



REGION L

Healthcare Coalition

Region L Healthcare Coalition Response Plan

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Coalition Response Plan Overview

Document Overview

- A. **Purpose & Scope:** To provide coordination of all-hazard ESF-8 response activities within a Region’s Healthcare Coalition.
- B. **Approval Authority:** This plan requires the approval of the membership of the Region L South Georgia Healthcare Coalition.
- C. **Plan Evaluation Policy:** The efficacy of the Coalition Response Plan is reviewed for adequacy in conjunction with the annual review and revision of the Coalition’s Hazard Vulnerability Analysis (HVA) to validate that it reflects the concerns derived from the HVA.
- D. **Plan Revision Policy:** The Coalition Response Plan is construed as a “living document” and as such is updated periodically to reflect changes in the Coalition’s preparedness posture. Revisions suggested as a result of exercise findings are made when discovered.

Multi-agency Coordination (MAC)

A. Introduction

Multi-agency coordination will not supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts. Rather, this regional approach enhances health-related response strategies by including assets from multiple municipal and institutional resources and facilities in coordinating a regional response. **Concept of Operations**

It is expected that most MAC activities will be in the form of a “**Virtual MAC**” utilizing communications such as WebEOC™, group emails, conference calling, etc.

MAC system representatives will be responsible for:

- Collaborating with represented agencies and disciplines;
- Providing situation awareness and resource status information;
- Liaising with the existing Incident Command or Unified Command of area jurisdiction’s Emergency Operation Centers (EOCs);
- Anticipating future health-related resource requirements;
- De-conflicting differing health-related policies; and,
- Strategizing the coordination of health-related resources.

For the purposes of this Plan, the primary disciplines involved in a MAC system could be:

District Public Health - The District Public Health Emergency Coordinator (or designees) will represent the needs of local public health and act as the liaison from the County Health Departments to GDPH.

Regional Coordinating Hospital - The RCH Coordinator(s), will represent the needs of the hospitals (and affiliated medical clinics) and act as the liaison from their hospital region to GDPH.

Emergency Medical Services - The EMS Council representative (or coalition’s designee) will represent the health transportation needs of the region’s EMS services.

Nursing Home Council - The NHC Coordinator will represent the needs of the skilled nursing facilities and act as the liaison from their council to GHCA.

Local Emergency Management - A local EMA selected within a healthcare coalition's region will act as the liaison to the coalition's EMAs and to GEMA as appropriate.

Authority to Implement Plan

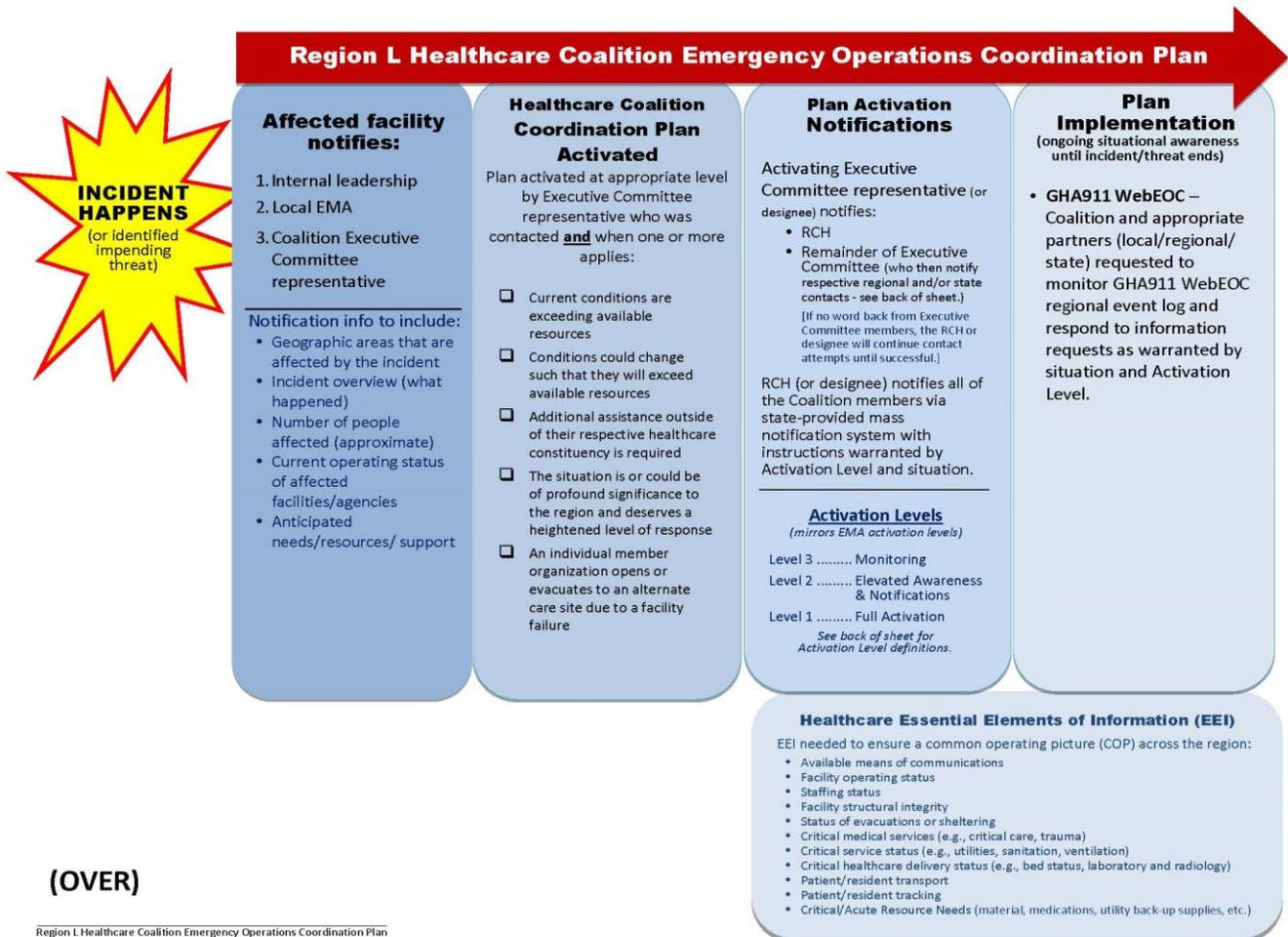
Any one of the executive committee members (e.g. DPH, RCH, EMS, NHC or EMA) has the authority to implement the Coalition Response Plan (*referred to from this point as "the Plan"*).

Plan Triggers

The Plan should be activated if one of the Coalition Executive Committee members believes that:

- Current conditions are exceeding available resources
- Conditions could change such that they will exceed available resources
- Additional assistance outside of their respective healthcare constituency is required
- The situation is or could be of profound significance to the region and deserves a heightened level of response

Member Notification



(OVER)

REGION L HEALTHCARE COALITION EMERGENCY OPERATIONS COORDINATION PLAN

Activation Levels

Level 3 Activation – Monitoring

Considered business as usual/normal duty activity where no incidents or threats are affecting facilities in the Region. Coalition members are practicing basic situational awareness, and any notifications or actions that need to be made will be communicated by the RCH to state-level agencies and Coalition partners as part of their everyday responsibilities.

Level 2 Activation – Elevated Awareness & Notifications

Considered a phase of heightened awareness due to a perceived or pending threat to the Region. The level of communication among Coalition members will increase in order to maintain a higher level of situational awareness. Coalition members should review plans and check resources/supplies as a response to this level of activation.

Level 2 Activation will consist of the following sequence of notifications:

1. The facility/organization who learns of pending threat will alert their organization leadership and staff, in accordance with their internal protocols.
2. Facility will notify county EMA Director of incident/threat.
3. Facility will notify designated Coalition Executive Committee representative.
4. Notified Coalition Executive Committee representative (or designee) will notify remaining Executive Committee members.
5. RCH & other Coalition Executive Committee representatives will then notify appropriate regional-/state-level partners.
6. RCH (or designee) may create a GHA911 WebEOC event log *for the Region* (named: Region L [incident] [start date of incident; xx-xx-xx]). All facilities should monitor.
7. RCH (or designee) will notify Coalition members, as appropriate, who will notify internal leadership and community partners, as appropriate.

Level 1 – Full Activation of Coalition

Activation will occur when a facility or multiple facilities in Region have been or will be affected by an incident/threat, and may need assistance and/or resources.

Level 1 Activation will consist of the following sequence of events:

1. Facility will follow their emergency operations plan, and alert their organization leadership and staff of incident/threat.
2. Facility will notify their county EMA Director of incident/threat.
3. Facility will notify designated Coalition Executive Committee representative.
4. Notified Coalition Executive Committee representative (or designee) will notify remaining Executive Committee members.
5. RCH & other Coalition Executive Committee representatives will notify appropriate regional-/state-level partners.
6. RCH (or designee) will create a GHA911 WebEOC event log *for the Region* (named: Region L [incident] [start date of incident; xx-xx-xx]). All facilities should monitor.
7. RCH (or designee) will notify Coalition members who will notify internal leadership and community partners, as appropriate.
8. Involved facility(s) will follow their internal protocols and plans to manage the event.
9. Involved facility(s) may start a GHA911 WebEOC Event log for the event *for their facility*.
10. Depending on the scope and severity of the event, the RCH may consider the handoff of RCH duties to another region.

Region L Healthcare Coalition Emergency Operations Coordination Plan

Coalition Members' Executive Committee Representative

HEALTHCARE DISCIPLINES	CONTACT	HEALTHCARE COALITION EXECUTIVE COMMITTEE REPRESENTATIVE
• Hospitals		
• Other healthcare/Coalition disciplines (not represented below)		Regional Coordinating Hospital (RCH)
• Public Health		DPH District Emergency Coordinator (or designee)
• Nursing Homes		Nursing Home (NH)
• Emergency Medical Services		Emergency Medical Services (EMS)
<u>My Organization's Healthcare Coalition Contact:</u>		

Communications with Regional/State Partners

COALITION EXECUTIVE COMMITTEE REPRESENTATIVE	NOTIFIES THE FOLLOWING
Regional Coordinating Hospital (RCH)	<ul style="list-style-type: none"> • GHA Emergency Preparedness Director (notifies other RCHs) • DPH District Emergency Coordinator
DPH District Emergency Coordinator (or designee)	<ul style="list-style-type: none"> • GDPH Healthcare Preparedness Program Director • State on-call duty officer (855-377-4374) • District Health Director
Emergency Management Agency (EMA)	<ul style="list-style-type: none"> • GEMA • Appropriate resource support agencies
Nursing Home (NH)	<ul style="list-style-type: none"> • Georgia Health Care Association (GHCA) • Neighboring NH Council Coordinator
Emergency Medical Services (EMS)	<ul style="list-style-type: none"> • Regional EMS Program Director

NOTE: Media will only be notified by Incident Commander of affected facility/scene.

Although not all incidents require the action of all primary representatives, it is important that they are **all** made aware that an incident affecting public health or medical services has occurred.

HCC Multiagency Coordination Notification:

Based on the situation, the HCC executive team determines if multiagency coordination is fully warranted. If determined that full MAC notification should occur, the following external notifications are made:

- The **designated RCH's Coalition Coordinator (CC)** will notify Georgia Hospital Association (GHA), GDPH Healthcare Preparedness Program Director, and other hospitals and other healthcare partners in the coalition.
- The Coalition's **nursing home (NH) representative** will notify the Coalition's member organizations and neighboring coalition's NH representatives.
- The **District Emergency Coordinator** (or their designee) will notify the State On-Call Duty Officer (855-377-4374) that a MAC is being activated.
- The **EMS representative** will notify the regional EMS Program Director, the EMS agencies in the affected

region, and/or neighboring regions bordering the affected region.

- The **EMA** will notify GEMA, other EMAs in surrounding jurisdictions, resource support agencies (e.g. Red Cross), etc.
- Public Safety (i.e. 911 Center)** will notify the appropriate first responders.

The executive team may determine if the incident warrants that only specific sectors be notified.

- The designated representative alerts the appropriate HCC members per the following protocols.

Notification Process

Incident Notification: When relaying an incident notification, the following information should be included (if known):

- What geographic areas are affected by the incident
- What happened
- Number of people affected
- Current operating status of affected facilities/agencies
- Anticipated needs/resources/support

It is anticipated that coalition members will receive incident status information from agencies, facilities and local EOCs that have been activated.

MAC Participation Requirements: Provide designated members with the reporting requirements for MAC participation (e.g., log on the WebEOC/ monitor Event X).

Mode of Notification: Healthcare Coalition members are notified using the following communication hierarchy:

Communication Hierarchy	Mode of Coalition Notification	Message Notes
1 st	State-provided Mass Notification System	<ul style="list-style-type: none"> <input type="checkbox"/> Alert members that an incident has occurred with incident specifics <input type="checkbox"/> Include reporting requirements for MAC participation
2 nd	Landline Phone: Individual facility phone calls	
3 rd	Email: Email groups	
4 th	Text: Individual or group text messages	
5 th	VHF Radio with District Public Health and RCH	
6 th	Southern Linc Devices	
7 th	Cell Phone: Individual	

Maintaining Situational Awareness

Primary Platforms to Provide Situational Awareness:

- Coalition Members:** Once initial notification is made, the *primary* reporting mode for healthcare facilities will be a WebEOC event log. All coalition healthcare members must have operational access to WebEOC and be trained to efficiently and effectively use the system.

If WebEOC event logs are unavailable, inaccessible, or otherwise less than optimal for use, healthcare facilities will report status via identified redundant modes of communication:

Communication Hierarchy	Mode of Ongoing Communication	Message Notes
1 st	WebEOC Event Logs	<input type="checkbox"/> Provide information per the Situational Reporting Requirements
2 nd	Landline Phone: Individual facility phone calls	
3 rd	Email: Email groups	
4 th	Cell Phone: Individual	
5 th	Text: Individual or group text messages	
6 th	VHF Radio with District Public Health and RCH	
7 th	Amateur Radio	

Situational Reporting Requirements

- Event Logs:** A WebEOC event log is created by {as determined by the Coalition’s Executive Committee} and named {via a standardized event naming convention as determined by the Coalition’s Executive Committee}.
- Situational updates and resource requests:** Updates will be made available via the respective regional event log or per a redundant mode of communication.
- Critical Elements of Information:** The essential elements of information that are needed to ensure a common operating structure include:
 - ✓ Available means of communications
 - ✓ Facility operating status
 - ✓ Staffing status
 - ✓ Facility structural integrity
 - ✓ Status of evacuations or sheltering
 - ✓ Critical medical services (e.g. critical care, trauma)
 - ✓ Critical service status (e.g. utilities, sanitation, ventilation)
 - ✓ Critical healthcare delivery status (e.g. bed status, laboratory and radiology)
 - ✓ Patient/resident transport
 - ✓ Patient/resident tracking
 - ✓ Critical/Acute Resource Needs (materiel, medications, utility back-up supplies, etc.)

Coalition Coordination

Representatives of the healthcare coalition executive team must share information during regularly scheduled calls or on a need-to-know basis:

Communication Hierarchy	Mode of Communication	Message Notes
1 st	Conference Call (based on operational period)	<input type="checkbox"/> Share information per the Situational Reporting Requirements
2 nd	As needed, list out secondary, tertiary modes of communication	

Agencies and organizations should continue to monitor the event log (or applicable platform) and respond to

resource requests as able until the event has concluded or notification of demobilization is received from a member of the coalition executive team.

Maintaining Coalition Contacts

All coalitions should maintain a comprehensive contact list of all coalition members (including backups) that is regularly updated and routinely tested to ensure contacts may be reached. A coalition executive team member (e.g. Health Care Facilitator) should be delegated the responsibility of maintaining and updating the contact list for the coalition.

All coalitions should enter their respective comprehensive coalition contact list into the state-provided mass notification system. All executive team members should have access to the list and the ability to send messaging.

The comprehensive contact lists should be designated as follows in the mass notification system: the region L coalition is divided into subgroups based on disciplines and messages can be designated to these groups as necessary.

This will allow lists to be easily located and accessed, even by state personnel or other regional leaders, should the need arise (i.e. following an RCH transfer.)

Public Information

Individual organizations should refer to their respective public information plans and policies when determining what information to share publicly.

Any multiagency/multi-jurisdictional event will necessitate the creation of a Joint Information Center (JIC) to better coordinate public messaging.

Resources and Assets

Asset Management Tool

Each coalition must have a tool to manage resources and assets. (ICAM)

**Assets that will be routinely tracked and maintained in the inventory will be those obtained via federally provided emergency management/preparedness funding (e.g. HRSA & ASPR PHEP/HPP funding).*

Essential Information for Resource Management

This information should be organized either in a standard spreadsheet or in an approved inventory management system (ICAM). For each managed resource, the following information must be tracked:

- Item/s Issued (to include part number or barcode)
- Quantity Issued
- Date Issued
- Return Date if Applicable
- Member Organization Issued To

Requesting Resources

Each coalition should establish, prior to an incident, a procedure for requesting resources. This procedure should result in or include the creation of a record of that request.

Mobilizing/Demobilizing Resources

Mobilizing a resource involves creating a record of the request for that resource, delivering or mobilizing the resource, receiving verifiable confirmation of the receipt or mobilization of that resource and the condition of that resource upon receipt by the requesting entity.

Demobilization involves the return of the resources to the lending agency and a creation of a record indicating that the resource was returned and documenting its condition upon return and specifying any reimbursement to be made for the use of that resource.

Reimbursement Processes/Procedures

{Prior to deploying a resource not purchased with federally provided funding, reimbursement expectations need to be established.