|  |
| --- |
| **Deliverables Listed by Quarter Due** |
| **Annual Training Requirements (ATR)** | **Element(s) of Completion** | **Guidance Document(s)** | **Qtr. Due** |
| **ATR-1** | **Annual Regional Training Center Training Course**The HEPC TC Annual Training Course is an online course prepared by the Office of Health Emergency Preparedness (OHEP) to provide HTCs with an overview of the HTC role, the HEPC structure, basic principals in training, and priority areas for the BP. Completion of this course is an annual requirement for all employees that receive partial or full funding from the Hospital Preparedness Program TC Contract. The training is available on the NYSDOH LMS, [www.nylearnsph.com](http://www.nylearnsph.com).  | * **Submit** Certificates of Completion to the Office of Health Emergency Preparedness (OHEP) Training Manager (prepedap@health.ny.gov) **30 days after the start of the first quarter** for all HTC employees that receive full or partial funding from the HTC Contract.

 | A Course Training Announcement will be provided to all contract awardees on the first business day of the first quarter. | ***1st*** |
| **ATR-2** | **Annual HEPC Training Plan**Based on Hazard and Vulnerability Assessment (HVA) results provided by HEPC Leadership, develop a HEPC training plan that will provide training opportunities that maintain or enhance identified training needs and the [*2017-2022 Health Care Preparedness and Response Capabilities*](https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capablities.pdf). Provide an overview of the Annual HEPC Training Plan to the HEPC membership during the first quarter HEPC Meeting.*Note:* ***Revisions*** *may be required throughout the year to account for changes in training needs, prioritized training, scheduling difficulties, or emergent training opportunities.* | * **Submit** Annual HEPC Training Plan to the OHEP Training Manager (prepedap@health.ny.gov) **30 days after the start of the first quarter** using the provided training plan template.
* **Submit** a copy of the agenda from the first quarter HEPC meeting to the OHEP Training Manager (prepedap@health.ny.gov) that shows review of the Annual HEPC Training Plan as an agenda item.
* **Submit** revisions made to the Annual HEPC Training Plan 15 days after the start of the second, third, and fourth quarters to the OHEP Training Manager (prepedap@health.ny.gov).

 | The OHEP Training Manager will provide the Annual HEPC Training Plan format and template to all contract awardees on the first business day of the first quarter. | ***Quarterly*** |
| **Annual Training Requirements (ATR)** | **Element(s) of Completion** | **Guidance Document(s)** | **Qtr. Due** |
| **ATR-3** | **Health Emergency Preparedness Coalition (HEPC) Quarterly Meetings**Participate in quarterly meetings, exercise activities, trainings, surveys, and related workgroup activities. An overview of emergent or upcoming training opportunities will be briefed to HEPC membership during each quarterly meeting. | * A minimum of **one (1)** **staff person must participate** in scheduled HEPC meetings (regional or sub-regional) in person or by virtual platform
* Provide the **name(s)** of participants and **dates** of meetings and a copy of the **meeting agenda showing the training overview** to the OHEP Training Manager (prepedap@health.ny.gov).
 | Meeting and other associated announcements will be distributed by Regional Offices.  | ***Quarterly*** |
| **ATR-4** | **New York State Department of Health (NYSDOH) Learning Management System (LMS) Administration**Build courses, facilitate registration, and ensure evaluation completion for HEPC training courses using the NYSDOH LMS, [www.nylearnsph.com](http://www.nylearnsph.com) *Note:* * *Courses Numbers should use the following nomenclature: OHEP-HTC-BP4-YYYYMMDD [date of course].* ***Course Numbers should be included on courses submitted in the quarterly training report.***
* *Use of the OHEP Course Evaluation or OHEP Online Course Evaluation are required for all courses to receive approval.*
 | * A minimum of **one (1)** **HTC** **staff person must be an LMS Administrator**
 | HTCs that do not have at least one LMS Administrator should e-mail prepedap@health.ny.gov and edlearn@health.ny.gov to request an Administrator training and Administrator permissions. | ***Quarterly*** |
| **ATR-5** | **Quarterly Training Report**Submit a Quarterly Training Report to the OHEP Training Manager that documents all training courses coordinated or hosted during the previous quarter. The report includes the course title, course number (if applicable), date(s) of delivery, number of attendees, and any challenges encountered. | * **Submit** Quarterly Training Report using the survey link provided by the OHEP Training Manager no later than 15 days following the start of a new quarter and an End of Year Training Report 15 days following the last day of the Budget Period
 | Quarterly Training Report survey link will be provided by the OHEP Training Manager. | ***Quarterly***  |
| **Annual Training Requirements (ATR)** | **Element(s) of Completion** | **Guidance Document(s)** | **Qtr. Due** |
| **ATR-6** | **Administration of HPP Contract Pre-Approved Training**Appendix A of the NYSDOH OHEP HPP Hospital Deliverables identifies Pre-Approved Training courses that hospitals may seek reimbursement for attending through their existing HPP contract. HTCs will facilitate availability of this opportunity for hospitals by scheduling, facilitating, or advertising a minimum of 5 Pre-Approved Training courses per quarter.  | * **Submit** Quarterly Training Report that includes 5 pre-approved training courses per quarter using the survey link provided by the OHEP Training Manager no later than 15 days following the start of a new quarter.
 | NYSDOH OHEP Hospital Preparedness Program Hospital Deliverables Appendix A – Pre-Approved Training | ***Quarterly*** |
| **ATR-7** | **Annual Review of HPP Contract Pre-Approved Training**Review Appendix A of the NYSDOH OHEP HPP Hospital Deliverables, Pre-Approved Training, and provide recommendations to the OHEP Training Manager that includes but is not limited to:* **Courses that are no longer available**
* **Courses that meet the requirements of and could serve as alternatives to existing pre-approved training**
* **HEPC identified courses recommended for addition to the list for BP5**
 | * A **marked-up copy** of the NYSDOH OHEP HPP Hospital Deliverables, Pre-Approved Training, document will be submitted to the OHEP Training Manager (prepedap@health.ny.gov) no later than **March 15, 2023**.
 | NYSDOH OHEP Hospital Preparedness Program Hospital Deliverables Appendix A – Pre-Approved TrainingThe NYSDOH OHEP Training Manager will provide the correct form for recommended additions to the Pre-Approved Training List | ***3rd***  |
| **ATR-8** | **Monthly HEPC Training Newsletter**Maintain a listserv of HEPC member representatives and distribute a monthly newsletter advertising upcoming training opportunities, access to pre-approved training, and changes to the HEPC Training Plan. | * E-mail copy of monthly newsletter to OHEP Training Manger (prepedap@health.ny.gov) no later than the last day of each month.
 |  | ***Monthly*** |
| **ATR-9** | **Provide Training Support to HEPC Plans**Identify training courses that prepare HEPC members with skills, knowledge, background, or expertise in identified HEPC Plans.  | * **Submit** Quarterly Training Report using the survey link provided by the OHEP Training Manager no later than 15 days following the start of a new quarter.
 | Appropriate HEPC Plans | ***Quarterly***  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Training Requirements (ATR)** | **Element(s) of Completion** | **Guidance Document(s)** | **Qtr. Due** |
| **ATR-10** | **Provide Training Equipment to HEPC Activities**Submit a budget modification to the Grants Administration Unit (nyshpp@health.ny.gov) and the OHEP Training Manager (prepedap@health.ny.gov), as required, when training equipment would enhance a planned HEPC Activities (including meetings, training, and exercises)  | * **Submit** a budget modification to the Grants Administration Unit (nyshpp@health.ny.gov) and the OHEP Training Manager (prepedap@health.ny.gov), as required, when training equipment would enhance a planned HEPC Exercise
 | Exercise Guidance Documents will be provided by the OHEP Exercise Manager or the OHEP SML Responsible for the Exercise. | ***AS REQUIRED*** |
| **ATR-11** | **Develop Training Courses to Support HEPC Level Training**Upon the request of a OHEP SML or HEPC Lead, in coordination with the OHEP Training Manager, HTCs are able to provided resource support to the development of HEPC Training. Support may include but is not limited to:* Online Course Development
* Scheduling of Speakers or Instructors
* LMS Support
* Course Peer Review
* Continuing Education coordination
* Training Subject Matter Expertise
 | * When required, **training content** of the completed course developed by an HTC will be submitted to the OHEP Training Manager (prepedap@health.ny.gov)
* When required, **Submit** a budget modification to the Grants Administration Unit (nyshpp@health.ny.gov) and the OHEP Training Manager (prepedap@health.ny.gov), as required, when training equipment would enhance a planned HEPC Activity
 | This deliverable will only be executed under the approval and guidance of the OHEP Training Manager. | ***AS REQUIRED*** |
| **ATR-12** | **Evacuation of Facilities in Disasters System (eFINDS) Train-the-Trainer**A minimum of one (1) HTC staff person must be an eFINDS Train-the-Trainer qualified instructor. | * A minimum of **one (1)** **HTC staff person must be an eFINDS Trainer.**
 | Guidance on eFINDS is found through the eFINDS Application on the Health Commerce System. | ***Quarterly*** |
|  |  |  |  |  |
| **Annual Training Requirements (ATR)** | **Element(s) of Completion** | **Guidance Document(s)** | **Qtr. Due** |
| **ATR-13** | **Provide Just-in-Time Training subject matter expertise and support during real-world events.**Provide Just-in-Time Training to regional HEPC partner agencies during an emergency response. | * When required, a **course roster** of the completed course will be submitted to the OHEP Training Manager (prepedap@health.ny.gov)
 | This deliverable will only be executed under the guidance of the HEPC Leadership or NYSDOH and the prior approval of the NYSDOH OHEP Training Manager | ***AS REQUIRED*** |