion from the CMS Guidelines for Healthcare Agency Emergency Preparedness Course (CMS Partners)
7.1.4. Completed Asset Transfer Agreement with NCTTRAC
7.1.5. “Other criteria” as recommended by REPC and approved by the Board of Directors

8. Voting

8.1. The Chair shall manage voting issues in accordance with the existing NCTTRAC Voting and Elections SOP. Either the REPC voting representative primary or designated alternate shall exercise the right to vote on REPC matters, as necessary. A simple majority vote of those voting representatives who are present at the call for a vote (in person only) is required to take action. Minutes and voting activity will normally be documented by supporting staff. Each approved majority vote of the REPC voting representatives will be subject to the final approval or disapproval of the NCTTRAC Board of Directors. The decision of the NCTTRAC Board of Directors is final. Documented representatives of a NCTTRAC Member in good standing, as well as delegated representatives of identified and approved partner agencies or organizations are eligible to vote.

9. Procedures (Meetings, Agenda, and Minutes)

9.1. The Committee will generally meet monthly, but not less than every other month.
9.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
9.3. All related meetings will be held as open meetings.
9.4. The Committee will follow a NCTTRAC approved format for the meeting agenda and minutes.
9.5. The Committee will normally be provided with staff support to draft minutes and capture attendance information following each meeting as a record of committee activities.
9.6. See Article IX of the NCTTRAC Bylaws for further details on standing committees with representation.

10. Committee Liaisons

10.1. Groups
- 10.1.1. Governor's EMS and Trauma Advisory Council (GETAC) - Disaster/Emergency Preparedness Committee
- 10.1.2. Department of State Health Services (DSHS) - Center for Health Emergency Preparedness and Response (CHEPR)
- 10.1.3. Texas Disaster Medical System (TDMS)
- 10.1.4. Texas Division of Emergency Management (TDEM)

10.2. Reference Documents
- 10.2.1.1. GETAC Strategic Plan Reference Document
- 10.2.1.2. State of Texas Emergency Management Plan: Annex H: Public Health and Medical Reference Document

10.3. The NCTTRAC Duty Officer will serve as the initial point of contact for the ESF-8 lead agency and EOCs during an emergency and may be contacted via the NCTTRAC Duty Phone 817-607-7020.

11. Standing Committee Obligations

11.1. Annual Review of the REPC SOP
11.2. Annual Review of Regional Plans & Guidelines
- 11.2.1. Regional Preparedness Strategy
- 11.2.2. Regional Response Strategy
- 11.2.3. Hospital Preparedness Program Required Response Strategy Annexes
- 11.2.4. HPP Annual Work Plan
- 11.2.5. HPP Annual Training Plan

11.3. Annual Coalition Surge Test (CST)
11.4. Annual Hazard Vulnerability Analysis (HVA) Annual Multi Year Training and Exercise Plan (MYTEP)
11.5. Any Ad Hoc requirements set forth from the HPP

12. Projected Committee Goals, Objectives, Strategies, Projects

12.1. Committee Goals:
- 12.1.1. EMTF Subcommittee:
  - 12.1.1.1. Increase the capability of EMTF with a specific focus on the development of a regional Medical Incident Support Team (MIST) members.

12.1.1.2. Before December 2019, identify a list of regional staging areas for asset coordination.
12.1.1.3. Before May 2020, complete regional staging and reception plan.
12.1.1.4. Before March 2020, have HCID Regional Guidelines endorsed by Regional Healthcare Executive Leadership.
12.1.1.5. Before May 2020, complete HCID Full-scale Exercise.

12.1.2. HCC Planning Subcommittee:
12.1.2.1. Before March 2020, distribute Communications and Interoperability Assessment.
12.1.2.2. Before March 2020 distribute Patient Tracking Needs Assessment.
12.1.2.3. Before March 2020, update Preparedness Strategy for REPC recommendation, and NCTTRAC Board of Directors approval.
12.1.2.4. Before March 2020, update Response Strategy to include Pediatric Annex for REPC recommendation, and NCTTRAC Board of Directors approval.
12.1.2.5. Before June 2020, develop and support an effective regional Evacuation Framework.

12.1.3. Training and Exercise Workgroup:
12.1.3.1. Before May 2020, develop and support a robust training and exercise program throughout the region to include a CST, and Pediatric TTX exercises.
12.1.3.2. Before September 2019, provide recommendations for education and training on gaps identified by AARs, HVAs, HPP capabilities, and HCC member input.
12.1.3.3. Share leading practices and lessons learned via conferences, exercises and events at monthly REPC meetings.

12.2. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

13. System Performance Improvement (SPI)

13.1. The Regional Emergency Preparedness Committee will support its SPI responsibility by establishing a standing meeting agenda item.

13.2. The Committee will review, evaluate, and report on performance indicators outlined in section 13.4 below.Closed REPC SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.

13.2.1. Representation:
13.2.1.1. REPC Committee Chair
13.2.1.2. REPC Committee Chair-Elect
13.2.1.3. REPC Committee Medical Director
13.2.1.4. Two (2) selected REPC subject matter expert representatives

13.2.2. Closed SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.

13.2.3. Meeting notes, attendance rosters, and supporting documents of Closed SPI meetings must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.

13.3. REPC SPI Indicators

13.3.1. Individual Performance Standards

13.3.1.1. Annual Hazard Vulnerability Analysis (HVA) Submission

13.3.1.2. Annual Assessment Submission

13.3.1.3. Annual Hospital Preparedness Program (HPP) Inventory Submission

13.3.1.4. No Notice Bed Reporting Participation: Measured Quarterly

13.3.1.5. Communications Drill Participation: Measured Quarterly

13.3.1.6. REPC Meeting Attendance: Measured Quarterly (Online attendance counts towards meeting the performance measure)

13.3.1.7. HCC Coalition Surge Test Participation

13.3.2. Regional Key Performance Indicators

13.3.2.1. HCC HVA Submissions

13.3.2.2. HCC Annual Assessment Responses

13.3.2.3. HCC Inventory Submission

13.3.2.4. No Notice Bed Reports: Response Percentage

13.3.2.5. No Notice Bed Reports: Average Response Time

13.3.2.6. Redundant Communications: HCC Crisis Apps Participation

13.3.2.7. Redundant Communications: HCC Public Safety Radio Participation

13.3.2.8. Redundant Communications: HCC Amateur Radio Participation

13.3.2.9. Coalition Surge Test: Average Placement Time (Med/Surg)

13.3.2.10. Coalition Surge Test: Average Placement Time (ICU)

13.3.3. REPC SPI Referral Form

14. Injury/Illness Prevention / Public Education

14.1. The Committee will support REPC Injury/Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability.

14.2. Focus on injury prevention and education of public health needs.

14.3. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of public education and injury/illness prevention efforts within Trauma Service Area (TSA)-E.

14.4. Base decisions on current REPC trends and data, facts and assessment of programs and presented educational opportunities.

14.5. Organize; support and/or coordinate community evidenced based-education and injury/illness prevention programs. (e.g. Stop the Bleed, KnoWhat2Do)

14.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.

14.7. Serve as a resource to identify prevention programs, events and other prevention resources available in TSA-E to members and community members.
14.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

15. Professional Development

15.1. The Committee will support REPC Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or sub-committee).
15.2. At a minimum, the Committee will:
- 15.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
- 15.2.2. Sponsor at least three classes annually based on needs assessment results.
- 15.2.3. Classes may include but are not limited to:
  - 15.2.3.1. Basic Disaster Life Support (BDLS)
  - 15.2.3.2. Advanced Disaster Life Support (ADLS)
  - 15.2.3.3. Critical Incident Stress Management (CISM)
  - 15.2.3.4. EMTF-2 Mobile Medical Unit (MMU)
  - 15.2.3.5. EMTF-2 Mobile Medical Unit (MMU) Advanced Logistics
  - 15.2.3.6. EMTF-2 Medical Incident Support Team (MIST)
  - 15.2.3.7. EMTF-2 Ambulance Strike Team Leader (ASTL)
  - 15.2.3.8. EMTF-2 Ambulance Staging Management Technician (ASMT)
- 15.2.4. Certifications may include, but are not limited to:
  - 15.2.4.1. Certified Emergency Manager (CEM)
  - 15.2.4.2. Certified Hospital Emergency Coordinator (CHEC)
  - 15.2.4.3. Certified Business Continuity Professional (CBCP)
  - 15.2.4.4. Certified Healthcare Emergency Professional (CHEP)
  - 15.2.4.5. Certified Healthcare Safety Professional (CHSP)

16. Unobligated Budget Requests

16.1. Recommendations from the REPC, coordinated through the Finance Committee, seeking approval from the Board of Directors for financial backing and execution authority in support of related initiatives, projects, and/or education efforts within TSA-E that fall out of HPP funding.

17. HPP Resource Request and Review Process: See Appendix A

18. HPP Asset Disposition Process: See Appendix B

19. Coordination Flow Chart: See Appendix C

Appendix A: HPP Resource Request and Review Process

1. HPP Resource Request and Review Process: The purpose of this appendix is to outline the process for the request of Healthcare Coalition (HCC) asset funds through the Regional Emergency Preparedness Committee (REPC) to ensure that requests are handled appropriately and will not hinder the mission of the organization, while ensuring compliance with contract and funding requirements as defined by the Texas Department of State Health Services (DSHS) and other relevant regulatory agencies.
   - 1.1. REPC Subcommittee/Workgroup Project Funding Requests
     - 1.1.1. REPC Subcommittees and Workgroups may submit HPP Project Funding Requests at any time. Project Funding Requests submitted by REPC Subcommittees or Workgroups will be voted for approval of immediate funding by the REPC voting representatives at the next REPC meeting. If the HPP Project Funding Request is not approved for immediate funding, it will be considered with all other HPP Project Funding Requests during the next semi-annual HPP Project Funding Request Review meeting.
   - 1.2. HCC Partner Project Funding Request / Review Process
     - 1.2.1. Deliberate consideration for Project Funding Request. NCTTRAC HCC Program Manager and requestor have informal discussion about request. Applicability and appropriateness discussed.
     - 1.2.2. Complete the HPP Project Funding Request Form as follows: (See most current version of the document at www.ncttrac.org)
     - 1.2.3. The Requester is to complete the shaded portions of the HPP Project Funding Request Form – sections 1-4.
       - 1.2.3.1. Requester: Provide Requester's Name, Agency, TSA, email, phone number, and the date the requested items are needed
         - 1.2.3.1.1. Ordering information:
         - 1.2.3.1.2. Item No.
         - 1.2.3.1.3. Description
         - 1.2.3.1.4. Quantity
         - 1.2.3.1.5. Unit of Issue
         - 1.2.3.1.6. List Price
         - 1.2.3.1.7. Discounted Price
         - 1.2.3.1.8. Estimated Price
       - 1.2.3.2. Justification: Provide justification to include regional benefit as required; additional information may be attached as needed.
       - 1.2.3.3. Recommended Sources: Provide a minimum of three sources where asset is available for purchase.
       - 1.2.3.4. Project Funding Request Status: Request is approved or denied based on the process outlined in the REPC SOP.

1.2.3.5. Requester's Name and Date: Name of individual submitting the request / date of request submission
1.2.3.6. Requester's Signature: Signature of individual submitting the request
1.2.3.7. HCC Chair Name and Date: Name of REPC Chair and date of signing
1.2.3.8. HCC Chair Signature: REPC Chair's signature
1.2.3.9. Asset Request Status (For official use only): Indicate whether request is Approved or Denied; with space for Comments

1.3. Submit HPP Project Funding Request Form (Request) to NCTTRAC Staff. Staff will review the Request and ensure the following requirements are met prior to submission to REPC:
1.3.1. Application is complete
1.3.2. Appropriate justification provided identifying regional benefit
1.3.3. Request(s) meet program and contractual requirements (submit items for DSHS approval)
1.3.4. An HPP Letter of Agreement (LOA) & Memorandum of Sharing (MOS), TX EMTF Memorandum of Agreement (MOA), or Transfer Agreement with NCTTRAC exists on file.
1.3.5. Funds are available from within the appropriate funding source
1.3.6. NCTTRAC leadership has reviewed / approved the Project Funding request(s) for REPC consideration
1.3.7. Give each request a unique project number and log in the HCC Project Funding Request log

1.4. Staff Coordination / REPC
1.4.1. Upon the project funding request submission deadline, the request will be complied and submitted to DSHS for approval.
1.4.2. The request will be added to the agenda of the next HPP Project Funding Request Review meeting for consideration and endorsement. Although not required, it is recommended that the individual making the request attend the meeting in order to address REPC questions and concerns and to provide additional information.
1.4.2.1. If the request is endorsed with funding, REPC will make a determination of whether the request should be funded.
1.4.2.2. If the request is endorsed without funding, the individual submitting the request will be notified by the NCTTRAC Finance & Resources and the request will be placed on the list of unfunded requests for consideration as funding becomes available.
1.4.2.3. If the request is denied, the individual submitting the request will be contacted by NCTTRAC Finance & Resources and provided the basis for denial. REPC will determine whether a request that has been denied may be resubmitted. Requests are considered denied if their Final Ranking is a 1 or lower.

1.4.2.4. If the request is approved by DSHS, the REPC vote will hold precedent.
1.4.2.5. If the request is denied by DSHS, the DSHS vote will hold precedent and REPC will decide if an appeal is warranted.

1.5. Staff Coordination / Board of Directors
1.5.1. The endorsed request it will added to the agenda for the next Board of Directors Meeting for consideration and approval. Although not required, it is recommended that the individual making the request attend the meeting in order to address the Board of Directors' questions and concerns and to provide additional information.
1.5.1.1. If approved by the Board of Directors with funding, the individual submitting the request will be notified by NCTTRAC Finance & Resources
1.5.1.2. If denied by the Board of Directors, NCTTRAC Finance & Resources will notify the requestor of the results of the Board's evaluation. A request that has been denied by the Board of Directors may be resubmitted after REPC review and endorsement.
1.5.2. All purchases related to approved requests will adhere to the NCTTRAC procurement policy.
1.5.2.1. Once approved with funding, a NCTTRAC Purchase Order will be issued to obligate request expenditures, if applicable.
1.5.2.2. Request purchases should be coordinated with NCTTRAC staff to ensure that supplies and services are purchased by NCTTRAC rather than individuals or other agencies.

1.6. Procurement Considerations:
1.6.1. Shipping costs shall be included in the total approved purchase cost
1.6.2. Only the requested quantity of items will be purchased; any leftover funds will remain available for other approved purchases.
1.6.3. Items exceeding the initial quote by more than 10% (not to exceed $5,000) shall be subject to additional authorization prior to purchase.
1.6.4. Substitute items will be allowed if approved by the original requestor, and the substitute items are equal in cost and value
1.6.5. Unfunded items will not carry over to the next budget period unless approved by REPC

1.7. Evaluation Methodology: The following criterion and methodology will be used by REPC in the initial evaluation, selection and prioritization of HPP resource requests. Upon approval at Committee level, the evaluation, selection and / or prioritization criterion and /or methodology may be revised or changed.
1.7.1. Voting representatives will assign each project a score of 0-3. The scoring breakdown is as follows:
1.7.1.1. 0: This project should NOT be funded

1.7.1.2. 1: This project should only be funded if there is money left over after funding more critical projects
1.7.1.3. 2: This project is important to our coalition and should be funded as soon as possible,
1.7.1.4. 3: This project is critical to our coalition and should be funded immediately.

1.7.2. Each voter will assign a score to each project as it is being presented. Voters should rank projects according to their own merit, not in comparison with one another. After all votes have been collected, NCTTRAC staff will compile the rankings and each project will receive an average score (so if Project X received votes of "1", "2", "3", and "3", it's average score would be 2.25). Projects will be ranked according to their final score, and this final ranking will determine the order in which projects are funded.

1.7.3. All projects with an average ranking of 1.0 or less will be removed from funding consideration.

1.7.4. All projects with an average ranking above 1.0 will have the requesting agency's HPP participation score added to their average ranking to determine their final ranking. Requesting agency participation will be determined according to the methods set out in section I part 5 of this document. For example, a project funding request with an average ranking of 2.5 that was submitted by an organization with a participation score of 0.75 will have a final ranking of 3.25. There are 4 possible points available for the final ranking.

1.7.5. During the first HPP Project Funding Request meeting of the program year (August), only projects with a final ranking of 2.0 or above will be immediately funded, and only up to 50% of the total available funding will be immediately encumbered. If the total funding of all projects ranked 2.0 or above exceeds 50% of the available funding, the projects will be funding in order of their final ranking. All projects with a final ranking in between 1.0 and 2.0 will be placed on the endorsed but unfunded list until the final HPP Project Funding Request Review meeting of the program year (February).

1.7.6. All Project Funding Requests on the endorsed but unfunded list will be re-ranked during the final HPP Project Funding Request Review meeting of the program year (February).

1.7.7. If additional funds become available in between the final HPP Project Funding Request Review meetings of the program year (February) and the end of the program year, Project Funding Requests that remain on the endorsed but unfunded list will be funded in order of their final ranking.

1.7.8. The endorsed but unfunded list does not carry over between multiple program years. All Project Funding Requests that remain on the endorsed but unfunded

list at the end of the program year must be resubmitted for consideration in the following program year.

1.7.9. Projects with a final ranking of 1.0 or less will not be funded.

1.7.10. Any projects that have a tying final score will have their priority determined by an open vote among REPC voting members in attendance at the Asset Request Prioritization Meeting.

1.7.11. All HPP Project Funding Request packages will be initially ranked according to criteria identified by REPC (see below). Initial rankings have no bearing on what will actually be funded – that decision remains with the REPC voting representatives. These rankings are intended to provide a brief snapshot of each project's regional utility and the requesting agency's participation levels in REPC activities.

1.7.12. A total of 5 points were available in the initial ranking process. The criteria and point breakdowns for the asset request initial ranking can be found below.

1.7.13. Regional Benefit

1.7.13.1. Does this project benefit more than on organization/agency/facility?

1.7.13.2. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.

1.7.14. HPP Capability Alignment

1.7.14.1. Does this project align with HPP capabilities?

1.7.14.2. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.

1.7.15. HVA/Threat Alignment

1.7.15.1. Does this project address hazards identified by the regional HVA?

1.7.15.2. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.

1.7.16. Longevity

1.7.16.1. Does this project benefit the region beyond the current grant year?

1.7.16.2. 1 point available. If the project provides benefit beyond 1 year, project gains 1 point. If the project provides benefit for less than 1 year, it gains 0 points.

1.7.17. Requesting Agency Participation

1.7.17.1. How well has the submitting agency met the Healthcare Coalition's performance measures in the current Budget Period. Does the organization regularly attend REPC or related workgroup meetings?

1.7.17.2. 1 point available, but it is possible to achieve .25 points, .50 points, or .75 points as well.

1.7.17.3. Each requesting agency has a set number of performance measures/meetings to show participation. These are called "Opportunities for Participation". For each requesting agency, NCTTRAC staff determined how many Opportunities for Participation were available, and then calculated the percentage of Opportunities for Participation that were completed. This percentage is then used to determine the final point value for this criteria – 0% earned 0 points, 1% - 25% earned .25 points, 26% - 50% earned .50 points, 51% - 75% earned .75 points, and 76% - 100% earned 1 full point.

1.8. Additional Notes:

1.8.1. REPC related meetings include REPC meetings, Training & Exercise Workgroup meetings, HCC Planning Subcommittee meetings, and EMTF Subcommittee meetings.

1.8.2. If a facility/agency does not have any equipment that was purchased with HPP funds, agencies are requested to send in a blank GC-11 inventory form indicating no inventory to receive credit.

Appendix B: HPP Asset Disposition Process

1. HPP Asset Disposition Process**:** The purpose of this appendix is to ensure that consistent and proper procedures are followed in the recognition of assets purchased with HPP funds that are held and/or owned by subrecipients.
   - 1.1. HPP subrecipients will maintain an inventory of all reportable property and equipment in accordance with Generally Accepted Accounting Principles (GAAP), Uniform Grant Management Standards (UGMS), Texas Department of State Health Services (DSHS) General Contract Provisions (Texas DSHS Provisions) and/or other contract guidance, and this policy.
   - 1.2. Fixed asset records will be maintained in such a manner as to sufficiently serve to safeguard these items as public investments and to assure stewardship of all such assets held in public trust.
   - 1.3. Hospital Preparedness Program (HPP) Assets – All HPP Equipment and Supplies as defined by Texas DSHS HPP contract General Provisions and/or contract guidance. Assets held and/or owned by subrecipients purchased wholly or in part with HPP funds will be classified in the following specific categories:
     - 1.3.1. Consumable Assets – Assets with an acquisition cost under $5,000.00 which are not Capital or Controlled Equipment.
     - 1.3.2. Capital Equipment – Non-expendable tangible personal property having a useful lifetime of more than one year and an acquisition cost of $5,000 or more.
     - 1.3.3. Controlled Equipment – Includes firearms regardless of the acquisition cost, and the following non-expendable tangible personal property having a useful lifetime of more than one year and an acquisition cost of $500 or more: desktop and laptop computers, non-portable printers and copiers, emergency management equipment to increase hospital surge capacity. Some examples of this type of hospital surge equipment include; intensive care ventilators, temp-beds, patient evacuation equipment, decontamination equipment, and personal protective equipment, etc.
   - 1.4. Methods of Disposition – HPP assets may be disposed of by only four methods:
     - 1.4.1. Transfer to Other Subrecipient – Asset transferred to another HPP subrecipient or returned to NCTTRAC for redistribution within the HPP program following Property Transfer protocols.
     - 1.4.2. Dispose by Salvage – Property that is discarded as waste, when worn, damaged, obsolete, or beyond estimated useful life so that it has no value for the purpose for which it was originally intended.
     - 1.4.3. Dispose by Surplus – Property that is not salvage property or property transferred to another subrecipient, that is not needed currently or in the foreseeable future by the owner, and which possess some usefulness for the purpose for which it was intended. Surplus property is routinely sold for some value. Any such sales require DSHS pre-approval and all proceeds must be returned to the State of Texas.

1.4.4. Trade In for Replacement Property – Selected items may be traded in when replacement items are procured, thus reducing the acquisition cost of the replacement item. NCTTRAC and/or DSHS pre-approval is required.

1.5. Estimated Useful Life of HPP Assets – All HPP assets have an estimated useful life. Estimated lifespan must be taken from the following publications / sources in this order of priority:
- 1.5.1. The American Hospital Association's (AHA's) Estimated Useful Lives of Depreciable Hospital Assets,latest edition
- 1.5.2. State of Texas State Property Accounting Users Guide, Appendix (A), available on the NCTTRAC website
- 1.5.3. Manufacturer's recommendation
  - 1.5.3.1. Acquisition cost – Acquisition cost is the net invoice unit price of an item including the cost of necessary modifications, attachments, set up fees, shipping and handling costs, or auxiliary items needed to make the asset usable for the purpose it was acquired.
  - 1.5.3.2. Valuation – All assets will be valued at acquisition cost, or if acquisition cost is not practically determinable, at estimated cost. Donated or dedicated fixed assets will be valued at their fair market value at the time the asset is received by subrecipients.

1.6. Asset Control Measures – A control system must be developed to ensure adequate safeguards to prevent loss, damage or theft of HPP assets. Any loss, damage, or theft shall be investigated, fully documented, and promptly reported to NCTTRAC.
- 1.6.1. The subrecipient is responsible for any loss and must maintain insurance or other means of replacing property purchased with HPP funds.
- 1.6.2. The subrecipient bears responsibility for ensuring that HPP assets are kept in good condition.

1.7. Inventory Management Requirements
- 1.7.1. Hospital Preparedness Program (HPP) Assets must be recorded on a NCTTRAC – provided GC-11 Annual Equipment and Supplies Inventory Report. Inventories are conducted annually as of August 31, and as required by special audit. Inventories must be delivered to NCTTRAC by subrecipients for further delivery to DSHS Austin as part of the closeout of the HPP contract year. (See most current version of the document at www.NCTTRAC.org)
- 1.7.2. Inventory fields on the GC-11 that must be completed are:
  - 1.7.2.1. Capital Assets and Controlled Equipment:
    - 1.7.2.1.1. Item Description
    - 1.7.2.1.2. Quantity
    - 1.7.2.1.3. Serial number
    - 1.7.2.1.4. Unit Cost
    - 1.7.2.1.5. Date
    - 1.7.2.1.6. Acquisition Cost Funded by HPP

1.7.2.1.7. Estimated useful life
1.7.2.1.8. Program attachment Number
1.7.2.1.9. DSHS Program
1.7.2.1.10. Location of Item
1.7.2.1.11. Disposition date
1.7.2.1.12. Sale Price (if Sold)

1.7.3. Property Transfer Requirements – Property which is no longer required by the subrecipient may be transferred to another subrecipient or returned to NCTTRAC for redistribution within the Program. Arrangements may be made between the parties, or the subrecipient may request assistance from NCTTRAC to find a suitable subrecipient. Hospitals that do not meet program standards may be closed out by NCTTRAC and will have property transferred to other subrecipients.

1.7.3.1. Property Transfer Procedure:

1.7.3.1.1. When a transfer is desired, requested or directed, subrecipient shall contact NCTTRAC for assistance in coordinating the transfer of the property.
1.7.3.1.2. For each item being transferred, transferring subrecipient shall annotate their GC-11 Inventory Form in the Disposition column with the transfer date and indicate the receiving subrecipient agency in the Location column. Do not delete the item from the GC-11.
1.7.3.1.3. Receiving subrecipient agency shall sign for transferred property on the Property Transfer Form.
1.7.3.1.4. Both transferring and receiving agencies should keep a copy of the Property Transfer Form on file with equipment inventory records.
1.7.3.1.5. Receiving subrecipient shall forward the original copy of the signed Property Transfer Form to NCTTRAC Finance and Resources by mail, email attachment, or fax.
1.7.3.1.6. Receiving subrecipient shall annotate their GC-11 Inventory Form to indicate receipt of property. Indicate in the Location of Item column that the property was received from the transferring subrecipient and include the Transfer Form Log Number.
1.7.3.1.7. NCTTRAC Finance and Resources will file signed Property Transfer Forms in equipment records for both the transferring and receiving subrecipient.

1.8. Disposition of HPP Assets –Subrecipients may not dispose of HPP assets by salvage, surplus, or trade in before obtaining disposition approval and instructions from NCTTRAC. Disposition of all HPP assets relies on validation of the asset, aggregate value of the assets, estimated useful life of asset, asset

condition, and whether or not the asset continues to be useful to the HPP program.

1.8.1. Consumable Assets

1.8.1.1. Consumable assets may be disposed of by the subrecipient using the SALVAGE method if

1.8.1.1.1. The consumable asset is beyond estimated useful life

1.8.1.1.2. Has been consumed in use for a real event or an exercise event

1.8.1.1.3. Has no value to the Hospital Preparedness Program

1.8.1.2. Consumable assets may not be disposed of if estimated useful life has not been exceeded or if the asset presents value to the Hospital Preparedness Program. In this case, subrecipient may either:

1.8.1.2.1. Request property transfer support from NCTTRAC, or

1.8.1.2.2. Request disposition instructions from NCTTRAC

1.8.1.3. Consumable Asset Disposition Procedure:

1.8.1.3.1. A Disposition Log is recommended to be maintained by the hospital.

1.8.1.3.2. Annotate on the Location of Item column of the GC-11 Inventory form to show the disposition and reason.

1.8.1.3.3. Do not delete assets from the GC-11; all dispositions should remain on your document.

1.8.1.3.4. If you dispose of a partial line item, a new line should be inserted, and the remaining partial assets should be transferred to the new line with revised quantities reflecting any non-disposed assets.

1.8.1.3.5. A new tab can be added to the GC-11, and lines of disposed assets may be moved to this new tab.

1.8.2. Capital and Controlled Equipment Capital and Controlled Equipment may only be disposed of with disposition approval and instructions from NCTTRAC.

1.8.2.1. Capital and Controlled Equipment Disposition Procedure:

1.8.2.2. Subrecipients should request disposition authority by submitting a completed Program Property Disposition Request to NCTTRAC Finance and Resources. Program Property Disposition Requests may be mailed with supporting GC-11 inventories to NCTTRAC at:

North Central Texas Trauma Regional Advisory Council
Attn: NCTTRAC Finance and Resources
600 Six Flags Drive, Ste. 160
Arlington, TX 76011

1.8.2.3. Signed electronic copies in Adobe PDF format, with supporting GC-11 inventories may be emailed to NCTTRAC Finance and Resources staff members if pre-arranged, or faxed to NCTTRAC Finance and Resources at (817) 608-0399

1.8.2.4. Special Disposition Considerations

1.8.2.4.1. Disposition by Salvage generally means discarding as waste. Subrecipient agencies are responsible for proper salvage disposal following local, state, and federal regulations.

1.8.2.4.2. Disposition by Donation to Civic or Charitable Organization in lieu of salvage by discarding as waste may be allowable in certain situations. Health and medical supplies, antibiotics, antivirals, and other items that may be used for patient treatment may not be disposed of by donation after expiration of the property's useful life. Because program property must be retained until there is no remaining value to the Program, disposition by donation may occur only with disposition approval and instructions from NCTTRAC

1.9. NCTTRAC Actions to be taken Property Disposition Requests

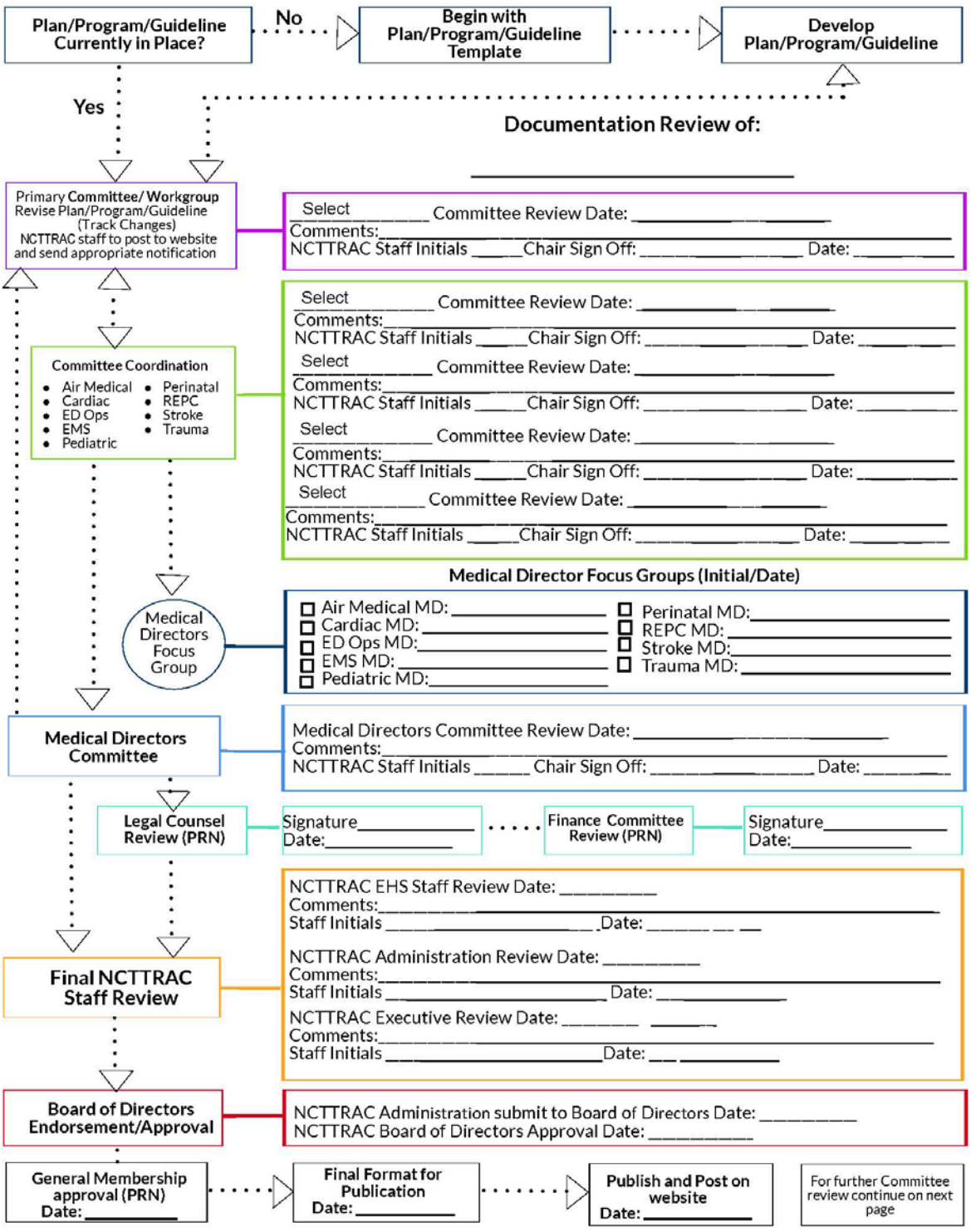
1.9.1. NCTTRAC may authorize the disposition of capital, controlled, and consumable HPP assets if

1.9.2. Asset estimated useful life is exceeded per the appropriate guide, **and**

1.9.3. Asset has no value remaining to the program

1.9.4. NCTTRAC may direct the transfer of property that has remaining estimated life and program value per Property Transfer Requirements above. NCTTRAC will request disposition instructions from DSHS Contract Management Unit for all capital, controlled, and consumable assets which either have remaining useful life or value to the program.

Appendix C – Coordination Flowchart



Committees Continued

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