



**December 2009 Request for Proposals
For
Non-Hospital Health Care System Provider
Disaster Planning, Training, and Exercises**

Funding Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR), C.F.D.A. 93.889, through the Ohio Department of Health, to the Hospital Council of Northwest Ohio
Amount: Up to \$65,000 allocated for mini-grants of no less than \$5,000 per proposal

Due Date: January 15, 2010

The medical surge capacity planning and responses of the northwest Ohio health care system depends on a network of partners. In particular, the regional hospitals can benefit from the addition of non-hospital health care partners to expand the capabilities of a local health care system to respond to mass casualty incidents.

To further expand the disaster preparedness and response capabilities of non-hospital partners, the Northwest Ohio Healthcare Systems Coordination Project ASPR (Office of the Assistant Secretary for Preparedness and Response) grant, funded through the Ohio Department of Health to the Hospital Council of Northwest Ohio, has made available **up to \$65,000 to be awarded as mini-grants for NW Ohio non-hospital health care providers which have or is forming a partnership with a NW Ohio ASPR funded hospital**. Successful proposals must outline opportunities, equipment purchases, and/or activities designed to enhance specific ASPR Level 1 and/or Level II Sub-Capabilities for a non-hospital health care provider such as but not limited to: a long term care facility, clinic, urgent care center, and federally qualified health centers. Requests for proposals should be no less than \$5,000, and none of the funding may be used toward wages, benefits, or for the purchase of food. **All funds must be spent and services must be completed by June 30, 2010.**

Proposals for any portion of the available funds must include: 1). a letter of support signed by a NW Ohio ASPR hospital; 2). a detailed narrative account of how the project will be approached; 3). clearly defined deliverables and measureable evaluation outcomes which address one or more of the following ASPR Sub-Capabilities:

Level I Sub-Capabilities

- A. Interoperable Communications System**-Purchase of a portable or low-tier base station MARCS radio so the non-hospital health care provider can communicate with their regional hospital partner (s) and other external response agencies during emergencies (see the attached order form and limit purchases to the yellow shaded areas) and commitment to pay yearly radio use fees (\$220-\$440 per year) provide staff to be trained on the use of the unit, and regular participation in local, state and regional MARCS radio

drills. Applicants must also document in their application a commitment from a local ASPR funded hospital to share their MARCS hospital talk-group frequency.

It is recommended that a low-tier base station be requested as MARCS portables are not designed to transmit from inside many common types of commercial construction. If a portable is requested, the agency should document that a survey was conducted with a MARCS portable that demonstrates it will properly transmit from areas of expected use with the agency's facility.

B. Fatality Management-Work with a partner hospital to write a mass fatality plan for the facility which upon completion receives senior management approval and includes current information on:

- the there is a need for expanded refrigerated storage capacity and supplies such as body bags
- The role of the State/jurisdictional Chief Medical Examiner/Coroner in the fatality management planning process
- The role of participating hospitals, emergency management, public health and other State/local agencies in the fatality management process
- The cultural, religious, legal and regulatory issues involved with the respectful retrieval, tracking, transportation, identification of bodies, and death certificate completion.

All mini-grant purchases must supplies or equipment which directly support the implementation of the resulting mass fatality plan.

C. Health Care Facility Evacuation-Work with a partner hospital to write an evacuation plan for the facility which has receives senior management approval and includes current information on:

- personnel training in evacuation procedures
- transportation means, equipment, supplies, and alternative facilities
- The operational structure and standard operating procedures for moving patients as appropriate.

All mini-grant purchases must be supplies or equipment which directly support the implementation of the resulting evacuation plan.

Level II Sub-Capabilities

A. Alternate Care Sites-The non-hospital health care provider should work with a regional hospital to identify a role for the facility, its staff, and/or resources in the hospital medical surge plan for mass casualty incidents. ***All mini-grant purchases must directly support the identified medical surge capacity role for the non-hospital partner.***

B. Personal Protective Equipment- Work with a regional hospital partner to determine adequate types (based on the most current hazard vulnerability assessment for the facility and county) and amounts of personal protective equipment (PPE) to protect current and additional healthcare personnel during an incident. The amount should be tied directly to the number of healthcare personnel needed to support bed surge capacity during a mass casualty incident. The non-hospital health care provider must include in its planning an annual process for fit-testing staff if PPE purchases are made with these grant funds.

All mini-grant purchases must be supplies or equipment which is interoperable with the partner hospital and should be limited to building a disaster response cache of N-

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95 masks and Powered Air Purifying Respirators (PAPRs) and may also include surgical masks, gowns, face shields, and non-sterile gloves.

A detailed operating budget will also be required, and upon completion of the work, a final program narrative report of associated activities and a final budget report must be submitted to Kathy Silvestri, Regional Healthcare System Coordinator **by no later than July 21, 2010**

All 2009/10 mini-grant proposals are due electronically by **Friday, January 15, 2010**. Please send completed proposals to Kathy Silvestri at: ksilvestri@hcno.org All questions about the mini-grant RFP should be also be e-mailed to Kathy Silvestri no later than **Wednesday, December 30, 2009**.

A Selection Committee of volunteers from the 2009/2010 NW Ohio Hospital Steering Committee (10 members including participants from NW Ohio hospitals and regional public health) will review all complete requests for proposals and will make the final mini-grant selections using a quantitative scoring system. Successful proposal applicants will be notified no later than **Friday, January 22, 2010**.

Priority for funding will be given to agency's that are able to either 1) document in their application or 2) make a commitment in their application to complete training of a minimum of 50% of their middle and upper level management staff in ICS 100/200/700 training by January 15, 2010. This ICS training may be either on-line at the Emergency Management Institute (EMI) independent study web site (<http://training.fema.gov/IS/>) or a comparable course that results in the successful completion of a EMI ICS 100/200/700 on-line test.

All applicants will be required to document successful completion of ICS 100/200/700 by 75% of their middle and upper management staff in their final report which is due no later than July 15, 2010.

All applicants must be willing to comply with the grants administration responsibilities and duties as outlined in the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP), available upon request from the Hospital Council of Northwest Ohio or by accessing the ODH website.

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CONTACT INFORMATION

Please list an organizational address (not home address). All correspondence concerning the grant will be mailed to the address listed below:

Contact Person: _____

Organization: _____

Address: _____

Daytime Phone: _____

Fax Number: _____

E-mail address: _____

Total Amount Requested: _____

NW Ohio ASPR: _____

Hospital Partner

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SUMMARY SHEET

PROJECT NAME: _____

Applicant Organization / Agency: _____

Collaborating Groups / Agency (if applicable): _____

Brief Statement of Need:

Project Objectives: _____

Project Description: _____

Evaluation Activities and Measurable Outcomes:

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PROJECT NARRATIVE

To assist in the organization and development of your narrative, refer to the enumerated items below. The narrative provides the primary means by which your proposal is evaluated and ranked to compete with other applications for available funding. Supporting documents may be included if they will help to present information more clearly. Specific factual information and statements of measurable goals are of particular interest. Narratives will be evaluated on substance not length. Pages should be numbered for easy reference.

All project information described in this part should relate directly to the budget information requested.

The project narrative should address the following:

- 1.) Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished for each activity indicated in the Budget. Cite factors that might accelerate or decelerate the work.
- 2.) List projected accomplishments and their target dates.
- 3.) Identify the types of data to be collected and maintained.
- 4.) List organizations, cooperating entities, consultants, or other key individuals who will work on the project. Include a short description of the nature of their effort/contribution.
- 5.) Describe how you will evaluate the results of your project. In addressing the evaluation of results, define how you will determine the extent to which the program has achieved its stated objectives. Explain the methods that will be used to determine if needs identified are being met.
- 6.) Complete a budget narrative. Identify any other sources of support you expect for the project, if any. In addition to the narrative, please complete the Budget Worksheet.
- 7.) Document a timeline of how the agency intends to complete the required ICS training of its middle and upper management personnel.

