

# LEVEL 2 SPECIAL PATHOGEN TREATMENT AND NETWORK DEVELOPMENT AWARD

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## APPENDIX 3 – RESPONSE GUIDE FOR PROPOSAL

This document is intended as a general guide to help prepare relevant information in response to Sections 7A and 7B of the Request for Proposal.

### A. Risk and Population Served

Provide an overview of your population served and risk profile for potential high-consequence infectious disease cases. (500 words max)

The following characteristics are desirable when selecting a facility to serve as an NSPS Level 2 Special Pathogen Treatment Center (SPTC). Applicants are encouraged to address these in their response.

- Serve counties, cities, or catchment areas with over 500,000 people OR close a geographic gap where there otherwise would not be access to heightened special pathogen care, with additional locations considered with respect to population profile relative to surrounding areas.
- Serve communities most impacted by disaster or at-risk for special pathogen events within their state or region. NETEC may consider high-risk areas as those with major hospitals, large geographic areas with high exposure to emerging infectious disease and significant zoonotic cross-over, high-volume transportation hubs, and areas with laboratories that contain specimens of pathogens with pandemic potential (e.g., those designated as biosafety level 3 and 4 laboratories).
- Located within relative proximity to an airport or other international ports of entry.
- Have capacity to use, and available of, accurate diagnostic and clinical laboratory testing to support patient care and clinical operations and are within four hours of a public health laboratory by ground or air

## **B. Facility Overview and Workplan**

1. Facility background: provide an overview of your facility's **current** clinical and operational capabilities, including the number of airborne isolation rooms, critical care staffing, location specifications and robust infection control presence. (300 words max)

Applicants are encouraged to include details in the following areas:

### Current Clinical Capabilities

- Number of airborne infection isolation rooms. If applicable, note whether these rooms are co-located within a single unit or dispersed throughout the facility.
- Capacity to care for patients with infectious diseases. Include information on available beds, staffing levels, and relevant experience and expertise in critical care, emergency medicine, and infectious disease staff.
- Any experience with high-consequence infectious diseases (HCIDs)

### Current Operational Capabilities

- Existing infection prevention and control (IPC) programs
- Relevant emergency preparedness and response plans
- Infectious waste management capabilities (even if limited)

2. Summarize previous special pathogen preparedness and/or response activities. Please describe your previous or current, if applicable, designation and past and current funding (including sources of funding) as a state/jurisdictional Special Pathogen Treatment Center (SPTC) or an Assessment Hospital. (300 words max)

Applicants are encouraged to include details in the following areas:

- Indicate whether your facility has ever been formally designated as:
  - A Special Pathogen Treatment Center (SPTC) (state, regional, or jurisdictional)
  - An Assessment Hospital under Administration for Strategic Preparedness and Response (ASPR), Hospital Preparedness Program (HPP), U.S. Centers for Disease Control and Prevention (CDC), or state/jurisdictional programs
- Special Pathogen Preparedness Activities
  - Describe key preparedness initiatives your facility has undertaken over the past 5 years related to high-consequence infectious diseases (HCIDs), including:
    - Development or maintenance of a high-level isolation unit (HLIU), if applicable
    - Conducting drills, tabletop exercises, or full-scale activation simulations related to HCIDs

- Participation in regional or national special pathogen networks (e.g., NETEC, HPP, ASPR-funded programs)
      - Investments in HCID training, infrastructure, or protocols
    - Real-World Response Experience (if applicable)
      - Summarize any real-world activations your facility has supported, such as:
        - Ebola virus disease (EVD) or other viral hemorrhagic fever assessments or transfers
        - Mpox, MERS, VHF pathogen or other special pathogen responses
    - Partnerships and Collaborations
      - Mention any formal partnerships with public health departments, EMS agencies, academic centers, or health coalitions that have supported your special pathogen work.
      - Highlight any participation in national networks or research collaborations related to HCID readiness or response.
3. Describe how your facility will meet the majority of Level 2 capabilities.
- a. Provide a detailed workplan on how your facility will meet the capabilities required for an NSPS Level 2 SPTC. Please describe plans for providing airborne isolation rooms, critical care capabilities, and robust infection control measures. Details should include plans for space. Describe which required capability or capabilities will be most difficult to meet and your plans to address them. (500 words max)

Applicants are encouraged to include details in the following areas:

- Physical Infrastructure
  - Your facility's designated physical space(s) for HCID care to achieve the capacity to treat up to 2 VHF special pathogen patients at the same time
  - Your facility's designated physical space(s) for HCID care to achieve the capacity to treat up to 4 respiratory special pathogen patients at the same time in airborne infection isolation rooms (AIIR). Please indicate if capacity is within the same unit or not.
  - If expansion is required, outline your approach to achieve the NSPS Level 2 SPTC minimum capabilities (timelines, minor renovation plans, and engineering strategies). Explain how these spaces will be reserved or converted for HCID use during activation (e.g., surge protocols or cohorting strategy).
- Operational Capabilities
  - Accept patients from within the state or HHS region within four hours of notification.

If necessary, accept patients that are medically evacuated from other HHS regions.

- Medical Care Capabilities
    - Detail your ability to provide critical care services to patients with high-consequence infectious diseases (HCIDs), including the number of ICU beds, access to ventilators, renal replacement therapy, and trained staff.
    - Detail your ability to provide non-critical medical care services to patients with high-consequence infectious diseases (HCIDs). Include the number of beds, indicating if co-located at the same site as critical care, for HCID patients and trained staff.
    - Include how care will be sustained during prolonged activation and any staffing models specific to HCID response (e.g., dedicated teams or call-up rosters).
    - Note any partnerships with internal or external departments (e.g., ECMO programs, radiology, laboratory, infectious diseases, etc.).
  - Waste Management for HCID care
    - Capability to handle infectious waste degenerated in the duration of care of HCID patients (e.g., autoclave capable of sterilizing all waste used in the care of a patient with a special pathogen; and/or by having a waste management service willing to transport HCID waste from the facility an appropriate disposable/incineration site).
- b. Provide details on your staffing plans for an activation of your High-Level Isolation Unit (HLIU), including nursing, laboratory, and infection control staff. Describe how routine clinical operations will be able to continue despite an HLIU activation. (500 words max)

Applicants are encouraged to include details in the following areas:

#### Staffing Model for HLIU Activation

- Nursing:
  - Specify the target number per shift and overall, in a response.
  - Type of nurses (e.g., ICU, ED, med-surg trained).
  - Describe recruitment, selection criteria, training requirements (e.g., PPE, HCID protocols), and staffing ratios.
- Laboratory Personnel:

- Explain how laboratory services will be supported, including specimen handling protocols, designated staff, and coordination with internal or reference labs.
  - Note any staff with specific HCID testing training or access procedures.
  - Infection Prevention & Control (IPC):
    - Detail the IPC staffing, support plan, and monitoring responsibilities (e.g., donning/doffing observers, audits, training refreshers).
  - Continuity of Routine Clinical Operations
    - Describe strategies to avoid disruption to standard hospital services during HLIU activation, such as:
      - Use of dedicated HLIU teams separate from routine staffing pools
      - Activation of a labor pool or float pool
      - Partnerships with temporary staffing agencies or system-wide resource sharing
    - Explain how the emergency department, critical care, and inpatient care will remain operational without compromising patient safety or staffing standards.
  - Sustainability
    - Outline how long your staffing model can be maintained during a prolonged activation (e.g., >7 days).
    - Mention any cross-training programs to build a resilient workforce capable of maintaining HLIU operations and routine services concurrently
4. Provide details regarding how Level 2 SPTC capabilities will be maintained with specific attention to infrastructure, supplies, and staffing **beyond the award period timeframe**. (300 words max)

Applicants are encouraged to include details in the following areas:

- Infrastructure Sustainability
  - Describe how the physical infrastructure described in question 3 will be preserved and kept functional after grant funding ends, including:
    - Long-term facility maintenance plans or capital budgets
    - Agreements with facilities/engineering for routine testing and emergency repair
    - Integration of HLIU spaces into overall hospital resilience or emergency planning frameworks

- Supply Chain and Inventory Management
  - Detail your approach to ensuring continued availability and replenishment of critical HCID supplies after the award period, including:
    - Personal protective equipment (PPE), disinfectants, waste management supplies, specimen transport materials
    - Institutional support for budgeting and procurement of HCID-specific resources
  - Describe how the facility will manage expiration tracking and maintain minimum stock levels in readiness for activation.
  
- Staffing and Training Continuity
  - Explain how your facility will maintain a trained HLIU-ready workforce, including:
    - Ongoing training plans and refresher schedules for clinical and non-clinical staff
    - Integration of HLIU competencies into hospital-wide onboarding or annual competency programs
    - Succession planning to ensure continuity despite staff turnover
  - Describe how the HLIU team will be retained and incentivized to stay engaged (e.g., recognition programs, career development).
  
- Administrative and Financial Support
  - Identify internal sources of funding or in-kind support that will be used to sustain the HLIU post-award (e.g., hospital operations budget, emergency preparedness office, health system contributions).
  - Describe how HLIU functions are embedded in broader hospital emergency management, infection control, or strategic planning processes to ensure continued prioritization.