I. Committee Purpose

The committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans, and treatment guidelines, and the Committee SOP. The committee will also provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

Further details of Standing Committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

II. Committee Responsibilities

REPC is responsible for jointly identifying and recommending plans and solutions that support improvements in Trauma Service Area (TSA) - E emergency/disaster preparedness and response between medical emergency preparedness stakeholders. Additionally, REPC serves as the steering committee that provides recommendations and support to the NCTTRAC Board of Directors and staff regarding execution of the Texas Hospital Preparedness Program contract as administered by the Texas Department of State Health Services (DSHS) for TSA-C, D, and E. This responsibility includes strategic oversight for Emergency Medical Task Force (EMTF)-2, covering TSA-C, D, and E.

A. Additional Responsibilities Include: Lead collaborative regional planning, formulate strategies, and make recommendations to the NCTTRAC Board of Directors to ensure that the best possible approaches to regional Healthcare Coalition planning can be achieved in TSA-E.

B. Identify and assess regional needs in order to develop possible options for strengthening the overall resiliency of regional response capabilities based upon federal and state guidance and best practices (these include the Hospital Preparedness Program, Centers for Medicare & Medicaid Services, Federal Emergency Management Agency, etc.)

C. Serve to identify the regional priorities set forth by current federal and state guidelines by utilizing input from Subject Matter Experts to set strategic planning goals and objectives.

III. Committee / Subcommittee Chair/Chair Elect Responsibilities

A. Chair

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:

a) One vote on the Board of Directors representing the collective vote of REPC
b) Knowledge of the NCTTRAC Bylaws
c) Knowledge of NCTTRAC programmatic obligations

d) Scheduling meetings
e) Meeting agendas and minutes
f) Committee reports to the Board of Directors at least quarterly
g) Standard Operating Procedures.

2. The Committee / Subcommittee Chair must be a documented representative of a NCTTRAC member organization in good standing as defined in the Membership and Participation SOP.
3. The term of the Committee / Subcommittee Chair is two years.
4. The Committee / Subcommittee Chair may not simultaneously hold another elected position in NCTTRAC.
5. The Committee Chair only votes at the REPC meeting in the event of a tie.
6. The Committee Chair has the authority to call or postpone REPC Committee meetings.
7. Upon election or ascension to the REPC Chair position, the incumbent must vacate their responsibility as a REPC Core Group member.

B. Chair / Subcommittee Elect

1. The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for REPC activity and meeting management in the temporary absence of the Chair.
2. The Chair Elect may serve in lieu of the REPC Chair for Board of Directors responsibilities, including voting, in the temporary absence of the Chair.
3. The Committee / Subcommittee Chair Elect must be a documented representative of a NCTTRAC member organization in good standing as defined in the Membership and Participation SOP.
4. The Committee / Subcommittee Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
5. The REPC Chair Elect position will be voted on by the REPC Core Group members every even year or when this position has been vacated by incumbent.

IV. Medical Director

A. The elected Disaster Medical Director serves as the principal liaison between REPC and the Medical Director Committee.

B. The Disaster Medical Director is responsible for recommending a minimum standard of practice for providers participating in the trauma, acute, emergency healthcare and disaster response system of TSA-E.

V. REPC Leadership Group

A. The REPC Leadership Group shall be comprised of the Chair, Chair Elect, Medical Director, Immediate Past Chair, Subcommittee Chairs and Chairs Elect, and Workgroup Leads – i.e. HPP Planning Subcommittee, EMTF-2 Subcommittee, and Training & Exercise Workgroup

B. The REPC Leadership Group may convene on an ad hoc basis to represent REPC in 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.

VI. Committee Products (SOPs, SOGs, Protocols, Guidelines, and Plans)

A. Regional Hazard Vulnerability Analysis

B. Disaster Preparedness Section of NCTTRAC Trauma System Plan

C. MYTEP

D. Any Ad Hoc requirements set forth from the HPP

VII. Workgroup

A. Training and Exercise

VIII. Definitions/Acronyms

A. Department of State Health Services (DSHS)

B. Governor's EMS and Trauma Advisory Council (GETAC)

C. Hazard Vulnerability Analysis (HVA)

D. Healthcare Coalition (HCC)

E. Hospital Preparedness Program (HPP)

F. Multi Year Training and Exercise Plan (MYTEP)

G. Regional Emergency Preparedness Committee (REPC)

IX. Procedures (Meetings, Agenda, and Minutes)

A. The Committee will generally meet monthly, but not less than quarterly.

B. All related meetings will be held as open meetings.

C. The Committee will follow a NCTTRAC approved format for the meeting agenda and minutes.

D. 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.

E. See Article IX of the NCTTRAC Bylaws for further details on standing committees with Core Group representation.

X. Affiliated Liaison Groups

A. Governor's EMS and Trauma Advisory Council (GETAC) Disaster/Emergency Preparedness Committee

B. Texas Division of Emergency Management (TDEM)

C. Texas Disaster Medical System (TDMS)

XI. Performance Standards

A. Annual Regional Hazard Vulnerability Analysis (HVA)

B. Annual Assessment: 2018 Supply Chain Integrity Assessment

C. HPP Inventory

D. No Notice Bed Reporting: Measured Quarterly

E. Communications Drills: Measured Quarterly

XII. Annual Committee Goals

A. Regional Goal:
   1. Develop and support a robust training and exercise program throughout the region.
   2. Increase the capability of EMTF with a specific focus on the development of regional Medical Incident Support Team (MIST) members.
   3. Develop and support an effective regional MCI Framework and Response Strategy.

B. Contractual Goal:
   1. Complete HPP Deliverables

XIII. Unobligated Budget Request

A. While generally not drawn upon by REPC, due to the HPP funded asset request process, REPC does consider UBRs from other NCTTRAC committees that may be appropriately funded by the HPP.

XIV. Healthcare Coalition Membership

A. Membership in the Healthcare Coalition in is defined by facilities/agencies who have satisfied one or more of the following criteria:
   1. Signed an HPP Letter of Agreement (LOA) & Memorandum of Sharing (MS)
   2. Signed a TX EMTF Memorandum of Agreement (MOA)
   3. Retrieved a Certificate of Completion from the CMS Guidelines for Healthcare Agency Emergency Preparedness Course (CMS Partners)
   4. Competed Transfer Agreement with NCTTRAC
   5. “Other criteria” as recommended by REPC and approved by the Board of Directors

XV. REPC Core Group members (47)

A. The REPC Core Group members shall comprise representatives 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 Core Group members include those identified in this SOP except where noted.

B. **Representation**: The REPC Core Group will be composed of specified primary and alternate representatives of the following:

1. **TSA-C Healthcare Coalition Members**
   - **TSA-C Healthcare Coalition**
     (1 representative)
   - **TSA-C Emergency Medical Task Force (EMTF) Partnering RAC**
     (1 representative)
     North Texas Regional Advisory Council

2. **TSA-D Healthcare Coalition Members**
   - **TSA-D Healthcare Coalition**
     (1 representative)
   - **TSA-D Emergency Medical Task Force (EMTF) Partnering RAC**
     (1 representative)
     Big Country Texas Regional Advisory Council

3. **TSA-E Healthcare Coalition Members**
   - **REPC Chair**
   - **REPC Chair – Elect**
   - **Medical Director**

B. The REPC Core Group members will be comprised of a primary and alternate representative of the following:

1. **Public County Hospitals**
   (2 representatives)
   John Peter Smith Hospital
   Parkland Health & Hospital System

2. **Hospital Systems**
   (1 representative from each Hospital System)
   Baylor Scott and White Health
   Medical City Healthcare
   Methodist Health System
   Texas Health Resources

3. **Pediatric Hospitals**
   (1 representative, selected from peer group)

4. **Academic Medical Centers**
   (1 representative, selected from peer group)

5. **Hospitals Metropolitan (At Large)**
   (1 representative, selected from peer group)

6. **Hospitals Non-metropolitan (At Large)**
   (1 representative, selected from peer group)

7. **Stand-alone EDs**
   (1 representative, selected from peer group)

8. **Medical Societies**
   (1 representative, selected from peer group)

9. **CMS Providers**
   (16 representatives, 1 per provider type, selected from peer groups)
   Ambulatory Surgical Centers (ASCs)
   Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
   Community Mental Health Centers (CMHCs)
   Comprehensive Outpatient Rehabilitation Facilities (CORFs)
   Critical Access Hospitals (CAHs)
   End-Stage Renal Disease (ESRD) Facilities
   Home Health Agencies (HHAs)
   Hospices
   Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
   Long Term Care (LTC)
   Organ Procurement Organizations (OPOs)
   Programs of All Inclusive Care for the Elderly (PACE)
   Psychiatric Residential Treatment Facilities (PRTFs)
   Religious Nonmedical Health Care Institutions (RNHCIs)
   Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
   Transplant Centers

10. **Air Medical EMS**
    (1 representative, selected from peer group)

11. **EMS**
    (1 representative from each):
    Dallas County EMS
    Tarrant County EMS
    Collin County EMS
    Denton County EMS
    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.
    At Large Non-metropolitan Providers (from Cook, Erath, Fannin, Navarro, Palo Pinto, or Somervell Counties)

12. **Public Health**
    (1 representative)
    Texas DSHS Public Health Region 2/3)
    (1 representative selected from peer group)
    Collin County Public Health, Dallas County Public Health, Denton County Public Health, Grayson County Public Health, Navarro County Public Health, or Tarrant County Public Health , ,

13. **Disaster Behavioral Health**
    (1 representative, selected from peer group)

14. **Fatality Management**
    (1 representative, selected from peer group)

15. **Councils of Government**
    (2 representatives, selected from peer group)
    North Central Council of Government (COG)
    Texoma Council of Government (COG)

16. **Emergency Management**
    (3 representatives, selected from peer group)
    Regional Emergency Management Representative
    Metropolitan Emergency Management Representative
    Non-metropolitan Emergency Management Representative

17. **Texas Division of Emergency Management / Disaster District Committees**
    (2 representatives)

XVI. **Attendance:** All Core Group members are expected to participate in all REPC and HCC meetings through attendance by their primary or alternate appointee. The minimum standard of attendance will be 7 REPC meetings in the July – June program year. Attendance rosters will be maintained on a rolling program year calendar.

XVII. **Voting:** The Chair shall manage voting issues in accordance with the existing NCTTRAC Voting and Elections SOP. Either the REPC Core Group member or designated alternate shall exercise the right to vote on REPC matters as necessary. A simple majority vote of those Core Group members 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 Core Group 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.

XVIII. **How constituted:** The REPC Chair shall preside over REPC. The Core Group members will elect a Chair Elect and Medical Director in accordance with

NCTTRAC bylaws. The REPC Core Group members will also vote to identify a Chair Elect as defined in paragraph III above. The REPC Chair, Chair Elect, and Medical Director must be a documented representative of a NCTTRAC member organization in good standing as defined in the Membership and Participation SOP.

XIX. Term: REPC Core Group members will be considered for continuation or rotation annually, normally in conjunction with the NCTTRAC fiscal year calendar. Changes to committee functional representation can be recommended by a two-thirds majority vote of the REPC Core Group members, modification of this SOP, and subsequent approval by the NCTTRAC Board of Directors.

XX. Resignation: Any representative may voluntarily withdraw from participation, with written notice to the REPC Chair.

XXI. Expulsion: Any representative can be expelled upon a two-thirds majority vote of the REPC Core Group members and subsequent approval by the North Central Texas Trauma Regional Advisory Council Board of Directors. Any representative identified for potential expulsion has the right to present themselves to the REPC Core Group members and/or the Executive Committee of the Board of Directors in consideration of such action in accordance with the NCTTRAC Alternative Dispute Resolution SOP.

XXII. Meetings: Meetings shall be managed in accordance with Article IX of the NCTTRAC Bylaws. The Committee will generally meet monthly, but not less than quarterly.

XXIII. Subcommittees and Work Groups: Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Worki 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:

A. EMTF-2 Subcommittee: Tasked with providing subject matter expertise in regional and state planning, mobilization, recruiting, training, operations, recovery, and fiscal responsibilities.
B. HCC Planning Subcommittee: Tasked with providing subject matter expertise in regional all hazards disaster planning support.
C. 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).

XXIV. Funds: The right to execute legal contracts or obligations is reserved for NCTTRAC staff under the direction of the NCTTRAC Board of Directors.

XXV. Amendments: This SOP may be altered, amended, or repealed in accordance with Article IX of the NCTTRAC Bylaws.

XXVI. Emergency Response: The NCTTRAC Duty Phone with serve as the primary point of contact to roster a liaison to the ESF-8 lead agency and EOCs during an emergency.

XXVII. HPP Resource Request and Review Process: The purpose of this section 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. (See attachment #1 - HPP Resource Request & Review Flowchart)

A. **Request / Review Process:** HPP Resource Requests may be submitted at anytime and will be presented at the next available REPC meeting for review, approval and placement on the funded or unfunded purchase list. REPC may elect to meet as needed to review and prioritize approved purchases based on funding availability.

1. Deliberate consideration for Budget Request
   a. NCTTRAC HCC Preparedness Director and requestor have informal discussion about request. Applicability and appropriateness discussed.
2. Complete the *HPP Resource Request Form* as follows: (See most current version of the document at www.ncttrac.org)
   a. The Requester is to complete the shaded portions of the HPP Resource Request Form – sections 1-4.
   b. Requester: Provide Requester's Name, Agency, TSA, email, phone number, and the date the requested items are needed
   c. Ordering information:
      1) Item No.
      2) Description
      3) Quantity
      4) Unit of Issue
      5) List Price
      6) Discounted Price
      7) Estimated Price
   d. Justification: Provide justification to include regional benefit as required; additional information may be attached as needed.
   e. Recommended Sources: Provide a minimum of three sources where asset is available for purchase.

f. Asset Request Status: Request is approved or denied based on REPC vote, comments may be added.
g. Requester's Name and Date: Name of individual submitting the request / date of request submission
h. Requester's Signature: Signature of individual submitting the request
i. HCC Chair Name and Date: Name of REPC Chair and date of signing
j. HCC Chair Signature: REPC Chair's signature
k. Asset Request Status (For official use only): Indicate whether request is Approved or Denied; with space for Comments

3. Submit *HPP Resource Request Form* (Request) to NCTTRAC Staff. Staff will review the Request and ensure the following requirements are met prior to submission to REPC:
   a. Application is complete
   b. Appropriate justification provided identifying regional benefit
   c. Request(s) meet program and contractual requirements (submit items for DSHS approval)
   d. An HPP Letter of Agreement (LOA) & Memorandum of Sharing (MOS), TX EMTF Memorandum of Agreement (MOA), or Transfer Agreement with NCTTRAC exists on file.
   e. Funds are available from within the appropriate funding source
   f. NCTTRAC leadership has reviewed / approved the asset request(s) for REPC consideration
   g. Give each request a unique project number and log in the HCC Asset Request log

4. Staff Coordination / REPC
   a. The request will be added to the agenda of the next REPC 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) If the request is endorsed with funding, REPC will make a determination of whether the request should be funded. The request will be forwarded to the Finance Committee with a recommendation for approval.
      2) If the request is endorsed without funding, the individual submitting the request will be notified by the HCC Preparedness Director and the request will be placed on the list of unfunded requests for consideration as funding becomes available.

3) If the request is denied, the individual submitting the request will be contacted by theHCC Preparedness Director and provided the basis for denial. REPC will determine whether a request that has been denied may be resubmitted.

5. Staff Coordination / Finance Committee

   a. The request will be added to the agenda of the next Finance Committee for consideration and endorsement. Although not required, it is recommended that the individual making the request attend the meeting in order to address the Finance Committee's questions and concerns and to provide additional information.

      1) If the request is endorsed, the Finance Committee will make a determination of whether the request should be funded. The request will be forwarded to the Board of Directors with a recommendation for approval.

      2) If the request is denied, the individual submitting the request will be contacted by the HCC Preparedness Director and provided the basis for denial. A request that has been denied by the Finance Committee may be resubmitted after REPC review and endorsement.

6. Staff Coordination / Board of Directors

   a. 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) If approved by the Board of Directors with funding, the individual submitting the request will be notified by the HCC Preparedness Director.

      2) If denied by the Board of Directors, the HCC Preparedness Director 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 and Finance review and endorsement respectively.

   b. All purchases related to approved requests will adhere to the NCTTRAC procurement policy.

      1) Once approved with funding, a NCTTRAC Purchase Order will be issued to obligate request expenditures, if applicable.

      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.

7. Procurement Considerations:

   a. Shipping costs shall be included in the total approved purchase cost

b. Only the requested quantity of items will be purchased; any leftover funds will remain available for other approved purchases.
c. Items exceeding the initial quote shall be subject to additional authorization prior to purchase
d. Substitute items will be allowed if approved by the original requestor, and the substitute items are equal in cost and value
e. Unfunded items will not carry over to the next budget period unless approved by REPC

8. 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.

   a. Voting members will assign each project a score of 0-3. The scoring breakdown is as follows:
      - 0: This project should NOT be funded
      - 1: This project should only be funded if there is money left over after funding more critical projects
      - 2: This project is important to our coalition and should be funded as soon as possible,
      - 3: This project is critical to our coalition and should be funded immediately.

   b. 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.

   c. 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.

   d. All Asset 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 Core Group. 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.

e. 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) Regional Benefit
   i. Does this project benefit more than on organization/agency/facility?
   ii. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.
2) HPP Capability Alignment
   i. Does this project align with HPP capabilities?
   ii. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.
3) HVA/Threat Alignment
   i. Does this project address hazards identified by the regional HVA?
   ii. 1 point available. If yes, project gains 1 point. If no, project gains 0 points.
4) Longevity
   i. Does this project benefit the region beyond the current grant year?
   ii. 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.
5) Requesting Agency Participation
   i. 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?
   ii. 1 point available, but it is possible to achieve .25 points, .50 points, or .75 points as well.
   iii. 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.

6) Additional Notes:
   i. REPC related meetings include REPC meetings, Training & Exercise Workgroup meetings, HCC Planning Subcommittee meetings, and EMTF Subcommittee meetings.
   ii. If a facility/agency does not have any equipment that was purchased with HPP funds, they are not required to submit a GC-11 inventory form. For any agencies/facilities where this is the case, this was not counted against their participation score.

XXVIII. HPP Asset Disposition Process: The purpose of this section 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.

A. 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.

B. 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.

C. 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. Consumable Assets – Assets with an acquisition cost under $5,000.00 which are not Capital or Controlled Equipment.
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.
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.

D. Methods of Disposition – HPP assets may be disposed of by only four methods:

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.
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.
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.

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.

E. 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. The American Hospital Association's (AHA's) Estimated Useful Lives of Depreciable Hospital Assets, latest edition
2. State of Texas State Property Accounting Users Guide, Appendix (A), available on the NCTTRAC website
3. Manufacturer's recommendation
    a. 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.
    b. 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.

F. 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. The subrecipient is responsible for any loss and must maintain insurance or other means of replacing property purchased with HPP funds.
2. The subrecipient bears responsibility for ensuring that HPP assets are kept in good condition.

G. Inventory Management Requirements

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)
2. Inventory fields on the GC-11 that must be completed are:
    a. Capital Assets and Controlled Equipment:
        1) Item Description
        2) Quantity

3) Serial number
4) Unit Cost
5) Date
6) Acquisition Cost Funded by HPP
7) Estimated useful life
8) Program attachment Number
9) DSHS Program
10) Location of Item
11) Disposition date
12) Sale Price (if Sold)

H. 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. Property Transfer Procedure:

   a. When a transfer is desired, requested or directed, subrecipient shall contact NCTTRAC for assistance in coordinating the transfer of the property.

   b. 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.

   c. Receiving subrecipient agency shall sign for transferred property on the Property Transfer Form.

   d. Both transferring and receiving agencies should keep a copy of the Property Transfer Form on file with equipment inventory records.

   e. Receiving subrecipient shall forward the original copy of the signed Property Transfer Form to NCTTRAC Logistics by mail, email attachment, or fax.

   f. 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.

   g. NCTTRAC Logistics will file signed Property Transfer Forms in equipment records for both the transferring and receiving subrecipient.

I. 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. Consumable Assets
    a. Consumable assets may be disposed of by the subrecipient using the SALVAGE method if:
        1) The consumable asset is beyond estimated useful life
        2) Has been consumed in use for a real event or an exercise event
        3) Has no value to the Hospital Preparedness Program
    b. 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) Request property transfer support from NCTTRAC, or
        2) Request disposition instructions from NCTTRAC
2. Consumable Asset Disposition Procedure:
    a. A Disposition Log is recommended to be maintained by the hospital.
    b. Annotate on the Location of Item column of the GC-11 Inventory form to show the disposition and reason.
    c. Do not delete assets from the GC-11; all dispositions should remain on your document.
    d. 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.
    e. A new tab can be added to the GC-11, and lines of disposed assets may be moved to this new tab.
3. Capital and Controlled Equipment

    Capital and Controlled Equipment may only be disposed of with disposition approval and instructions from NCTTRAC.
4. Capital and Controlled Equipment Disposition Procedure:
    a. Subrecipients should request disposition authority by submitting a completed Program Property Disposition Request (Attachment (A), to NCTTRAC Logistics. Program Property Disposition Requests may be mailed with supporting GC-11 inventories to NCTTRAC at:

        North Central Texas Trauma Regional Advisory Council
        Attn: Logistics
        600 Six Flags Drive, Ste 160
        Arlington, TX 76011

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

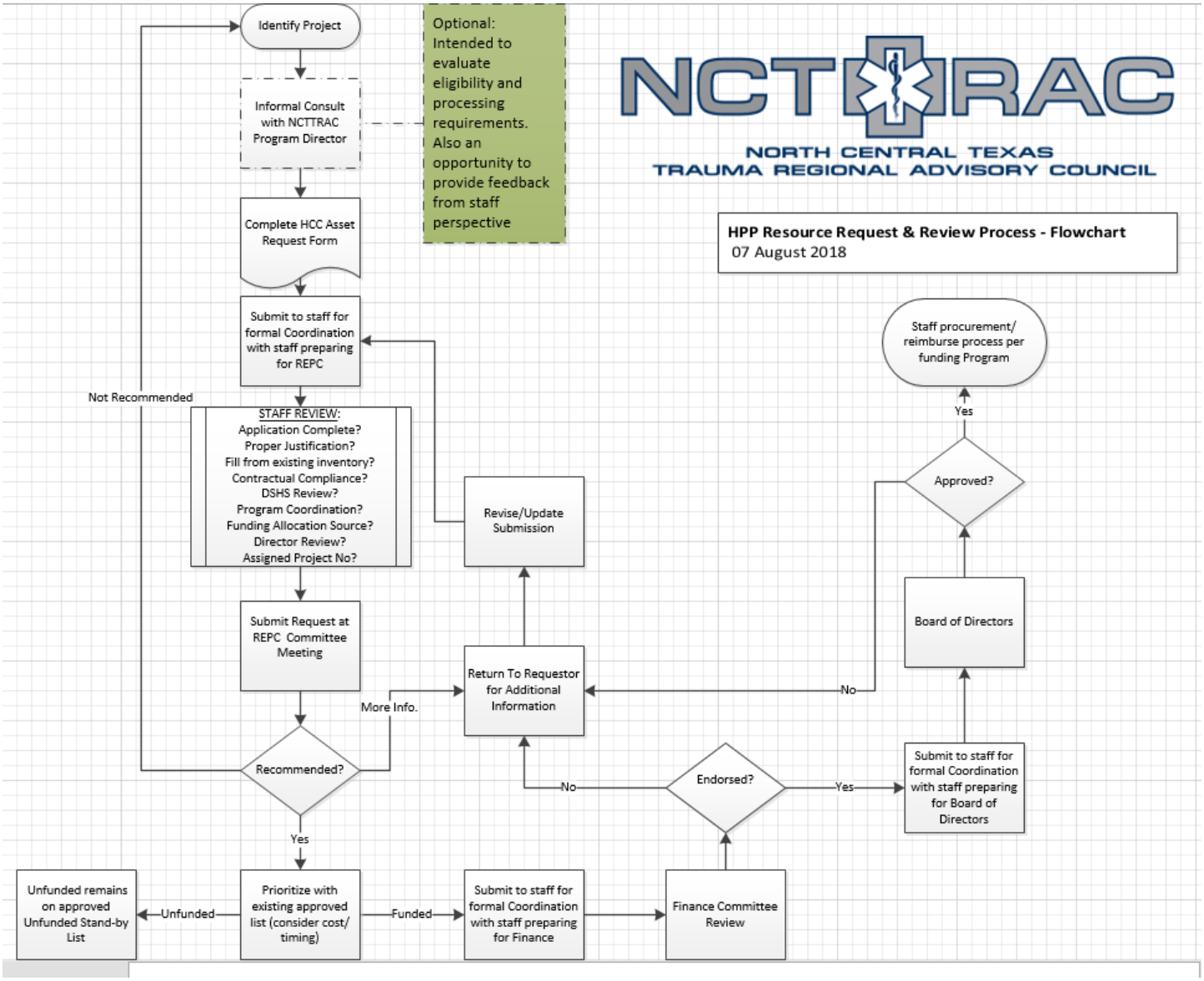
5. Special Disposition Considerations

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

   b. 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.

J. NCTTRAC Actions to be taken Property Disposition Requests

   1. NCTTRAC may authorize the disposition of capital, controlled, and consumable HPP assets if:
      a. Asset estimated useful life is exceeded per the appropriate guide, **and**
      b. Asset has no value remaining to the program
   2. NCTTRAC may direct the transfer of property that has remaining estimated life and program value per Property Transfer Requirements above.
   3. 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.



Attachment #1 – HPP Resource & Review Process - Flowchart