



Policies and Procedures

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I. Personnel and Subcommittees

Committee	Person	Appointed	Date to Step Down and/or Reappoint
Coordinator	Heidi	August 1, 2014	Never! ☺
*Leadership Subcommittee	Coordinator	Ad hoc	
	WCDHD	Ad hoc	
	SWNPHD	Ad hoc	
	Chairman	Ad hoc	
	EM	Ad hoc	
By-Law Subcommittee	Wanda	May 20, 2015	June 30, 2016
	Myra	May 20, 2015	June 30, 2016
	Needs filled		
Plan Update Subcommittee	Angie	May 20, 2015	June 30, 2016
	Sally	May 20, 2015	June 30, 2016
	Needs filled		
Budget Subcommittee	Myra (FA)	May 20, 2015	Ongoing as FA
	Dari	May 20, 2015	June 30, 2016
	Pat	May 20, 2015	June 30, 2016
	Laurie	May 20, 2015	June 30, 2016
Chairperson	Laurie	July 1, 2014	*June 30, 2016
*See by-laws			

II. Membership

A. Core Medical and Support Sections

1. The agencies of the Core Medical group (see Appendix 3—Organizational Chart of bylaws) will provide three persons who can cast votes for their agency (see Attachment 4—Membership Agreement)
2. The leader of each of the Support agencies will list two other contacts among their agency section who can cast votes for the section.
3. More information on Membership in NPHCC bylaws.

III. Reimbursement and Funding Requests

All reimbursement and funding requests will follow the guidelines defined in the NPHCC bylaws.

A. Process for Equipment and Supply Purchases

1. Any member requesting funding from NPHCC must complete a Request for Funding form (see Attachment 1), delineating items or services requested, the amount of funding requested, how the request fits into NPHCC goals and if the request is consistent with allowable purchase guidelines.
2. The requesting entity will submit the request to the NPHCC Coordinator or designee at least one week prior to the Steering Committee meeting; the request will then be forwarded to all members for a vote at the Steering Committee meeting.
3. There is a \$2,000 spending limit per steering committee entity per contract year for equipment and supplies (not including sustainability and maintenance equipment). Agencies in the Core Medical group (hospitals and public health) will each get the allotted \$2,000 and each section of the Support group will divide the \$2,000 among their section. See By-laws for organizational chart.
4. Only one-quarter of the \$2,000 will be allowed each quarter for the Support group.
5. Purchasing sustainability and maintenance equipment and supplies will be done as a group or bought in volume if possible to save money by receiving volume discounts.
6. NDHHS requires prior approval of purchases exceeding \$2,000.
7. Approval will follow voting guidelines delineated in the NPHCC by-laws.
8. Funding reimbursement requires the following documentation:
 - a. Request for funding form (Attachment 1)
 - b. An invoice
 - c. Proof of any bids required
 - d. A cancelled check showing payment (if payment is not made directly to vendor)
 - e. A memorandum of agreement (MOA) regarding use of the product/service, where applicable

B. Travel Expenses

1. Reimbursement will be made upon submission of a signed Expense Report (see Attachment 2) and appropriate receipts.

2. Contact NPHCC Coordinator for an Excel copy of the Expense Report

C. Requests for Training Reimbursement

1. NPHCC will reimburse up to \$1,500 per member facility annually towards training expenses.
2. Agencies in the Core Medical group (hospitals and public health) will each get the allotted \$1500 and each section of the Support group will divide the \$1500 among their section.
3. Documentation required for reimbursement:
 - a. Training Reimbursement form (see Attachment 3)
 - b. A certificate of attendance or completion
 - c. All related receipts

IV. NPHCC Assets

A. Trailers

1. Mobile Medical Asset
 - a. See Annex B of Emergency Support Plan
2. Bioterrorism (SWNPHD) and Decontamination (CH) trailers
 - a. Bought with West Central Medical Response System (WCMRS)/NPHCC dollars
 - b. Is and will remain property of NPHCC
 - c. Insurance, registration, and licensing will be paid for by the housing agency
 - d. Maintenance of the trailer itself will be the responsibility of NPHCC
 - e. Memoranda of Understanding (MOU) will be signed and updated with each agency

B. Disaster Surge Caches

1. Disaster caches have been established and placed at each NPHCC hospital for times of emergency response.
2. The NPHCC Coordinator, Coordinator Back-up, and/or Steering Committee have the authority to direct the deployment of the disaster surge caches in response to an emergency.
3. Disaster caches have been gifted back to each hospital
 - a. NPHCC will discontinue doing inventory on these caches
 - b. The hospitals agree to continue to maintain these caches above and beyond their normal inventory and rotate the inventory to keep it from outdating (see MOUs regarding the caches)
4. Cache Usage Policy
 - a. The HICS Form 257—*Resource Accounting Record* (see Attachment 5 below) will be filled out by the transferring facility and a copy provided to the NPHCC Coordinator within 30 days of the event.

- b. The facility activating or requesting the medical surge cache will provide a written report, Medical Surge Cache Usage Report (see Attachment 6 below), to the NPHCC Coordinator within 30 days of the event.
- c. Medical Surge Cache items may be shared with response organizations other than the hospital; however, the NPHCC Coordinator or steering committee must approve any allocation of the cache items. They must follow the procedure listed in this section.
- d. Each hospital shall notify the NPHCC Coordinator as soon as possible upon internal use of any medical surge cache supplies.
- e. Each facility may contact the NPHCC Coordinator for additional assistance with transportation of the cache items.
- f. If more than one facility is requesting cache supplies, the coordinator will convene the steering committee or ad hoc leadership committee to determine allocation of cache supplies.

Attachment 1 -- REQUEST FOR FUNDING SUPPORT

Date:	
Requesting agency:	
Requesting Individual Contact Information:	
<ul style="list-style-type: none"> • Name: • Organization Phone #: • Cell Phone: • Email: • Address: 	
Item/service for which funding is being requested:	
Amount of funding support requested:	
When would this funding support be required?	
<p>Please provide information regarding how this request supports NPHCC goals. If this ties directly to a specific goal, please detail:</p> 	
<p>Is this request consistent with allowable purchase guidelines (if you do not have these guidelines, please contact the NPHCC Coordinator)? <i>If not, the request may have to be sent to the State for approval. Please provide any additional information needed to support your request.</i></p> 	
If this purchase is more than \$5,000, did you obtain at least three bids?	___ yes ___ no
Is your organization NIMS Consistent or working towards NIMS Consistency?	<p>We are consistent with the required NIMS elements: ___ yes ___ no</p> <p>We are working toward NIMS consistency: ___ yes ___ no</p>
Has your organization submitted all State required data collection to the NPHCC? (for example, if your organization is a hospital, have you submitted the most recent Sentinel Indicator survey?) <i>If in doubt, please contact the NPHCC Coordinator.</i>	___ yes ___ no
<p>Has this request been approved by another subcommittee? If so, please provide the subcommittee name and meeting date.</p> 	
Who will be presenting this request to the NPHCC Steering Committee?	

Attachment 3 - TRAINING REIMBURSEMENT FORM

A copy of all receipts, registration invoice, and a certificate of class participation must be attached. Turn in to NPHCC Coordinator.

1. Name & Position/Title: _____

2. Organization/Agency: _____

3. Name of Meeting or Workshop: _____

4. Location of Meeting or Workshop: _____

5. Date of Attendance: _____

6. Summarize reason for attendance and how it fits into the Healthcare Preparedness Capabilities guidelines: _____

7. Cost of Meeting:

Registration Fee:	
Airfare:	
Ground Transportation:	
Meal Expense:	
Lodging (including taxes):	
Miscellaneous (describe):	
Total Expenses	

8. Name and Address of person or agency that will receive the reimbursement:

Training Stipend: \$1500 per entity per fiscal year without prior approval.

The amount of the training stipend remaining for this agency before this request: \$ _____

The amount of the training stipend remaining for this agency after this request: \$ _____

Attachment 4 – MEMBERSHIP AGREEMENT

Organization Information

Organization Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ - _____ Secondary Phone _____ - _____

Fax: _____

Member Information

1. Primary Contact Name: _____

Daytime Phone: _____ - _____ Cell: _____ - _____

E-mail: _____

2. Alternate Contact Name: _____

Daytime Phone: _____ - _____ Cell: _____ - _____

E-mail: _____

3. Alternate Contact Name: _____

Daytime Phone: _____ - _____ Cell: _____ - _____

E-mail: _____

NPHCC NON-VOTING membership:

I have read and agree to follow the NPHCC by-laws (found at www.swhealth.ne.gov) as outlined by the NPHCC Steering Committee. I understand that a violation of the by-laws may result in termination of my organization's membership to NPHCC. We agree to attend Steering Committee meetings. All agencies within the healthcare system are eligible for this membership type.

Signature: _____

Primary contact signature

_____ Date

_____ Chief Executive Officer or primary contact's supervisor

_____ Date

NPHCC STEERING COMMITTEE member:

My agency agrees to have a representative sit on the NPHCC Steering Committee. We agree to follow the NPHCC by-laws (found at www.swhealth.ne.gov), attend Steering Committee meetings and will have voting privileges. I understand this membership type is appointed and approved by the Steering Committee.

Signature: _____

Primary contact signature

_____ Date

_____ Chief Executive Officer or primary contact's supervisor

_____ Date

