

Wisconsin

Within 60 days of receiving the award, recipients must submit the following:

1. a work plan,
2. a detailed budget and budget narrative/justification, and
3. required budget forms.

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic. As part of this emergency supplemental funding, ASPR provides \$42,000,000 for the Hospital Preparedness Program (HPP) cooperative agreement. This funding should support health care coalitions (HCCs), emergency medical services (EMS), state/jurisdiction Ebola treatment centers¹, and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. Recipients may request retroactive compensation for HCCs and health care facilities, including state/jurisdiction special pathogen treatment centers for any of the activities described herein that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities

Any state or jurisdiction special pathogen treatment center² that accepted funds through the funding opportunity for health care system preparedness for Ebola and other novel, highly pathogenic diseases (to include COVID-19) must assure that preparedness activities under this award are not conducted in a manner to restrict health care services based on an individual's home jurisdiction and that any facilities that received funds under this award may not restrict services based on an individual's home jurisdiction.

Activities supported by this funding include:

- Recipients must provide funding for each state or jurisdiction special pathogen treatment center within 30 days. See funding tables for more information.
- Recipients must limit their direct costs (excluding subawards to HCCs and health care facilities) to no more than 10 percent of the allocation. ASPR will consider requests for exemptions on a case-by-case basis.
- Recipients may update the jurisdiction's Ebola and other special pathogens concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19.

¹ Due to COVID-19 response, ASPR is renaming these centers as state/jurisdiction special pathogen treatment centers. As such, they are referred as such throughout this document.

² As part of the Regional Treatment Network for Ebola and Other Special Pathogens, ASPR funded state and jurisdiction Ebola treatment centers. These centers are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for a person with Ebola and other special pathogens while minimizing risk to health care workers.

- Ensure a physician is in the state or jurisdiction emergency operations center full time to manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients. This EOC physician should have insight into available resources at hospitals and other health care facilities.
 - Implement a health care system CONOPS for COVID-19 that captures an all-of-health care approach where a multiplicity of facilities and provider types are contributing to the response.
 - Update the existing patient transport plan to include an approach for intra- and inter-state transport of potential or confirmed COVID-19 patients.
- Recipients may develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPS planning.
 - Provide funding, as necessary, to EMS agencies for COVID-19 preparedness activities, such as personal protective equipment (PPE), training, and exercises.
 - Provide training and technical support, as necessary, to EMS agencies and 9-1-1/Public Safety Answering Points on screening 911 callers in order to direct non-acute patients to the appropriate care setting and to implement evolving protocols related to the dispatch of EMS for COVID suspected patients, and EMS response in general.
 - Leverage surveillance systems and situational awareness to inform coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should improve and maintain health care worker readiness for COVID-19 and other special pathogens.
 - Provide health care facility-level training of staff, specifically focusing on health care worker safety when caring for a COVID-19 patients or PUIs (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's updated plan.
 - Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.
 - Conduct just-in-time training and final preparations to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity.
 - Receive and participate in training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S.
 - Ensure the competency of health care workers to identify, assess, and treat suspected or confirmed patients with COVID-19 and maintain continuity of operations for other critical activities through training and other educational opportunities.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should examine and enhance physical infrastructure to ensure infection control for COVID-19 preparedness and response, as necessary.
 - Reconfigure patient flow in emergency departments to provide isolation capacity for PUIs for COVID-19 and other potentially infectious patients.

- Examine physical infrastructure needs, which may include minor retrofitting and alteration of inpatient care areas for enhanced infection control (e.g., donning/doffing rooms).
 - Consider alternative or innovative models to reconfigure patient flow or transition to inpatient care, as necessary, such as leveraging alternative care sites (e.g., ambulatory surgical centers) or telemedicine to ensure all patients reach care.
 - Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity.
 - Ensure capability to maintain continuity of operations, leveraging alternative or innovative models, such as alternative care sites or telemedicine to support other critical operations. Support clinical laboratories' capability and capacity for COVID-19 response.
 - Ensure capability and capacity to handle COVID-19 contaminated waste.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should collaborate with a multiplicity of provider types to ensure capabilities to care for target populations³:
 - Consider including a focus on individuals at risk for high morbidity and mortality from COVID-19 in the development and execution of activities described above, including collaborating with health care facilities that directly serve these individuals such as long term residential and home health care.
- HCCs and state/jurisdiction special pathogens treatment centers may support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care as necessary with support from medical ethicists.
- Recipients, HCCs and state/jurisdiction special pathogens treatment centers must meet performance measures specific to health care system preparation and response to COVID-19, when those have been made available.
 - Note: Performance measures for COVID-19 supplemental funding have not been finalized. ASPR and NETEC will work with recipients post award to develop the evaluation and performance measurement strategy.

³ As of March 2020, this target population includes older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, and other populations at increased risk for morbidity and mortality from COVID-19.