

# Emergency Operation Plan (EOP)

for

## The DC Emergency Healthcare Coalition

Version 6-2014



## **Executive Summary**

The Emergency Operations Plan (EOP) for the DC Emergency Healthcare Coalition (DC EHC) provides a management construct for healthcare organizations in the District of Columbia to respond in an integrated fashion to an emergency of any type, including those that challenge the surge capacity and/or capability or the resiliency of one or more healthcare organizations in Washington DC. The concepts used to construct this EOP are based upon foundational Emergency Management (EM) principles and are consistent with the Incident Command System or ICS concepts.

At its core, this EOP describes how volunteers from the healthcare organizations themselves staff a lean response team that facilitates information management using virtual methodologies. These personnel may be drawn from healthcare organizations that have been impacted by the hazard, so great care has been taken to outline processes and procedures that minimize the time and effort of these individuals and to facilitate the work that they must accomplish. In many situations, the action guidance in this document incorporates activities that already occur as healthcare organizations seek to interface with external response organizations. The intent here is to streamline those efforts and to coordinate them with all other response actions.

The EOP is formatted according to basic EM principles and contains an “all hazards” Base Plan. Attachments to the Base Plan are referenced where appropriate. These attachments are considered “tools” that DC EHC personnel and healthcare organizations can utilize during the actual response to an incident. The EOP also includes annexes that present actionable guidance for response to specific incident types or to specific hazard situations.

The response objectives of the Coalition can be summarized as follows:

1. **Facilitate incident-related information management:** The DC Emergency Healthcare Coalition will notify participating healthcare organizations of an actual or potential emergency situation, then serve to collect, collate, and appropriately disseminate healthcare related information relevant to incident response. The sources and recipients of this information can potentially be healthcare organizations themselves as well as public sector entities. The following are examples of information categories related to Coalition response operations:
  - **Notifications:** The Coalition has the capability to receive and send notifications during the initial stages and throughout an incident. The notifications developed and conveyed by the Coalition are categorized in order to provide an immediate understanding of the message importance. They are also designed to provide actionable information to recipients.
  - **Situation assessments:** The Coalition prompts healthcare organizations for their situation assessments pre and post-hazard impact. The reporting frequency will vary according to the incident parameters. The Coalition may aggregate this information and facilitate the rapid dissemination to Coalition healthcare organizations and relevant public agencies as noted above. In addition, the Coalition may solicit non-medical information from the public sector relevant to healthcare organization response and convey it to them.
  - **Resource assessments:** The Coalition can facilitate the aggregate assessment of healthcare organizations’ resource status during response. This includes the capability to collect information beyond the usual bed counts.
2. **Promote coordination of strategies and tactics among responding healthcare organizations:** The Coalition emergency response processes provide an opportunity for members to develop and apply consistent strategies and tactics during emergencies and disasters. Working with public health and other

relevant public agencies, the Coalition can form ad hoc work groups (Task Forces) to rapidly develop common approaches to issues, such as patient screening protocols for an unusual organism or toxin, treatment regimens for unusual illness or injury, or a need-based distribution and administration of scarce medical supplies. In addition, a consistent approach to media messages can be facilitated.

3. **Facilitate resource support to individual healthcare organizations, to include mutual aid/cooperative assistance, governmental assistance, and volunteers/donations:** The Coalition can facilitate resource allocation amongst healthcare organizations during emergency response, promoting mutual aid or cooperative assistance between coalition organizations, requests for assistance to DC or federal agencies, and distribution of resource in response to the requests.
  
4. **Promote integration of healthcare organizations with other emergency response disciplines:** Through its actions during response, the Coalition will enhance integration of healthcare organizations into the larger response community.

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### **Current Hazard Vulnerability Analysis**

- (2-4) 2013 DC EHC Hazard Vulnerability Analysis

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## EOP Overview: purpose and design

The District of Columbia Emergency Healthcare Coalition (DC EHC) Emergency Operations Plan (EOP) is a document that describes the *organizational structure* and *emergency response processes* used by participating healthcare organizations in DC to *collectively* respond to and recover from an incident that severely challenges or exceeds normal day-to-day healthcare system management and/or healthcare delivery operations. The document is designed to be consistent with standard Emergency Management and Incident Command System principles and practices. It is an “all hazards” plan, with annexes that provide more detailed guidance.

The DC EHC (also referred to in this document as “The Healthcare Coalition”) was initially established through grant funding from the US Department of Health and Human Services (HHS). It built upon existing relationships and processes that were previously established through the District of Columbia Hospital Association, but provides an expanded membership beyond hospitals and incorporates enhanced response methodology. Participation in the Healthcare Coalition is not limited to hospitals. See **Appendix B** for currently participating healthcare organizations.

The overall construct of the DC EHC EOP is based upon State and local guidance provided by the Federal Emergency Management Agency (FEMA).<sup>1</sup> The EOP **Base Plan** provides an overall systems description of how DC EHC resources are organized during response, and a concept of operations then describes how they interact during emergency response and initial recovery. **Functional annexes** provide detailed response guidance for specific functions the Coalition could perform. **Support Annexes** present guidance that is applicable to the Coalition response team AND individual healthcare organizations across all hazards. For example, a prominent Support Annex addresses communications technologies utilized by the Coalition. **Incident Specific Annexes** provide guidance for individual hazards beyond what the Base Plan and the Support Annexes describe. In some areas, there are attachments to the Base Plan and the Annexes which serve as the response “tools” for use during actual response.

The DC EHC EOP is designed to support the wide range of activities in the DC EHC emergency management program. While primarily considered a guide for emergency response and initial recovery actions, the EOP contains much information that is designed to be utilized during preparedness rather than during actual response. For example, the EOP should be useful for developing and conducting instructional activities (education and training), for developing exercises, and as the source for metrics in measuring Coalition performance during exercises and actual incidents (e.g. when developing the after action report). Only select sections of the EOP are designed specifically for regular use during emergency response. These include the above-mentioned specific “tools” such as operational check lists or communications templates.

The Coalition’s EOP is one product of the larger DC EHC Emergency Management Program (EMP). The established method for managing this program is the DC EHC Emergency Management Committee (EMC). The EMC is a “preparedness organization” as defined in NIMS and does not operate during response.<sup>2</sup> Strategic direction for the EMC during preparedness comes from the DC EHC Executive Council.

It is important to recognize that for the EOP (and the Healthcare Coalition EMP) to be successful, a commitment to and support for these efforts must exist at the executive level of the participating healthcare organizations.

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<sup>1</sup> FEMA. State and Local Guidance (SLG) 101: Guide for All-Hazard Emergency Operations Planning and it’s successor Comprehensive Preparedness Guide (CPG) 101.

<sup>2</sup>Preparedness organizations provide coordination for emergency management and incident response activities before an incident or scheduled event (NIMS December 2008).

**Acronym list**

CHC	Community Health Center
CNC	Coalition Notification Center
DC EHC	District of Columbia Emergency Healthcare Coalition
DCHA	District of Columbia Hospital Association
DOH	DC Department of Health
EMP	Emergency Management Program
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMS	DC Fire and Emergency Medical Services
HCO	Healthcare Coalition Organization
HCRT	Healthcare Coalition Response Team
HECC	Health Emergency Coordination Center
HIS	Hospital Information System
HMARS	Hospital Mutual Aid Radio System
HSEMA	DC Homeland Security and Emergency Management Agency
ICS	Incident Command System
MACS	Multiagency Coordination System
MPD	DC Metropolitan Police Department
NIMS	National Incident Management System
OAP	Office of the Attending Physician, US Capitol
OCME	DC Office of the Chief Medical Examiner
PIO	Public Information Officer
SNF	Skilled Nursing Facility
SPG	Senior Policy Group



## **DC EHC Base Plan**

### **Purpose and mission**

The **goal** of the DC Emergency Healthcare Coalition is *to support healthcare system resiliency and the collective medical surge capacity and capability for the District of Columbia in response to mass casualty<sup>3</sup> or mass effect<sup>4</sup> incidents.*

Healthcare Coalition response **objectives** support this goal:

- Facilitate information sharing between the participating healthcare organizations and with relevant public agencies in a structured fashion.
- Promote coordinated and consistent strategies and tactics across the responding healthcare organizations.
- Facilitate resource support to individual healthcare organizations, to include mutual aid/cooperative assistance, governmental assistance, and volunteers/donations.
- Facilitate the integration of individual healthcare organizations' response efforts with those of appropriate DC jurisdictional agencies.

### **Scope**

The scope of the authority and the actions of the DC EHC is limited to supporting the participating healthcare organizations in their continuity of operations and their ability to effectively respond to emergencies and disasters. The DC EHC therefore supplements, but does not supplant, effective emergency management programs (EMP) at each participating healthcare organization that address mitigation and emergency preparedness for that organization. During emergency response, the DC EHC Healthcare Coalition Response Team (HCRT) operates under the premise that partner organizations agree to participate in return for benefits derived from effective information sharing, resource facilitation, and strategic and tactical coordination. The HCRT manages coordination across the partner organizations; it does not 'command.' Significant decisions are developed on a consensus basis and, while not binding on the DC EHC members, are expected to achieve benefits across the emergency response. Significant issues where consensus cannot be reached may be elevated to consideration by the DC EHC Senior Policy Group (SPG).

The authority for the DC EHC is derived from the document entitled "*DC Emergency Healthcare Coalition Strategic Guidance*" dated April 4<sup>th</sup>, 2008. A supporting document is entitled "*DC Emergency Healthcare Coalition Executive Council*" dated June 10, 2008.

### **Planning Assumptions**

- Processes and procedures outlined in the EOP are designed to supplement and not supplant individual healthcare organization emergency response efforts.

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<sup>3</sup> Mass casualty incident: A casualty-creating hazard impact in which the available organizational and medical resources, or their management systems, are severely challenged or become insufficient to meet the medical needs of the affected population. Insufficient management, response, or support capability and capacity can result in increased morbidity and mortality among the impacted population. "Mass casualty" equates to a "disaster," whereas "multiple casualty incident" equates to an "emergency." From *Medical Surge Capacity and Capability*, HHS, Second ed, 9/07.

<sup>4</sup> Mass effect incident: A hazard impact that primarily affects the ability of the organization to continue its usual operations (in contrast to a mass casualty incident). For healthcare systems, the usual medical care capability and capacity can be compromised. From *Medical Surge Capacity and Capability*, HHS, Second ed, 9/07.

- Except in unusual circumstances, individual private sector healthcare organizations retain their respective decision-making sovereignty during emergencies. Exceptions might include rare public health actions such as quarantine.
- Recommendations made through the DC Emergency Healthcare Coalition are non-binding for participating healthcare organizations.
- The use of NIMS consistent processes and procedures by the Coalition will promote integration with public sector response efforts.
- Personnel staffing the Coalition response are primarily from healthcare organizations. They are often occupied primarily with their respective organizational response. Staffing of the Coalition response must therefore be lean as possible.
- In most situations, it is expected the jurisdictional agency that the Coalition primarily interfaces with during response will be either DC DOH or DC FEMS. In large scale incidents, the Coalition may have the primary interface with the ESF 8 Desk at the DC EOC. However, activation of the HCRT is not contingent upon emergency response by any of these entities.

## **Concept of Operations**

### ***System description***

To meet the response objectives, the Coalition functions as a Multiagency Coordination System (MACS) as defined in NIMS (see textbox). In this manner, the healthcare coalition response organization can be viewed as providing support to the IMTs from each participating healthcare organization.

Though the DC EHC Healthcare Coalition Response Team is a functional EOC, it has important variances from a standard local government or State EOC. Figure 1 delineates the similarities and differences.

#### Similarities

The HCRT does not have direct authority over or “command” participating organizations

The HCRT facilitates information flow between participating organizations including situation assessments and resource requests

The HCRT facilitates and enhances the individual efforts of the participating organizations.

#### Differences

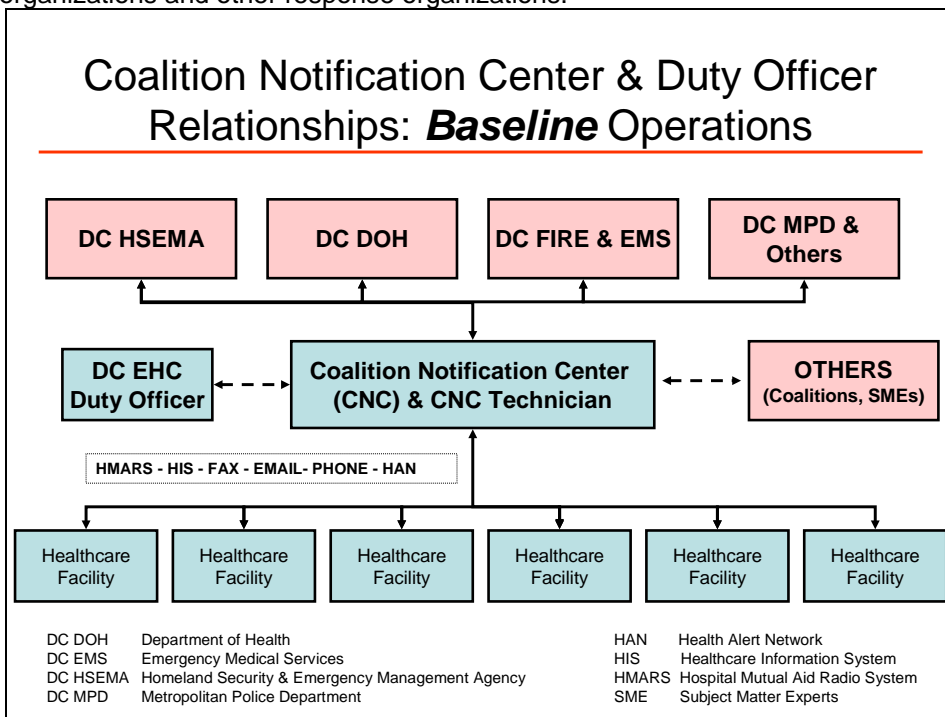
The HCRT is staffed and operated by private sector organizations (a private sector EOC is consistent with NIMS principles)

The HCRT, in most instances, will not require the physical assembly of its response personnel in one place (a designated facility). An EOC is commonly described as a physical location rather than a function.

**DC EHC baseline system description (configuration during non-response periods)**

For the Coalition to be immediately available for incident operations, two functions are designated as always available: the Coalition Notification Center and the Coalition Duty Officer. They are continuously staffed 24/7 to provide immediate Healthcare Coalition actions and then fold into the Healthcare Coalition response organization as it is activated. The relationship of these DC EHC entities with participating healthcare organizations and other entities is depicted in Figure 2.

Figure 2. Relationship of the Coalition Notification Center (CNC) and Coalition Duty Officer to member healthcare organizations and other response organizations.



**1. Coalition Notification Center (CNC) and CNC Technician**

- Resource Description: The Coalition Notification Center<sup>5</sup> provides incident response notifications (both initial and on-going) through HMARS to Coalition facilities with HMARS receivers.<sup>6</sup> The information that prompts notifications may originate within the healthcare organization community itself, within the public sector, potentially from the media as well as other sources. In addition, the CNC is responsible for notifying the Coalition Duty Officer of any potential incident (who then may send out additional notifications via HIS). The CNC is staffed by a CNC Technician, whose roles and responsibilities are the following:
  - Receive messages from DC EMS, DOH, HSEMA, MPD, or other jurisdictional agencies for transmission to Coalition healthcare organizations.
  - Receive messages from healthcare organizations themselves for transmission to Coalition healthcare organizations and/or to jurisdictional agencies.
  - Maintain connectivity with other entities such as the US Capitol Office of the Attending Physician (OAP) or geographically proximate Coalitions in other jurisdictions.
  - Contact Healthcare Coalition Duty Officer, as appropriate, to notify them of incident parameters and as needed, to seek assistance in clarifying message content or determining the most appropriate delivery method before sending notifications.

<sup>5</sup> See Appendix D for the capabilities requirements for the CNC.

<sup>6</sup> Alternate notification methods are in place for non HMARS facilities.

- Construct messages according to the notification message template (see **HMARS template**).
  - Assigns appropriate urgency category to message (see **Categorization of notifications template**).
  - Send notification through HMARS with verbal request for emergency department (ED) capacity or other resource status when indicated..
  - When sending messages via HMARS, contact recipient healthcare organizations that do not answer call down on radio (i.e., re-contact through radio or other means to ensure receipt of message).
  - Send HMARS Alerts independently when Tornado Warning is issued for the District of Columbia.
- Coalition Notification Center (CNC) Technician
    - Position Description:<sup>7</sup> The CNC Technician is a staffed position 24/7 at the on-duty and back-up Coalition Notification Centers. This position monitors baseline information for any anomalies which might require issuance of an initial Notification Message. This includes information from jurisdictional agencies, non-jurisdictional organizations (e.g. a healthcare system), meteorological entities, and others. Following protocols for the CNC (see **CNC OCL** and Communications Support Annex), the CNC Technician will issue an immediate HMARS Alert when indicated. When initial indications are less emergent, the CNC Technician notifies the Coalition Duty Officer and briefs him/her on the situation. A Coalition notification may be the product of this interaction. These procedures apply to any other notification sent out during an incident.
    - Alternate Notification Center: An alternate Coalition Notification Center possesses the same capabilities and executes the same functions as the primary CNC.

The Coalition Notification Center function is currently co-jointly provided by the Children's National Medical Center (CNMC) Emergency Communication and Information Center (ECIC), Medstar Transport at Washington Hospital Center, and Providence Hospital.

## 2. Coalition Duty Officer

- Position Description: The Coalition Duty Officer<sup>8</sup> maintains constant availability for initial consultation to the Coalition Notification Center (regarding importance of message, message content or other) as well as to jurisdictional authorities as the representative of the Healthcare Coalition (e.g. regarding ideal methods of sending notifications). In addition, the duty officer is officially recognized as the collective healthcare organization liaison during initial stages of an incident. The position may therefore contact jurisdictional authorities on behalf of the healthcare organizations for information regarding a developing situation (and in turn share this information with the Coalition's healthcare organizations). The position also:
  - Serves as a consultant when a healthcare organization or public sector entity is unsure of what message should be disseminated or what it should state.
  - Provides consultation to the Coalition Notification Center (as indicated or requested) regarding content or category of notifications to be disseminated.
  - Sends or assigns responsibility to send HIS notifications during early stages of an incident (i.e. once notified by CNC or other entity of potential incident)
  - In anticipation of activating the Healthcare Coalition Response Team (HCRT), determines the initial staffing plan for the HCRT.
  - Pre-HCRT activation, obtains initial incident information relevant to healthcare organizations and disseminates to Healthcare Coalition members using the most appropriate communications method.
  - Assumes the HCRT Leader or other team position and/or briefs HCRT personnel as they are assigned.

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<sup>7</sup> See Appendix D for the capabilities requirements for the CNC Technician.

<sup>8</sup> See Appendix D for the capabilities requirements for the Coalition Duty Officer.

### 3. Coalition Healthcare Organization Duty Officer Positions

- Position description: Participating healthcare organizations are encouraged to establish a 24/7 position that is in their facility (ideally present on premises) that can serve as an initial point of contact for that organization. Examples include (within baseline operation) administrators on duty, administrators on call, or House Operations Supervisors. If a specific question arises for that organization or the organization does not respond to a baseline request for information, the Duty Officer therefore has a position he or she may contact.

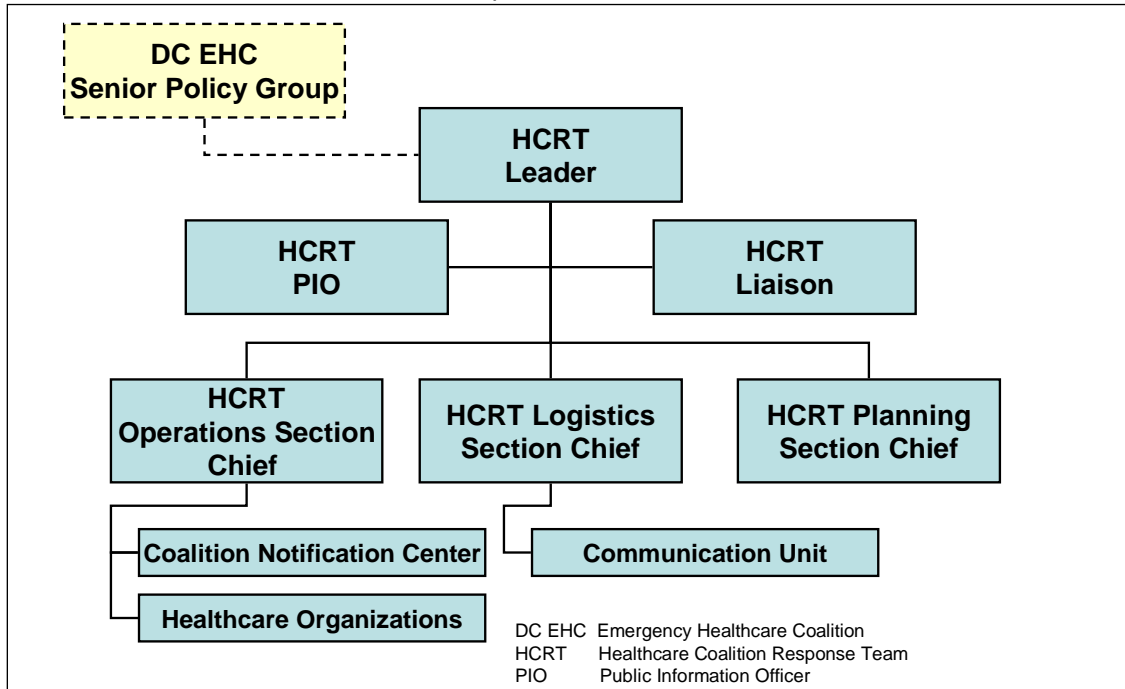
### DC EHC emergency response system description (configuration for emergency actions)

Upon activation of the DC EHC emergency response, a temporary ICS-based team will form, with response positions staffed by available and trained personnel. NOTE: not all positions are needed for every response and some positions may only be temporarily needed during any individual incident. Experience has demonstrated that in many incidents, only the HCRT Leader position will be required. Upon activation of this Coalition response capability, the Duty Officer and CNC are subsumed into the response function.

### 1. Healthcare Coalition Response Team (HCRT) system description

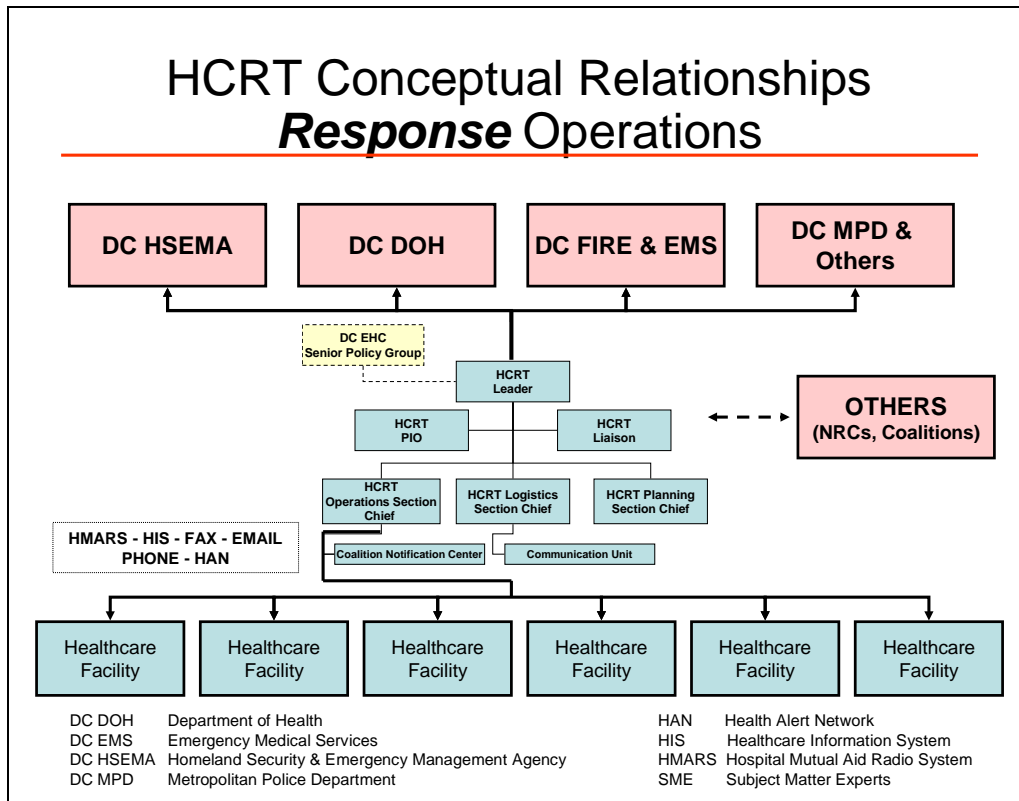
- Resource Description
  - The Healthcare Coalition Response Team (HCRT) provides the “Emergency Operations Center” function for the DC EHC during emergency response.
  - The staffing of the HCRT is determined by the needs of the individual incident (initial decisions about the HCRT are made by the Duty Officer, subsequent decisions are made by the HCRT Leader).
  - The HCRT positions are described and configured using the traditional ICS organizational structure (see Figure 3). Given the objectives developed for the HCRT and the predicted response-generated needs of projected incidents, only the HCRT positions expected to be staffed are described. Functions that are not specifically described become the responsibility of the supervisory position (e.g. Finance/Administration role becomes the responsibility of the HCRT Leader unless specifically assigned to another position).
  - The HCRT is staffed from a pool of personnel who also serve as Duty Officers for the Coalition.
  - In most situations, the work of the HCRT does not require extensive or continuous operations throughout an incident.
  - In most situations, the work of the HCRT can be conducted virtually rather than requiring personnel to physically congregate in one location.
  - The CNC continues to perform the functions it provides during baseline operations, but is subsumed into the HCRT Operations Section and reports to the Operations Section Chief position.

Figure 3. The DC EHC Healthcare Coalition Response Team



The relationship of the HCRT to member organizations and other relevant response organizations is depicted in Figure 4.

Figure 4. The Healthcare Coalition Response Team (HCRT) and its functional relationships during emergency response



#### A. HCRT Leader

- Position Description: The HCRT Leader<sup>9</sup> is responsible for setting the incident specific and operational period objectives for the HCRT and assuring that the HCRT is functioning as designed and accomplishing its objectives. Roles and responsibilities include:
  - Responsible for the functions of all HCRT positions unless the other positions are staffed.
  - Reviews and adjusts assignments to HCRT positions to maintain appropriate staffing for the incident needs.
  - Provides the support services of the finance/administration section as indicated
  - Keeps the SPG informed and determines when SPG should be convened (or responds to request from the jurisdiction or an SPG member to convene the SPG).
  - Acts as meeting facilitator for any physical or virtual meetings of the SPG
  - Establishes the Healthcare Coalition incident objectives and objectives for the next operational period (adapting generic objectives from this Base Plan and/or those from an Incident Specific Annex).

#### B. HCRT Liaison Officer

- Position Description: The HCRT Liaison Officer<sup>10</sup> conducts or facilitates the information exchange between the HCRT and outside organizations, including District of Columbia jurisdictional authorities. Roles and responsibilities include:
  - Provides incident information to jurisdictional agencies regarding healthcare organizations (that is not already made available through the HIS website)
  - Provides information to jurisdictional agencies regarding activities of the HCRT
  - Collects information from jurisdictional agencies for transmission to Coalition healthcare organizations
  - Maintains information channels with other healthcare coalitions in the region (as appropriate) for exchange of relevant information
  - In some situations, the HCRT Liaison may physically locate at a public sector agency to attend meetings or for a longer duration (e.g. pre-planned events, impending hazard impacts such as hurricanes). These locations can include the HSEMA EOC (ESF 8 desk) or DOH Health Emergency Coordination Center (HECC). Information captured from these activities is reported back to the broader Coalition through the HCRT.

#### C. HCRT Public Information Officer (PIO)

- Position Description: The Public Information Officer (PIO)<sup>11</sup> roles and responsibilities include:
  - Manages media message that deals directly with HCRT operations
  - Monitors the media for media descriptions of the response performance of the DC EHC or its member organizations, noting rumors, misinformation, and reporting errors that should be addressed through HCRT action or referred to member organizations
  - Ensures that the HCRT Operations Section convenes healthcare organization PIOs as a ‘Joint Information System’ or JIS (usually virtually and as required) to promote consistency of message amongst healthcare organizations

It is projected that the workload of the HCRT PIO will seldom be a full time requirement and that the HCRT PIO may be able to serve collaterally, while fulfilling most of their normal response duties for their home organization.

#### D. HCRT Operations Section Chief

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<sup>9</sup> See Appendix D for the capabilities requirements for the HCRT Leader.

<sup>10</sup> See Appendix D for the capabilities requirements for the HCRT Liaison Officer.

<sup>11</sup> See Appendix D for the capabilities requirements for the HCRT PIO.



- Position Description: The HCRT Operations Section Chief<sup>12</sup> directly manages the primary actions of the HCRT (i.e., the actions that directly address the HCRT objectives). Roles and responsibilities include:

#### Facilitate situational awareness

- Facilitates or oversees the collection of information from healthcare organizations (establishes reporting format, timing, methodology, etc.).<sup>13</sup> This may include requesting healthcare organizations to fill out templates on HIS for collection of information. Templates could include the bed capacity data for hospitals and SNFs or Situation and Resource Status forms (see form in attachment section to EOP).
- Convenes regular Situation Update Meetings/Teleconferences for Coalition members (see **Situation Update Teleconference template**)
  - These can be announced via page groups, including HAN and/or HMARS depending upon the audience needed on the call
  - The HCRT Operations Section Chief facilitates the call or assigns the task to another HCRT position
- Ensures that all information collected from healthcare organizations is made available to the collective group through posting on HIS or other means.
- Facilitates or oversees the dissemination of information to Coalition organizations to maintain collective situational awareness across healthcare organizations<sup>14</sup>
- Ensures information from DOH, EMS, Federal sites, scene Incident Management Team, outside experts, etc. is conveyed back to healthcare organizations.
  - Conveyed through HMARS
  - Conveyed through HIS
  - Conveyed through teleconference
- Monitors information posted on HIS by healthcare organizations for a) inclusion in **Incident Status Summaries (DC EHC form 209)**, b) indication for need for resource facilitation, c) indication for need to promote/facilitate response strategy and tactics

#### Provide resource facilitation

- Facilitates information to and from healthcare organizations regarding sharing of resources
- Accepts and appropriately disseminates resource requests by Coalition members, using the **DC EHC Mutual Aid Form 1** to format and convey the resource request (as appropriate)
  - For mutual aid, the request for mutual aid message is conveyed as an ALERT or ADVISORY through HMARS/HIS, depending upon the nature of the request.
  - For outside assistance, requests are aggregated and conveyed to DC DOH or ESF #8 (through the Coalition Liaison).
- Monitors/tracks responses to mutual aid requests posted on HIS and documents mutual aid actions as they evolve.
- Reports information back to Coalition organizations regarding requests to the jurisdictional authorities (such as availability of resources, expected arrival time and route)
- Convenes Resource Meetings (**see Resource Meeting Template**), or appoints a Resource Facilitation Task Force Leader, as indicated to address resource assistance issues not effectively managed through the above methods
- Recommends to the HCRT Leader convening the Coalition SPG to address distribution of scarce outside resources that must be distributed amongst the healthcare organizations, or to resolve difficult resource assistance issues.

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<sup>12</sup> See Appendix D for the capabilities requirements for the HCRT Operations Section Chief.

<sup>13</sup> In some cases, this may come at the direction of a jurisdictional agency.

<sup>14</sup> It is recognized that jurisdictional agencies may convey information directly to the appropriate healthcare organizations; this will also be captured by the HCRT (as appropriate) and archived within situation reports.

Promote response strategy coordination

- Facilitates sharing of information between Coalition organizations to promote consistency of strategy and tactics applied at individual healthcare organizations
- Ensures dissemination of expert information obtained from outside the system
- Requests, receives, processes, and disseminates appropriate information from responding healthcare organizations, describing strategy and tactics used (e.g. triage algorithm for unusual injuries, patient evaluation protocol for a novel disease, treatment regimen for unusual toxin, patient screening, etc.); This may be repeated and disseminated with **Incident Status Summaries**
- Requests incident action plans (IAPs)<sup>15</sup>, or relevant sections of IAPs, from healthcare organizations be posted to the HIS website, allowing responding Coalition organizations and jurisdiction to note consistency/conflict of strategy and/or tactics between them (as agreed upon)
- Convenes a Strategy Coordination Meeting/teleconference (see **Strategy Coordination Teleconference template**) with representative Coalition organizations when no protocols are available for the specific situation, or when greater consistency in response strategy and tactics is indicated.<sup>16</sup> As examples, this can be clinical personnel, public information officers, security professionals or other disciplines that convene to share information and develop common strategies.

Promote integration into the community emergency response

- When indicated, assures transmission of **Incident Status Summaries** to HCRT Liaison (or Leader if Liaison isn't staffed) for forwarding to relevant DC authorities
- Assures appropriate information is passed to HCRT Liaison Officer for exchange with relevant DC authorities.
- Invites appropriate DC authorities to participate in or observe HCRT meetings/teleconferences as indicated.
- Arranges (through the HCRT Liaison position) situational briefings and other virtual meetings with appropriate DC authorities as indicated to maintain situation awareness, to discuss complex issues common to healthcare organizations and response authorities (resources, response strategy, etc.), and to provide critical feedback.

## E. HCRT Planning Section Chief

- Position Description: The HCRT Planning Section Chief<sup>17</sup> oversees or conducts all incident-related data compilation and analysis regarding HCRT incident operations and assigned resources (from other HCRT positions), conducts HCRT planning meetings, prepares the HCRT incident action plan (IAP) for each operational period and conducts the HCRT operations briefing. Roles and responsibilities include:
  - Documents/archives HCRT activities during incident operations, including meeting proceedings, **Incident Status Summaries**, and written incident action plans
  - Facilitates internal HCRT meetings/teleconferences (planning meetings internal to the HCRT and the HCRT Operations Briefing to HCRT positions and participating healthcare organizations)
  - When directed by the HCRT Leader, develops an HCRT incident action plan (informal or written) for each operational period

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<sup>15</sup> Note: As there is technically only one IAP for a jurisdiction, these plans may be more appropriately referred to as Operations Action Plans for the individual healthcare facilities.

<sup>16</sup> As with any Coalition teleconference meeting, DC DOH and other relevant jurisdictional agencies are invited to participate in the teleconference.

<sup>17</sup> See Appendix D for the capabilities requirements for the HCRT Planning Section Chief.

- Collects and formats information generated by the HCRT Operations Section: Records information from HCRT meetings/teleconferences and processes information reported through HIS and other methods
- Develops reporting documents, including **Incident Status Summaries, Patient Tracking Reports, and collated Resource Requests** as directed by HCRT Leader
- Supports the HCRT Leader in keeping the DC EHC SPG informed during the incident, including situation updates, developing agendas for SPG meetings and developing supporting information.

F. HCRT Logistics Section Chief and Communications Unit

- **Position Description:** The HCRT Logistics Section Chief<sup>18</sup> is responsible for support to the HCRT itself. This can entail facilities, personnel, and supplies. The HCRT typically requires little logistical support except technical support for communications and information technology. Hence a communications unit is described. If this section is staffed, it will most likely be staffed by one individual at the Logistics Section Chief position whose primary focus is supporting the communications and information technology capabilities of the Coalition. Roles and responsibilities include:
  - Provides technical support to the HCRT Leader and Operations for the HIS website.
  - Provides assistance, upon requests, for logging on and/or other user activities within the HIS website
  - When requested by HCRT Leader or Operations Section Chief, uploads or otherwise changes HIS web pages to present new or revised data reporting tools, operational templates, or other adaptations
  - Assists with technical issues related to HMARS – (i.e., can serve as interface with Teltronix, the radio communications contractor with responsibility for the set-up and maintenance of HMARS).
  - Provides technical and logistical support for teleconference systems.

G. HCRT Additional Positions: *If an incident is of enough size and/or complexity to require additional staffed positions on the HCRT, these positions would be established according to standard NIM/ICS guidance.*

## 2. DC EHC Senior Policy Group (Coalition SPG) system description

- **Resource Description:** The Coalition SPG is composed of the Chief Executive Officer, senior administrator, or their designee from each DC EHC participating healthcare organization, who has authority to make decisions, commit resources, and accept high-level risk for their organization. Typically, the SPG membership for a specific incident response is determined by the nature of the incident (e.g. all healthcare organizations may be invited to have a representative participate but many may decline if the incident does not primarily impact them). The SPG is convened only intermittently as needed, usually through a virtual teleconference format, to address policy level and major funding decisions for the Healthcare Coalition during emergency response. The meetings are intended to be brief and are facilitated by the HCRT Leader (unless delegated to the HCRT Planning Section Chief). Decisions are established through a consensus process. While common group action and consistency across healthcare organizations is sought, disagreeing healthcare organizations are not bound by any Coalition decision. Roles and responsibilities for the SPG include:
  - Develops policy level consensus decisions affecting all healthcare organizations and their response actions as indicated by the incident or requested by the HCRT Leader
  - Makes decisions regarding the commitment of major resources affecting healthcare organizations
  - Maintains situation awareness for healthcare executives regarding sensitive information that may not be available to the larger healthcare community

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<sup>18</sup> See Appendix D for the capabilities requirements for the HCRT Logistics Section Chief.

- Monitors HCRT for strategic effectiveness during incident operations and provide strategic feedback to the HCRT.

## **Concept of Operations: DC EHC baseline operations**

The DC EHC baseline operations (during periods of non-response) are conducted by the Coalition Duty Officer

### **Coalition Duty Officer scheduling**

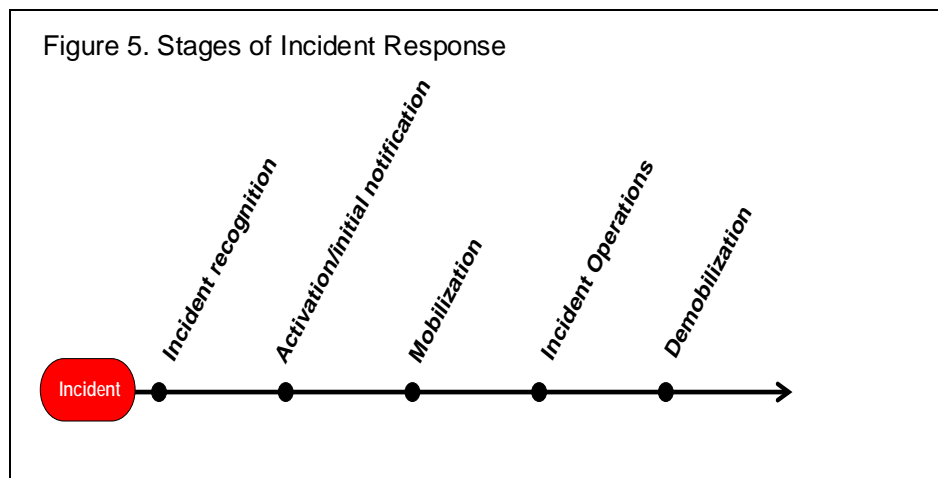
- All individuals approved to serve as duty officers for the Coalition will have their contact information available on the HIS website.
- A list of times for the individuals responsible to take call is maintained on the HIS website (call schedule).
- One individual is on call, with a back up, at all times.
- Call is performed for 24 hour intervals. Typically, call is scheduled for one week periods from 0700 Monday to 0700 the following Monday.
- No individual is scheduled for more than 7 consecutive days.
- Swaps in the schedule can be made; it is the responsibility of the individual swapping out of a shift to amend the schedule on the HIS website. In addition, a call should be made to the Coalition Notification Center (CNC) and alternate CNC to inform them of the schedule change.
- Between 0700 and 0900 on the first day of call, the on-coming Duty Officer will call the on-duty CNC to notify them that they are the individual on call for the week. In addition, they will send a HIS Advisory stating their name and that they are Duty Officer for the week. On coming Duty Officers are also expected to test their hand-held radios with a test message to the CNC.
- Each individual accepting call for the duty officer position should indicate preferred method of contact (e.g. pager, cell) on the HIS website.

### **Coalition Notification Center baseline operations**

- The responsible notification center conducts a weekly call down of the Coalition radio system, HMARS, at randomly selected times.
  - Except under special circumstances, call downs are limited to acute care facilities
  - Once a month, call downs include all HMARS participants
- Organizations that do not respond are logged and monthly results are presented to the DC EHC EMC. If an individual healthcare organization misses notifications, the notification center informs DCHA staff who contact the organization for clarification of status.
- Once a month, the call down is accompanied by a request for information on major and minor bed counts.
- ***During inclement weather (i.e. specifically when tornado activity is possible), the notification center monitors for potential tornado watches and warnings. If a “tornado warning” is issued for the DC Metropolitan Area, the CNC will issue an Alert with relevant information over HMARS.***

## Concept of Operations: DC EHC emergency response

To assure guidance is well organized and addresses all aspects of the DC EHC emergency response, the Concept of Operations is presented according to stages of incident response (Figure 5)



### 1. Incident recognition

Incident recognition is the process that identifies an “anomaly” (independently or through communication from others), develops a rapid situational assessment of the anomaly and related details, and determines whether an “incident response” or EOP activation is indicated.<sup>19</sup> *Optimal recognition of the need to activate the DC EHC EOP and determine the earliest possible but appropriate response actions may be the most critical factor in a successful incident outcome.* Initial incident information for the Coalition may be generated by a wide range of sources. Examples are provided below:

- Media reports
- Individual healthcare organizations (e.g. power outage at one facility)<sup>20</sup>
- Jurisdictional agencies (e.g. DCDOH, DCFEMS, DCHSEMA, MPD, etc)
- Other geographically proximate healthcare organizations or coalitions
- Non-jurisdictional agencies or organizations (e.g. OAP)
- Federal agencies (e.g. CDC Alert)
- Meteorological monitoring organizations
- Others

Given the diverse nature of sources for initial information, it is important that the Coalition maintains one primary point of initial contact for the Coalition – the Coalition Notification Center.<sup>21</sup> **All initial contact for the Coalition during baseline operations should be through the CNC at 877-323-4262.** DC FEMS also has the ability to contact the CNC through channel H-03.

<sup>19</sup> *Emergency Management Principles and Practices for Healthcare Systems.* The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA). Washington, D.C., June 2006.

<sup>20</sup> This can include individual healthcare organizations that have noticed a media report that they think might be of significance.

<sup>21</sup> Another method for initial Coalition notification is for the Duty Officer to receive a direct call from a source such as a jurisdictional agency or a Coalition member organization.

Once contacted, the Coalition Notification Center then has two action options:

1. If the initial message is from a jurisdictional agency requesting a message go out, the CNC should consider the information to indicate a real incident for the Coalition and conduct necessary follow on steps (see below).
2. For initial information of unclear significance, the CNC should contact the Duty Officer for clarification and the need for a notification to be sent.

Though the CNC is the primary point of contact for the Coalition during baseline operations, some jurisdictional agencies or other entities (e.g. DC DOH) may elect to contact the Duty Officer primarily who then becomes responsible for follow on actions (see below).

If there are persistent questions as to whether a notification or activation is necessary, the Duty Officer can convene a teleconference with Emergency Managers from affected healthcare organizations to collectively determine an action decision (see Communications Annex for page groups). In this situation, the Duty Officer would serve as the facilitator for this brief teleconference using standard Coalition practices (see **General Teleconference template**).

Initial activation of the Coalition HCRT is usually in its lowest designated configuration (a single staffed position – see below), designed to minimize impact on individual healthcare organization operations; judgment criteria utilized to determine whether a DC EHC EOP activation is necessary should be liberal.

## 2. HCRT Activation/initial notification

Once the CNC Technician and/or Coalition Duty Officer has received initial incident information and determined an initial course of action (i.e. activate HCRT or not), an initial important activity is the distribution of notifications to Coalition members and relevant authorities. The following categories are utilized for all notifications sent out through HMARS or placed on the HIS website (see **HMARS and/or HIS Notification Template** and **Notification Categorization Template** for more details):

- ADVISORY: placed on HIS only
- ALERT: sent over HMARS with accompanying HIS posting
- ACTIVATION: relates to activation of HCRT only (typically goes out through page group via HAN and HIS to HCRT – broader announcement may be announced over HMARS or HIS as well).
- UPDATE: typically sent via email or posted on HIS.

If the CNC is the initial point of contact, one of the two notification actions should occur based upon the incident recognition steps above:

1. Send out an immediate ALERT notification message based upon urgent initial information via HMARS to Coalition facilities (see **HMARS and/or HIS Notification Template** and **Notification Categorization Template**).<sup>22</sup> In addition, the Duty Officer should be notified directly and this individual will send a HIS message as appropriate.<sup>23</sup>
2. Contact the Duty Officer for clarification as to the need for a notification and/or the level of urgency and message information to be sent. This discussion can result in:
  - i. An HMARS ALERT message being conveyed and at least minimal activation and staffing of the HCRT. The Duty Officer is then responsible for rapidly providing HIS notifications.
  - ii. An ADVISORY notification is posted on HIS by the Coalition Duty Officer briefly describing the situation; they then monitor the evolving situation.

<sup>22</sup> Alternate notification will then be conveyed via HIS to Coalition organizations without HMARS receivers.

<sup>23</sup> If a message is sent, by default, the HCRT has been activated, even if minimally (see below for further discussion), unless it is an ADVISORY message that states no further action is indicated.

- iii. No message or further action is indicated for an insignificant situation.

For any situation with initial parameters that do not obviously trigger activation and notifications, the CNC should follow #2 above and contact the duty officer for further clarification.

If the Duty Officer is the primary point of contact, they may send ADVISORIES or ALERTS over HIS (the latter should be typically accompanied by an HMARS notification requested through the CNC)

The following entities can send initial notifications:

- Coalition Notification Center (CNC): all notification categories over HMARS and can post items on HIS
- Duty Officer: all notification categories over HIS and HAN (can request CNC convey an HMARS ALERT)
- HCRT: all notification categories over HIS and HAN (can request CNC convey an HMARS ALERT).
- Individual healthcare organizations: ADVISORIES over HIS only (or request an ALERT notification be conveyed through CNC)
- Poison Control Center (PCC): Note, in incidents where the Duty Officer or HCRT Leader is not near a computer, they may call 800-222-1222 and request the Poison Control Center staff place a notification on HIS. This must be dictated to the PCC staff over the phone and the appropriate notification category conveyed.

It should be noted that in some urgent situations, pages to specific groups should be utilized in conjunction with HMARS and/or HIS postings noted above.

**IMPORTANT regarding notifications:**

**HMARS notifications are typically utilized for communications with acute care facilities and other hospitals.**

**HIS notifications must be sent to reach Skilled Nursing Facilities (SNFs) and Community Health Centers (CHCs).**

All initial notification messages should contain the following if known (see **HMARS and HIS Notification Templates** for more details).

- Brief description of hazard impact
- Brief description of implications for recipients of notification
- Recommended initial actions (e.g. a teleconference will be held, please have the appropriate representative on the line)
- Indication of when next update can be expected<sup>24</sup>
- Time and date stamp (automatic over HIS)
- Indication of message originator

Once any notification decision is made, it must immediately be followed by a determination as to the level of activation and initial staffing of the HCRT. This is the responsibility of the Duty Officer. If more than one individual will be needed to staff the HCRT, the Duty Officer may send a HAN alert to other Duty Officers to convene a teleconference to staff the HCRT (see below - Mobilization).

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<sup>24</sup> If a healthcare organization has sent out an advisory over HIS, they should post a message when the incident is 'all clear' at their organization.

### 3. Mobilization

In most incidents, the HCRT positions are staffed by personnel who remain physically in their home organization. Rarely, personnel may decide to convene in person or there may be the need to deploy an individual to a physical site (e.g. the HCRT Liaison Officer to the DC HSEMA EOC).

Mobilization is therefore relatively simple, with assigned personnel remotely accessing their EOP tools and commencing incident operations. This includes HCRT staffed positions as well as Coalition organizations' representative positions at each participating member facility.

- Personnel: The duty officer assumes the position of HCRT Leader or, if feasible, assigns another qualified individual.
- Healthcare Organization Representatives: Each Coalition member organization that is impacted by the hazard should designate a liaison (representative) to the HCRT (this may be posted as an organizational point of contact on HIS). This role may often be filled by the Healthcare Organization Duty Officer (if one exists) or may be assigned at the beginning of an incident.

### 4. Incident operations

In many incidents, the Coalition response requires few activities beyond initial notification. Some, however, require more extended incident operations. Throughout incident operations, the HCRT manages itself according to ICS principles, including the use of the Incident Action Plan process. The HCRT Operations Section achieves the HCRT objectives via effective *management of coordination* between participating healthcare organizations, not through 'command.' Once the HCRT is activated, the Coalition Notification Center may still be needed to provide ongoing notifications and becomes part of the Operations Section of the HCRT.

#### 4a. Initial critical HCRT actions during incident operations

- **Establishing authoritative points of contact with jurisdiction and other relevant agencies:** One of the first critical activities for the Coalition Duty Officer is to establish initial authoritative points of contact with relevant jurisdictional or non-jurisdictional agencies. These entities should recognize the Coalition Duty Officer (and the transition to the HCRT Leader) as a valid response resource and provide appropriate information including reliable methods for contacting pertinent individuals. These initial points of contact should be documented on the **DC EHC 201**.
- **Gathering initial information:** The HCRT Leader or designee continues initial information gathering utilizing the **DC EHC Initial Event Log (201 form)**. Evolving incident information is collected utilizing all available resources. This may be as simple as contacting one individual at the scene, or personnel from several locations depending upon the circumstances. In addition, it may entail conducting an initial Situation Meeting/Teleconference with Coalition healthcare organization representatives (see below).
- **Transitional management meeting:** As soon as activated HCRT members are available, an initial meeting is conducted to manage the transition from the Duty Officer to the HCRT Leader. Though this step may not be necessary in many cases, such as when the Coalition Duty Officer assumes the HCRT Leader role and is the only HCRT position activated. It may be conducted telephonically and include an initial briefing based upon the **DC EHC 201** information.
- **Establish incident and initial operational period objectives for the HCRT:** Based upon initial information received, the HCRT should establish its overall incident and initial operational period objectives (typically the HCRT Leader in consultation with other HCRT members if assigned and available). These may be documented on the **DC EHC Incident Objectives (202 form)**.<sup>25</sup> Response objectives (both overall incident and those to be accomplished in an operational period) should be carefully developed (see SMART Objectives textbox)

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<sup>25</sup> The 201 and 202 may be posted to the HIS per the discretion of the HCRT Leader.



**“SMART” Objectives<sup>26</sup>:**

1. Specific – Clearly delineates what is to be achieved.
2. Measurable – Described so it can be determined if the HCRT is progressing towards and achieving the objectives.
3. Achievable - Are the objectives attainable?
4. Realistic – Can the objectives realistically be attainable in the specified time interval with the available resources?
5. Timed – When do you want to achieve the set objectives?

Examples of initial operational period objectives for the HCRT might be:

- Establish early and accurate situational awareness for participating healthcare organizations
- Contribute to early and accurate situational awareness for the jurisdictional response
- Determine hazard impact on healthcare organizations

- **Establishing the specific incident structure of the HCRT:** Based upon initial information and objectives, the structure of the HCRT (i.e. configuration) may be established to meet the specific incident objectives (using the pre-planned configurations in the base plan or hazard/incident specific annexes). The assignment of individuals to HCRT positions can then be confirmed or adjusted along with specific strategies as appropriate. It should be remembered that the structure of the HCRT may change throughout an incident based upon response needs.
- **Documenting the HCRT configuration:** Individuals and their assigned HCRT positions are documented on the **DC EHC Incident Organization Chart (form 207)**. This form provides space for name and contact information for individuals. The form for the current operational period is then posted on the HIS (see Communications Annex for HIS instructions).
- **Establishing additional contacts:** It is important to establish whether additional HCRT liaison contacts need to be made at this point in time. The HCRT should consider extending communication contacts to entities such as near-by coalitions as indicated by the specific incident (Northern Virginia, Suburban Maryland). Though the CNC has a protocol for interacting with nearby call centers, the HCRT should confirm that notification was conveyed. In most situations, an incident information briefing with the appropriate DC DOH on call representative should occur by this point in time (if it has not already been conducted).

#### **4b. Ongoing critical HCRT actions during incident operations**

- **Providing on-going information to healthcare organizations:** The HCRT continues to “push down” initial information as it is gathered from the individual healthcare organizations and other incident sources. This occurs through HIS postings (e.g. **Incident Status Summaries**), Situation Update Meetings/ Teleconferences, or other means as appropriate. Initial recommended guidance from relevant authorities should also be conveyed to healthcare organizations (only as appropriate). Examples include disseminating recommendations provided by an authority (e.g. PPE for an infectious agent) or requesting specific reporting of incident information (e.g. uploading bed capacity onto HIS). *All reported information is aggregated and returned in aggregate form to participating healthcare organizations (this is usually done automatically by having grids filled out on HIS such that all members can view collective information).*

<sup>26</sup> The origin of the SMART acronym is unclear and so attribute is difficult, see:

<http://www.rapidbi.com/created/WriteSMARTObjectives.html#HistoryandoriginoftheSMARTObjectivesacronym>

- **Determining whether formal incident action planning is necessary:** For some incidents, the HCRT Leader may determine that formal HCRT incident action planning is indicated. Incident parameters that may be helpful in triggering the decision to conduct formal incident action planning include:
  - Projection of an extended healthcare organization incident response (e.g. longer than one day)
  - Multiple response organizations are involved and information is complex (e.g. terrorist incident)
  - A particularly complex incident (e.g. multiple healthcare facilities affected in different ways)More information on incident action planning by the HCRT is delineated below.
- **Establishing HCRT operational periods:** Whether formal incident action planning is conducted or not, consideration should be given to establishing an operational period<sup>27</sup> for the HCRT (i.e. whenever an incident for the coalition will extend beyond several hours). Before the end of an operational period, the HCRT re-evaluates the incident and operational period objectives and the strategy/tactics used to achieve them. The HCRT Leader then revises or maintains objectives as indicated, and in conjunction with the HCRT general staff, revises or extends the strategy and tactics for the next operational period.
- **Determining early demobilization:** Constant attention is paid to early incident parameters that might indicate the opportunity to demobilize unnecessary elements of the HCRT. These may be present early in the incident.
- **Addressing safety issues:** Early consideration should be given to safety issues for both the HCRT itself and for participating healthcare organizations. Though the former are typically minimal, considerations can include simple concepts such as monitoring fatigue and attention to shift work. Safety issues for healthcare organizations can be complex depending upon the nature of the incident. Whenever possible, authoritative guidance should be sought from subject matter experts for dissemination to Coalition organizations (e.g. recommended PPE for a particular hazard). In addition, security issues should be considered a part of common safety issues. The HCRT should alert the coalition hospitals to identify a security representative so that the impact on security forces can be shared. In some situations, all hospitals may want to declare like measures to meet unusual challenges.
- **Addressing PIO issues:** Early consideration should be given to coordinating the public message from the participating healthcare organizations if not already addressed by a jurisdictional agency (e.g. through a JIC). Though the HCRT PIO might initiate this activity, it is the responsibility of the HCRT Operations Section to ensure that the coordination occurs (typically through a Strategy Coordination Meeting/Teleconference - see **Strategy Coordination Meeting/Teleconference Checklist and Template**).
- **Addressing Liaison issues:** Once initial communications have been established with designated outside organizations, the HCRT should identify agencies or organizations that will require on-going points of contact for regular information exchange. In most incidents, liaison with DC authorities is through DC DOH or through the EOC/ESF 8 at DC HSEMA. Staffing an HCRT Liaison position at the EOC/ESF 8 desk is considered when the EOC is mobilized (to attend specific meetings and facilitate exchange of information with jurisdictional authorities).
- **Conducting meetings/teleconferences:** The HCRT can facilitate a range of meetings/teleconferences depending upon incident parameters. These are explained in more detail below. A summary of the meeting categories is provided in Figure 6.

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<sup>27</sup> Operational period is the time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually not over 24 hours. (NIMS 2004)

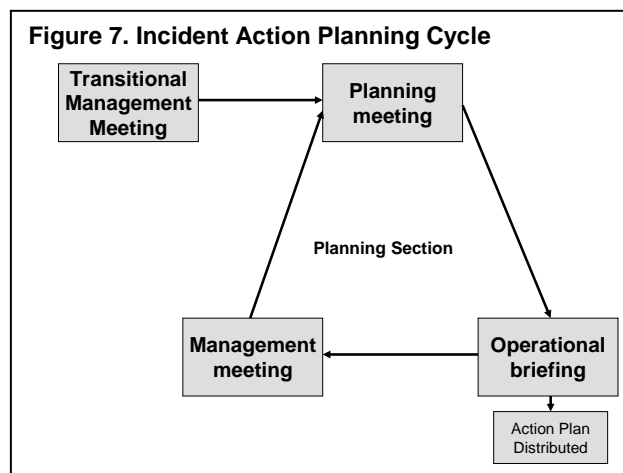
#### Figure 6: SUMMARY OF CATEGORIES OF HCRT MEETINGS/TELECONFERENCES

The Emergency Healthcare Coalition uses three categories of meetings to conduct its activities: meetings for the HCRT staff itself, meetings of the Senior Policy Group, and meetings conducted through the HCRT Operations Section to manage coordination between participating Coalition organizations.

- HCRT may conduct action planning meetings (facilitated by the HCRT Planning Section Chief)
  - Management meetings: to establish response objectives of the HCRT
  - Planning meetings: to discuss and finalize strategies and tactical assignments *within the HCRT itself* and complete the HCRT's IAP (even if it is unwritten and relatively informal)
  - HCRT Operations Briefings: to brief the HCRT IAP to the HCRT members and Healthcare Coalition partners
- SPG policy meetings (facilitated by the HCRT Leader)
  - Meetings for SPG to receive select information or to deliberate and develop consensus policy guidance, strategic direction, or commitment decisions that cannot be resolved at the HCRT level.
- Coalition level meetings (facilitated by the Operations Section Chief or designee). These meetings are designated by common meeting titles that reflect their respective meeting goals:
  - Coalition Situation Update Meetings: to exchange information between the HCRT and healthcare organizations and possibly involving DC government authorities, promoting optimal situational awareness
  - Coalition Resource Meeting: to address requests for assistance and manage responsiveness to requests via mutual aid, cooperative assistance and/or outside resources (DC government and others)
  - Coalition Strategy Coordination Meeting: to discuss and develop consensus on common response strategy and/or tactics across responding coalition partners
  - Coalition Expert Information Briefing: meetings to receive expert information related to the evolving incident and discuss application of the information. This may evolve into a Strategy Coordination meeting.

#### 4c. HCRT Incident Action Planning during incident operations

- **Timing of meetings:** When formal HCRT incident action planning is established, a schedule of meetings is developed by the HCRT Leader in conjunction with the HCRT Planning Section Chief. Most meetings are conducted virtually via teleconference.
- **Types of meetings:** Three major types of meetings are utilized during the HCRT incident action planning process (see Figure 7); all are facilitated by the HCRT Planning Section Chief:
  - **HCRT Management meeting:** The objectives for the HCRT's next operational period are established (or ongoing objectives are revised). Incident objectives are also reviewed and revised as indicated.



- **HCRT Planning meeting:** The structure and function of the HCRT itself are examined for adequacy. Strategies to achieve objectives are agreed upon. Additional resource assignments (applicable to HCRT function) and their tactics are determined. This cumulative information leads to the development of the HCRT Action Plan.
- **HCRT Operations briefing:** The HCRT Action Plan is briefed to HCRT members. Given the open architecture of the HCRT and its role, other participants may be invited. Affected healthcare organizations, jurisdictional agencies or others might be invited to participate in this briefing.
- **NOTE:** Given the limited size of the HCRT, the HCRT management and planning meetings could be conducted simultaneously.
- **NOTE:** The above meetings are to be distinguished from other types of meetings listed below, which have different purposes.
- **The HCRT Action Plan:** As the HCRT is not “commanding” any incident, the incident action plan produced by the HCRT is designated as the ‘DC EHC Action Plan for X [dates & time] Operational Period’ to distinguish it from Incident Action Plans produced by Coalition member organizations, the DC government, or public safety agencies. The HCRT Action Plan generally consist of the following HCRT Forms:
  - **DC EHC 201**
  - **DC EHC 202**
  - **DC EHC 205** (at the discretion of the HCRT Leader)
  - **DC EHC 207**
  - **DC EHC 209** (at the discretion of the HCRT Leader)

#### **4d. HCRT interaction with the SPG during incident operations**

- **The need for convening the SPG:** Besides providing situational updates, the HCRT may decide to present particularly complex questions that affect all or a majority of healthcare organizations to executive agents of these entities for resolution. This is accomplished through an “SPG Meeting.” Examples of other reasons to call an SPG Meeting include determining allocation of a scarce resource amongst the various healthcare organizations or the common commitment of unusual or major resources by the Coalition organizations. The HCRT may also utilize these meetings to provide incident updates or sensitive intelligence information to the SPG as appropriate.
- **Methodology:** Convening the SPG can occur through two procedures:
  - **Urgent:** For urgently convening the SPG, an HMARS ALERT (for Coalition facilities with HMARS receivers), HIS, and/or a HAN notification should be issued stating “An SPG Meeting” is scheduled – access the HIS website for meeting information” The HIS site lists date/time, registration, and call-in information. Coalition member organizations are then responsible for ensuring their appropriate executive representation participates in the SPG Meeting.
  - **Non-urgent:** An ADVISORY is posted to the HIS website with the date/time, registration, and call-in information for the SPG Meeting teleconference.
- **SPG Meeting management:** The HCRT Leader typically facilitates the SPG meetings/teleconferences according to the **General meeting/teleconference template**. The agenda for most meetings is established and disseminated prior to the meeting to focus discussion and provide efficient use of time. An SPG Meeting agenda for most SPG Meetings that require a decision from this executive body should include:
  - Brief incident situation update specific to the meeting issue– HCRT Leader

- Problem statement with background – HCRT Leader
- Recommended solution – HCRT Leader
- BRIEF comments from individual SPG members – SPG
- Polling of SPG members for consensus (or formal vote) – HCRT Leader
- Decision implementation discussion – HCRT Leader
- Follow-on SPG meeting schedule, if indicated
- Conclusion

NOTE: SPG Meetings should rarely exceed 45 minutes.

#### **4e. Information Management during incident operations**

- **Types of information gathered or disseminated:** The HCRT Operations Section Chief supervises the facilitation of incident information exchange and processing (usually via aggregation) to promote optimal situational awareness for participating Coalition organizations and, secondarily, for DC authorities.
  - **From jurisdiction:** The HCRT facilitates transfer of information from responding agencies to Coalition healthcare organizations. In many situations, this will require that the HCRT establish a regular reporting cycle with the lead jurisdictional response agency or DC DOH (this information can then be passed on to healthcare organizations). The information may be conveyed to healthcare organizations with an urgency designation (e.g. ALERT, ADVISORY, UPDATE). The HCRT may also establish and facilitate a Coalition Situation Update teleconference (**see template**) between the response agency and the Coalition healthcare organizations' representatives.
  - **From healthcare organizations:** The HCRT facilitates the collection of information from Coalition healthcare organizations (this information may be useful to both the jurisdiction and to all Coalition member organizations). In most situations, this information will be obtained in one of two ways:
    - request healthcare organizations' representatives to upload specific information to HIS (e.g. **Situation and Resource Status Update form**)
    - request information to be submitted by the Coalition representatives through a Coalition Situation Update teleconference.DOH has access to the HIS information. When teleconferences are utilized to collect information, reported data is documented by the HCRT for forwarding to any appropriate jurisdictional entity. Many kinds of information might be requested from healthcare organizations during emergencies. Examples include:
    - Situation at healthcare organizations
    - Resource availability at healthcare organizations
    - Strategies being utilized to address a specific problem.
- **Coalition Situation Update Meetings/Teleconferences:** These meetings are conducted by the HCRT Operations Section (with meeting and documentation support from the HCRT Planning Section) to develop and disseminate current situational awareness during highly dynamic or complex incidents. The meeting is designed to provide an understanding of the current, evolving situation (**see template**). Situation Update Meetings can be timed according to a projected schedule that is appropriate to the incident (e.g., "each morning at 0900"). Conversely, it may be scheduled urgently through the HMARS ALERT or HAN notification process for an unanticipated situation change.

#### **4f. Coordinating Strategies and Tactics during incident operations**

- **The need for coordinating strategies and tactics:** In some situations, coordinating the incident actions of responding healthcare organizations may be advantageous to all. An example of an indication for coordinating strategy and tactics is a particularly complex incident such as the occurrence of a contagious disease outbreak that threatens healthcare workers. Another example might be to coordinate the public message from different healthcare organizations. A range of methods may be used to accomplish this. Two primary methods available to the HCRT include:

- **Response (Strategy) Coordination Meetings/teleconference:** A Response Coordination Meeting/teleconference with representatives from the affected healthcare organizations can be conducted. The relevant strategy and/or tactics in use by the healthcare organizations are presented by participants (see **template**). General discussion of the pros and cons of each approach should be managed to promote efficient use of time (i.e., adhering to the pre-determined meeting time limit). Consensus strategy and tactics could be established. In this situation, meeting outcomes should be documented by the HCRT for dissemination to all participating healthcare organizations and conveyed to relevant jurisdictional agencies.
- **Strategy coordination via HIS:** Participating healthcare organizations can be requested by the HCRT to upload relevant strategies or tactics to HIS for viewing by other healthcare organizations and the jurisdiction. In some situations, the HCRT may request that participating healthcare organizations upload relevant sections of their individual incident action plans. A consensus may be reached through comparing and adopting one (or a hybrid of several) organization's action guidance.

#### **4g. Facilitating resource sharing and acquisition during incident operations**

- **Resources through Mutual aid:** The *hospitals* within the DC EHC have a signed MOU outlining the parameters and processes for mutual aid between them (see Appendix B).<sup>28</sup> Other organizations are being encouraged to sign and many of the SNFs are currently signatories. The HCRT facilitates the execution of this agreement during incident response.
  - **How mutual aid is requested:** The request for mutual aid must be initiated by an authorized individual at the requesting organization (the senior administrator on duty, their incident commander or IMT liaison, or a designee). This individual should contact the CNC or HCRT Operations Section Chief/Leader to convey the request message. For urgent requests (e.g. beds for an evacuation), an HMARS ALERT and/or HAN notification is sent out with a request for participating healthcare organizations to post available resources on HIS. For non-urgent requests, an ADVISORY may be sent out instead. Requesting organizations should be as specific as possible (and as time permits) about their needs, utilizing the **DC EHC Mutual Aid Form 1** to promote clear and comprehensive information.
  - **Role of HCRT:** The actual acceptance, transport, and management of resources is established between the assisted (recipient) and supporting (donor) organizations. Process is detailed in the attached Resource Sharing Functional Annex. The HCRT's role in resource assistance includes the following:
    - **Facilitation of assistance requests:** The HCRT assists the impacted organizations by disseminating accurate and comprehensive resource requests (see **DC EHC Mutual Aid Form 1**), identifying donor organizations, and assisting in 'connecting' the parties so that formal arrangements can be completed (the HCRT does not otherwise act as an agent for either party). The HCRT monitors the mutual aid plans and actions and conducts additional facilitation as indicated (for example, additional assistance in transporting or supporting the donor resources may be indicated, and that request can be developed and disseminated by the HCRT).
    - **Allocation:** The HCRT can assist with determining allocation of resources. For example, when beds are requested by an evacuating facility, the HCRT can work with transporting agencies to ensure that beds are not being double counted and that patients are being sent to appropriate beds (see **Facility Evacuation incident specific annex**).
    - **Tracking:** The HCRT can assist organizations with the tracking of requests and/or resources. For example, if patients have been temporarily relocated, the HCRT can work with assisting (donor) organizations to provide updates to requesting organizations on the status of their patients (see **Facility Evacuation incident specific annex**). In cases with large-scale movement of resources between assisting and supported organizations, the HCRT establishes at least daily teleconferences between the two to clarify information on the status of the shared resources. In addition, the HCRT can establish a HIS-based tracking mechanism for donated resources.

<sup>28</sup> Though mutual aid has occurred between other types of healthcare organizations (e.g. SNFs, CHCs), the official MOU covering this type of action is still in draft form at the time of edits to this EOP.

- **Trouble shooting:** If requested by an assisting or supported healthcare organization, the HCRT can assist in obtaining information about a donated resource during incident operations. The HCRT can assist in establishing communications between organizations as well (e.g., a teleconference bridge).
- **Resources through jurisdictional assistance:** Resources and services may be provided to the Coalition members during emergency response from Jurisdictional authorities (through local, Federal or EMAC<sup>29</sup> avenues or through contractual arrangements)
  - **Role of the HCRT:** The HCRT facilitates the process of jurisdictional transfer of resources to healthcare organizations (as appropriate and as requested).
    - **Establishes need:** By conducting situation and resource status updates from the Coalition organizations, the HCRT can assist the jurisdiction in anticipating or establishing the need for resource assistance to healthcare organizations. In addition, specific resource needs can be established by conveying a request for information, with answers uploaded to the HIS website that can be accessed by jurisdictional managers.
    - **Conveys requests to authorities:** The HCRT can collect & convey requests for assistance from Coalition members to authorities.
    - **Conveys information about availability to healthcare organizations:** When requested, the HCRT can facilitate the transfer of information to healthcare organizations that outlines the availability, transport, delivery, or other specifics of resources to be distributed by the jurisdiction.
    - **Assist in determining resource allocation:** If the actual or potential need for resources exceeds the amount being supplied, the HCRT can assist in determining allocation among Coalition members through facilitated resource meetings or SPG meetings.
- **HCRT facilitation of Expert Information resources:** Some hazard impacts may be of such unusual nature that highly technical or specific information is critical to the healthcare organizations in guiding their response. For example, a large-scale incendiary incident with many burn victims transported to non-burn center healthcare facilities. The HCRT can facilitate the acquisition of expert information on relevant topics and provide mechanisms for rapid distribution of the information to Coalition organizations. In the burn example, a burn specialist from outside the impacted area could be rapidly recruited to convey critical treatment and planning information to the healthcare organizations in either written (posted on HIS) or verbal (teleconference) format. See incident specific annex to this base plan called Mass Casualty Burn Annex.
- **HCRT resource facilitation assignments and methods:** The HCRT Operations Section Chief supervises or conducts the facilitation activities. Resource Meetings (see **template**) may be conducted to expedite resource assistance.
  - **Increased staffing:** Additional staff may be appointed if needed (Deputy Operations Section Chief or a Resource Facilitation Task Force Leader).
  - **Resource Facilitation Task Force (TF):** In a complex response with multiple urgent resource requests, this task force may be activated (using volunteers from member organizations) to execute the actions that facilitate mutual aid, cooperative assistance, and outside resources from the jurisdictional authorities and others.
  - **Resource Meetings:** The purpose of these meetings is to facilitate resource requests and assistance, and define action planning to meet the resource needs of impacted healthcare organizations (see **Resource Meeting/Teleconference template & DC EHC Mutual Aid Form 1**). They may be conducted generally by the HCRT Operations Section Chief or more specifically by an appointed HCRT Resource Facilitation Task Force Leader.
  - **SPG Meetings:** These may be convened as needed to address resource issues not resolved through resource meetings and other HCRT activities.

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<sup>29</sup> EMAC: The Emergency Management Assistance Compact, a method for providing inter-State assistance

#### **4h. Integration with Community Emergency Response during incident response**

Many of the above actions of the HCRT facilitate integration of healthcare organizations into the response activities of the jurisdiction. Several other considerations include:

- **ALERTS and ADVISORIES:** Though the jurisdiction may have its own notification systems, the Coalition's information system can enhance notification and information dissemination (at request of the jurisdiction) through its ALERTS and ADVISORIES to healthcare organizations. For example, the most rapid means for the jurisdiction to convene an immediate teleconference with participating healthcare organizations is usually through a HMARS, HIS and/or HAN ALERT process.
- **Rapid aggregation of information for guidance to authorities:** In a highly dynamic healthcare situation, Coalition organizations can rapidly aggregate their capacity status and other parameters as they rapidly change in real time. For example, in a mass casualty incident with many self-transport, hospitals and health clinics can provide up-to-date aggregate reports to the EMS transport officers about bed/space availability. This allows informed decisions on best places to send patient types, both for optimal care and for optimal turn-around of EMS transport units.
- **Coordinating incident planning cycles & meeting invitations:** Whether or not the HCRT and healthcare organizations are conducting formal incident action planning, timing the HCRT meetings with those conducted by the jurisdiction can improve the information flow between parties. Promoting participation of jurisdictional representatives in relevant Coalition meetings and teleconferences can also be of value.
- **Response to notifications:** The HCRT can assure that important jurisdictional notifications have been received by healthcare organizations. In addition, it can facilitate the conveyance of individual healthcare organization's messages to the jurisdiction.

#### **5. Demobilization**

The demobilization stage addresses **only transition of HCRT resources, and eventually the HCRT itself, from incident activities back to its baseline operations and standby capabilities.** It is commenced when a determination is made by the HCRT Leader (sometimes in formal consultation with the SPG and the relevant jurisdictional agencies) that the HCRT incident objectives have been achieved and the HCRT can disengage from incident response. It is recognized that the HCRT may actually function well into a recovery phase for any individual Coalition member organization (i.e. facility actions related to the "return to normal").

Depending upon the level of activation of the HCRT, a formal HCRT demobilization process may be important. The following list is for consideration as appropriate to the incident (see **Demobilization Checklist**):

The HCRT demobilization planning process may include:

- The HCRT Operations Section obtains a current situation status from responding healthcare organizations, and a current situation status from relevant DC incident authorities.
- An HCRT planning meeting is conducted to analyze the current situation and project the timing and appropriateness of HCRT demobilization;
  - The demobilization decision is finalized; if the decision situation is unclear, consultation by the HCRT Leader with the SPG and/or relevant jurisdictional agencies may be indicated
  - A demobilization plan is developed. It includes: notifications, identification of continuing activities, and intermediate steps such as timed personnel and other resource deactivations; Any remaining incident issues for the HCRT are resolved, or plans are developed to transfer responsibility for remaining HCRT tasks and activities to member organizations that remain activated for the incident.
- The HCRT demobilization is conducted
  - Notification to participating healthcare organizations and DC response authorities
  - Public information message if indicated
  - Transition of remaining tasks/activities (such as tracking) to appropriate entities (healthcare organizations remaining in response mode, DC authorities, or other entity)



- Complete HCRT documentation and archive all HCRT incident documentation for use in After-Action Report (AAR) process
- Initiate staged deactivation of HCRT personnel as their incident and demobilization tasks are completed (obtain written input for AAR, conduct exit interview and personnel evaluation with supervisory position, return HCRT incident materials)
- Demobilize HCRT incident resources (the Coalition notification center and others) and return to baseline status
- The HCRT Leader, as a final response act, notifies the SPG (if indicated) and member healthcare organizations that the HCRT is fully demobilized and the CNC and Duty Officer have resumed duties as the points of contact.

The SPG receives notification of completed HCRT demobilization (either directly or the SPG members receive notification through their HCRT representatives) as appropriate.

## **6. Recovery**

The DC EHC Emergency Management Committee (EMC) conducts an expedited return to readiness of the HCRT resources.

Facilitation of remaining response issues such as reimbursement for mutual aid is conducted through EMC mechanisms.

The After-Action Report (AAR) process is conducted by the EMC.

## **DC EHC EOP BASE PLAN ATTACHMENTS**

## Operational Checklist: Coalition Duty Officer

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the Coalition Duty Officer position. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for addressing the responsibilities of the DC EHC Duty Officer during day to day activities and during initial response to an incident.

The DC EHC Duty Officer is a 24/7 staffed position that serves as an initial point of contact for the Coalition. The major responsibility of this individual is to assist with the identification of an incident for the Healthcare Coalition participants and to assist with initial notifications. Once these actions have occurred, the Duty Officer transitions to the HCRT Leader (see this operational check list) or transfers this role to another individual.

- | Responsibilities include:  | Date / Time done: |
|--|-------------------|
| 1) Remain available and with communication devices on a 24/7 basis while on call.  | _____             |
| 2) Receive initial notification of potential incident parameters and document findings on DC EHC form <b>201</b> if appropriate. <sup>30</sup> | _____             |
| 3) Evaluate veracity of initial information  | _____             |
| 4) Gather more information, if needed on initial incident parameters:  |                   |
| a) DC EMS through the ELO (202-373-3712 or X-3713)   | _____             |
| b) DC DOH (202) 481-3109   |                   |
| i) HECC (202-671-0722 or hospital branch desk at 202-671-0725)   | _____             |
| ii) Brian Amy, MD (202-812-8430 cell)  | _____             |
| iii) Bob Austin (202-671-0704)   | _____             |
| c) DC EHC CNC (877-323-4262)   | _____             |
| d) From primarily impacted facility (refer to communications numbers)  | _____ annex for   |
| e) Other organizations as needed (refer to communications annex for numbers)   | _____             |

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<sup>30</sup> NOTE: At this point, if the DO is primarily occupied with other duties (e.g. primary impact at their facility), they may request additional assistance from another DO to perform duties. This must be made clear and posted as an advisory on HIS.

- 5) Assess initial incident parameters for the potential to impact the following at one or multiple Coalition healthcare organizations:
  - a) Safety of personnel or patients at the facility(s) \_\_\_\_\_
  - b) Continuity of operations for the facility(s) \_\_\_\_\_
  - c) Potential for surge operations at a facility(s) \_\_\_\_\_
  - d) Requirement for support (information or resources) at the facility(s) \_\_\_\_\_
- 6) Make determination if this is an incident for the Coalition based upon above parameters \_\_\_\_\_
- 7) Activate HCRT utilizing ACTIVATION over HAN and HIS as appropriate. Include:
  - a) Announcement of initial transitional management meeting \_\_\_\_\_
  - b) Or, announcement that DO will be doing all staff functions for HCRT team \_\_\_\_\_
- 8) Send initial notifications as required (note this may occur before HCRT activation):
  - a) HIS ALERTS (<https://heoc.org/dchis>) to notify all participants in Coalition (or specific HIS page groups as appropriate)
    - i) Include notification category (usually an ALERT) in message title with brief description of incident.
    - ii) Include very brief description of incident parameters as known.
    - iii) Include desired response from recipients (participate in teleconference, update capacity grids, etc.)
    - iv) NOTE: Almost all initial notifications should be accompanied by a request for healthcare organizations to place a designated POC onto HIS and to update their situation and resource status on the appropriate HIS grid.
    - v) Provide information on next expected update if known.
    - vi) NOTE: If unable to access a computer for timely establishment of initial HIS Notification, and another Duty Officer is not immediately available, contact PCC at 800-222-1222 and request staff post the HIS message for you. This must be dictated over the phone to PCC staff and appropriate notification category conveyed.
  - b) HAN ALERT (<http://dchan.dchealth.com>): To notify select participant groups in Coalition (e.g., Community Health Centers). Consider also sending messages out via HIS with alternate wording to increase reliability.  
\_\_\_\_\_

- i) Include notification category (usually an ALERT) in message title with brief description of incident.
  - ii) Include very brief description of incident parameters as known. (some personal devices have a maximum of 140 characters)
  - iii) Include desired response from recipients (participate in teleconference, update capacity grids, etc.)
  - iv) Provide information on next expected update if relevant/known.
- c) HMARS ALERT: Request HMARS alert through CNC (877-323-4262) if immediate voice notification is indicated for acute care facilities.
- d) Contact individual organizations/representatives \_\_\_\_\_  
(as required) \_\_\_\_\_
- 9) If transitioning to HCRT Leader and conducting all HCRT functions, post this as ADVISORY to HIS and refer to HCRT checklists. Post HCRT configuration (DC EHC 207) to HIS  
\_\_\_\_\_
- 10) If transitional management meeting is held, participate and \_\_\_\_\_  
assume designated HCRT role \_\_\_\_\_

The Duty Officer should consider carrying at all times, hard copies of the following forms for rapid access:

- DC EHC 201
- DC EHC 202
- DC EHC 207
- Duty Officer OCL
- HCRT Leader OCL
- HCRT Operations Section Chief OCL
- HIS Notification template
- Situation Update Teleconference Template
- DC EHC Mutual Aid Form 1
- DC EHC Evacuation Form 1
- Communications Directory

## Operational Checklist: HCRT Leader

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for addressing the responsibilities of the DC EHC HCRT Leader during emergency response.

HCRT Leader supervises the function of the HCRT, oversees HCRT incident action planning, and facilitates cooperation between the healthcare response and the needs of the Authority Having Jurisdiction.

- |   |                   |
|---|-------------------|
| Responsibilities include:   | Date / Time done: |
| 1. Activation of DC EHC EOP   | _____             |
| 2. Establish HCRT objectives for the incident ( <b>202 Template</b> )   | _____             |
| 3. Establish HCRT operational period objectives ( <b>202 Template</b> ) | _____             |
| 4. Assign staff to HCRT position as needed                              | _____             |

- |                               |                     |
|-------------------------------|---------------------|
| <u>HCRT Position</u>          | <u>Assigned to:</u> |
| a. Planning Section Chief     | _____               |
| b. Operations Section Chief   | _____               |
| c. Public Information Officer | _____               |
| d. Liaison Officer            | _____               |

- |   |       |
|---|-------|
| 3. Review HCRT needs and adjust assignments   | _____ |
| 4. Assume other HCRT functions if not staffed <sup>31</sup>   | _____ |
| 5. Determine when SPG needs to convene  | _____ |
| 6. Periodically assess HCRT function, including documentation   | _____ |
| 7. Determine when the HCRT response should demobilize in collaboration with the SPG and Authority Having Jurisdiction | _____ |
| 8. Assure all documents are archived and initiate the After Action Report process                                     | _____ |

<sup>31</sup> See other HCRT operational checklists

## Operational Checklist: HCRT Operations Section Chief

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for addressing the responsibilities of the DC EHC HCRT Operations Section Chief during emergency response.

HCRT Operations Section Chief supervises HCRT activities that directly address the HCRT incident and operational period objectives.

Responsibilities include: Date / Time done:

1. Assure completion of the Operations Section mobilization \_\_\_\_\_
2. Assign additional staff to HCRT Operations Section positions as indicated \_\_\_\_\_
3. Participate in HCRT incident action planning (as appropriate):
  - Management Meeting to set objectives & HCRT configuration \_\_\_\_\_
  - Planning Meeting to establish strategy & assign resources \_\_\_\_\_
  - Operations Briefing that briefs out the HCRT IAP (briefing to HCRT personnel and participating Coalition members) \_\_\_\_\_
  - Implements tactics (actions) to execute strategy and accomplish objectives \_\_\_\_\_
4. Supervise the Coalition Notification Center during response \_\_\_\_\_
5. Set meetings for Situation Update, Resource, and Strategy Coordination Meetings/Teleconferences, develops meeting Agendas (with Planning Section support), and notifies participants through HMARS, HAN, or HIS \_\_\_\_\_
6. Facilitate situational awareness across the Coalition organizations:
  - Supervise the collection of incident information and data from HCOs (establish reporting format, timing, methodology, etc.) <sup>32</sup> \_\_\_\_\_
  - Assure that all information collected from HCOs becomes available to the collective HCO group through posting on HIS or direct dissemination (action plans and reporting documents such as **Situation and Resource Status update forms**, Patient Tracking Reports, etc.) as directed by the HCRT Leader. \_\_\_\_\_
  - Ensure information from DOH, EMS, Federal sources, scene Incident Management Team, outside experts, etc. is conveyed to Coalition HCOs \_\_\_\_\_
  - Monitor information posted on HIS by HCOs for a) inclusion \_\_\_\_\_

<sup>32</sup> In some cases, this may come at the direction of a jurisdictional agency.

in Situation Status Summaries, b) indication for resource facilitation, c) indication for need to promote/facilitate coordination of response strategy and tactics \_\_\_\_\_

7. Provide resource facilitation for responding HCOs

- Accept and appropriately disseminate resource requests by Coalition partners through the communications system. Ensure request is formatted using the **DC EHC Mutual Aid Form 1** (as appropriate)

For mutual aid, convey through HMARS/HIS as Alert or Advisory as indicated \_\_\_\_\_

For outside assistance requests, forward aggregated requests from healthcare organizations to DC DOH or ESF #8 (through the Coalition Liaison) \_\_\_\_\_

- Track responses to mutual aid and outside assistance requests and facilitate any seemingly delayed requests: re-convey message, inquire about status, conduct a Resource Meeting with HCOs (see **Resource Meeting Checklist and Agenda Template**). Keep HCOs informed of Resource Request status \_\_\_\_\_
- Recommend to the HCRT Leader convening the Coalition SPG to address distribution of scarce outside resources among healthcare organizations, or to resolve difficult resource assistance issues as appropriate. \_\_\_\_\_

8. Promote response strategy coordination across responding HCOS

- Request, receive, process, and disseminate appropriate information from responding healthcare organizations, describing strategy and tactics used (e.g. triage algorithm for unusual injuries, patient evaluation protocol for a novel disease, treatment regimen for unusual toxin, patient screening, etc.) This may be repeated and disseminated with **Incident Status Summaries** \_\_\_\_\_
- Request incident action plans (IAPs), or relevant sections of IAPs from healthcare organizations (post to the HIS website) when appropriate. \_\_\_\_\_
- Convene **Strategy Coordination Meeting**/teleconference (see template) when appropriate \_\_\_\_\_

9. Promote integration of HCOs into the community emergency response

- Assure transmission of **Incident Status Summaries** to HCRT Liaison for forwarding to relevant DC authorities \_\_\_\_\_
- Assure appropriate information passed to HCRT Liaison for exchange with relevant DC authorities \_\_\_\_\_
- Invite appropriate DC authorities to participate in or observe HCRT meetings/teleconference as indicated \_\_\_\_\_
- Arrange (through the HCRT Liaison position) situational briefings and other virtual meetings with appropriate DC authorities to maintain situational awareness, discuss complex issues common to healthcare organizations and \_\_\_\_\_



- response authorities (resources, response strategy, etc.),  
and to provide critical feedback \_\_\_\_\_
- 10. Support HCRT Leader in keeping the DC EHC Senior  
Policy Group (SPG) informed during the incident (SPG  
Situation Updates) by providing current information \_\_\_\_\_
- 11. Supervise HCRT Operations Section demobilization \_\_\_\_\_
- 12. Accept and archive all documents generated or received during  
HCRT response for the After Action Report (AAR) Process \_\_\_\_\_
- 13. Document Operations Section issues for the AAR Process \_\_\_\_\_

## Operational Checklist: HCRT Planning Section Chief

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for addressing the responsibilities of the DC EHC HCRT Planning Section Chief during emergency response.

HCRT Planning Section Chief supervises incident planning activities and/or provides planning section services to the HCRT, including development of situation reports, assisting in developing Coalition meeting agendas, documenting meeting findings, archiving Coalition documents, and supporting Coalition management and operations section activities.

Responsibilities include:	Date / Time done:
1. Assure completion of the Planning Section mobilization	_____
2. Assign additional staff to HCRT Planning Section positions as indicated	_____
3. Assure archiving of all messages from DC EMS, DOH, HSEMA, MPD, other jurisdictional agencies and responding HCRT members	_____
4. Supervise and/or conduct incident action planning meetings (if directed by the HCRT Leader) for the HCRT: - Management Meeting to set objectives & HCRT configuration - Planning Meeting to establish strategy & assign resources - Operations Briefing to brief out the HCRT IAP (briefing to HCRT personnel and participating HCOs)	_____ _____ _____
5. Document the staffed HCRT positions using HCRT 207	_____
6. Develop HCRT Incident Action Plan upon direction from HCRT Leader for each operational period	_____
7. Support the HCRT Operations Section in developing meeting Agendas for Situation Update, Resource, and Strategy Coordination Meetings/Teleconferences	_____
8. Support the HCRT Operations Section in recording (or assigning personnel to record) meeting information (using meeting agenda) and develop into Situation Status Update Reports	_____
9. Develop reporting documents (such as Incidents Status Summaries, Patient Tracking Reports, and Coalition Resource Request Tracking Reports) as directed	_____

by HCRT Leader \_\_\_\_\_

10. Support the Operations Section in maintain current information reporting for critical issues such as ability to accept additional incident patients (see Patient Receiving Status Report) and patient tracking (see Incident Patient Tracking Report) \_\_\_\_\_

11. Support HCRT Leader in keeping the DC EHC Senior Policy Group (SPG) informed during the incident (SPG situation Updates) and developing the agenda and supporting information for SPG Meetings/Teleconferences \_\_\_\_\_

12. Supervise HCRT Planning Section demobilization \_\_\_\_\_

13. Accept and archive all documents generated or received during HCRT response for the After Action Report (AAR) Process \_\_\_\_\_

14. Document Planning section issues for the AAR Process \_\_\_\_\_

## Operational Checklist: HCRT Logistics Section Chief

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for addressing the responsibilities of the DC EHC HCRT Logistics Section Chief during emergency response.

HCRT Logistics Section Chief supervises and/or provides logistical support to the HCRT, primarily by supporting the notification center and HCRT information systems.

Responsibilities include:	Date / Time done:
1. Conduct and complete the HCRT mobilization	_____
2. Assure all assigned HCRT members have access to HMARS	_____
3. Assure all member organizations have access to the HIS	_____
4. Assign an HCRT Communications Unit Leader if additional communications or information assistance is indicated	_____
5. At the direction of the HCRT Leader, develop roster for follow-on HCRT shifts	_____
6. Complete DC EHC Form 205: HCRT Incident Communications Plan & submit to HCRT Leader for approval/dissemination	_____
7. For physical meetings of the SPG, HCRT or its Task Forces or task groups, arrange for the meeting space and any other logistical needs	_____
8. Participate in each HCRT Planning Meeting and HCRT Operations Briefing as indicated	_____
9. Provide logistical support to the Coalition Notification Center as indicated	_____
10. Address logistical issues in the HCRT demobilization	_____
11. Provide all logistical documents to HCRT Planning Section Chief to archive	_____
12. Document issues for the After Action Report Process	_____

<b>INITIAL EVENT LOG</b>		DC EHC 201 REV. 7/18/2008
<p><i>This form captures essential information during early Coalition response. This form documents the initial decisions, actions, and needed personnel prior to the first Planning Meeting. It may be used to brief staff, the jurisdiction, or healthcare organizations as appropriate. The 201 becomes superseded by a more current 201, 209, or Incident Action Plan</i></p>		<b>DC EHC DUTY OFFICER</b>
1. HCRT INCIDENT NAME:		2. DATE:
3. TIME:		
4. INITIAL INCIDENT DETAILS: (describe current status/activities)		
<b>5. INITIAL POINTS OF CONTACT</b>		
<b>NAME</b>		<b>AGENCY/CONTACT METHOD</b>
<b>6. SUMMARY OF CURRENT ACTIVITIES</b>		
<b>TIME</b>	<b>ACTION(S)</b>	
	Notifications sent (alert, advisory, activations)	
	Initial objectives established	
	<b>HCRT positions assigned</b>	
	Other actions initiated:	
7. PREPARED BY:	8. POSITION:	

## GUIDELINES FOR COMPLETING INITIAL EVENT LOG (Form 201)

This form captures essential information during the initial HCRT response phase (notification, activation and mobilization). It is used for initial briefings to HCRT members, healthcare organizations and other relevant entities. The **HCRT Leader** is responsible for the completion of this form. This form documents all the initial decisions made and actions taken prior to the first HCRT Planning Meeting.

- *Section 1: Document the incident name as established by the HCRT Leader.*
- *Section 2: Document the date the 201 is being prepared.*
- *Section 3: Document the time the 201 is being prepared.*
- *Section 4: Include any relevant incident details provided by the initial responders (healthcare facilities, Fire/EMS, police, others).*
- *Section 5: Document critical points of contact (jurisdictional, healthcare organization, other) and methods for re-contacting them*
- *Section 6: Document all the key decisions made and actions taken from the first moment of initial notification of potential incident. List the time at which the decision/action was taken and then briefly summarize what occurred.*
- *Section 7: Document name of individual preparing 201.*
- *Section 8: Document position of individual preparing 201.*

<b>HCRT INCIDENT OBJECTIVES</b>		DC EHC 202 REV. 07/21/08
<p><i>This form is designed to document HCRT incident objectives, the relevant HCRT operational period objective, and other relevant incident action planning information. Incident objectives are the overarching objectives (goals) for the response. Operational period objectives are those to achieve during the relevant time interval that incrementally accomplish the incident objectives.</i></p>		<b>HCRT LEADER</b> <hr/> <b>PLANNING SECTION CHIEF</b>
1. INCIDENT NAME:	2. DATE PREPARED:	3. TIME PREPARED:
4. OPERATIONAL PERIOD (DATE/TIME) FROM: TO		
<b>5. HCRT INCIDENT OBJECTIVES: OVERARCHING OBJECTIVES (see HCRT Operations Chief OCL for strategies to achieve objectives)</b> <ul style="list-style-type: none"> <li>▪ Facilitate situational awareness across the HCOs</li> <li>▪ Provide resource facilitation for responding HCOs</li> <li>▪ Promote response strategy coordination across responding HCOs</li> <li>▪ Promote integration of HCOs into the community emergency response</li> </ul>		
<b>6. OBJECTIVES FOR THE DESIGNATED OPERATIONAL PERIOD:</b> <ul style="list-style-type: none"> <li>▪ _____</li> <li>▪ _____</li> <li>▪ _____</li> <li>▪ _____</li> </ul>		
<b>7. WEATHER AND OTHER INCIDENT CONDITIONS FOR THE DESIGNATED OPERATIONAL PERIOD:</b>		
<b>8. GENERAL SAFETY MESSAGE:</b>		
<b>9. ATTACHMENTS (* IF ATTACHED)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMMUNICATION PLAN (HCRT 205)</li> <li><input type="checkbox"/> ASSIGNMENT LISTS</li> <li><input type="checkbox"/> INCIDENT MAP</li> <li><input type="checkbox"/> OTHER _____</li> </ul>		
<b>10. PRINT and SIGNATURE/POSITION</b>		<b>11. DATE/TIME</b>

## **GUIDELINES FOR COMPLETING HCRT INCIDENT OBJECTIVES FORM**

- *Section 1: List the name of the incident for the Healthcare Coalition Response Team (HCRT).*
- *Section 2: List date the form is completed.*
- *Section 3: List time the form is completed.*
- *Section 4: List the designated time's for the relevant operational period to which the objectives apply.*
- *Section 5: List the incident objectives for the HCRT, revising from the generic list of HCRT objectives already listed.*
- *Section 6: List the objectives to be accomplished for the designated operational period. Write them so the relationship to the incident objectives is clear. Operational period objectives should be specific, measurable, realistic and achievable within the operational period.*
- *Section 7: Briefly describe the anticipated weather and other conditions that may affect the actions to achieve objectives.*
- *Section 8: Briefly describe any safety issues and recommended actions to address them. If this becomes a complex issue, a separate safety plan should be developed and appended to this form.*
- *Section 9: Check the relevant boxes and attach any additional forms that have been completed.*
- *Section 10: The individual completing the form prints and signs his/her name on the form and notes his/her HCRT position.*
- *Section 11: The individual completing the form dates and times the form at the time it is signed and submitted.*



<h2 style="margin: 0;">HCRT INCIDENT COMMUNICATIONS PLAN</h2>	<p><b>DC EHC 205 REV. 07/21/08</b></p>
<p><i>This form is designed to document communications methods and points of contact (POC) for the HCRT during the relevant HCRT operational period.</i></p>	<p><b>HCRT LOGISTICS CHIEF</b></p>

5. INCIDENT NAME:	6. DATE PREPARED:	7. TIME PREPARED:
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8. OPERATIONAL PERIOD (DATE/TIME) FROM: \_\_\_\_\_ TO \_\_\_\_\_

**5. HCRT COMMUNICATION INFORMATION**

HCRT POSITION	STAFF NAME	PREFERRED CONTACT METHOD <small>r=radio, p=phone, c=cell, p=pager</small>
HCRT Leader		
HCRT PIO		
HCRT Liaison Officer		
HCRT Operations Section Chief		
HCRT Planning Section Chief		
HCRT Logistics Section Chief		
Other		
Other		
Other		

**6. HEALTHCARE ORGANIZATIONS (HCOs) COMMUNICATIONS INFORMATION**

HCO	POINT OF CONTACT/ REPRESENTATIVE	PREFERRED CONTACT METHOD/S <small>r=radio, p=phone, c=cell, p=pager</small>


**7. LOCAL/STATE/FEDERAL/OTHER CONTACTS**

<b>ORGANIZATION</b>	<b>POINT OF CONTACT/ POSITION</b>	<b>PREFERRED CONTACT METHOD/S</b> r=radio, p=phone, c=cell, p=pager
PUBLIC HEALTH		
LOCAL EMA		
LOCAL EMS		
LOCAL FIRE		
LOCAL LAW ENFORCEMENT		
FIELD IMT		
LOCAL EOC		
OTHER		
OTHER		
OTHER		

<b>10. PRINT and SIGNATURE/POSITION</b>	<b>11. DATE/TIME</b>
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## **GUIDELINES FOR COMPLETING HCRT INCIDENT COMMUNICATIONS PLAN**

- *Section 1: List the name of the incident for the Healthcare Coalition Response Team (HCRT).*
- *Section 2: List date the form is completed.*
- *Section 3: List time the form is completed.*
- *Section 4: List the designated time's for the relevant operational period to which the Communications Plan applies.*
- *Section 5: Complete the names and contact information for the activated HCRT positions.*
- *Section 6: List the participating Healthcare Organizations (HCOs) and the point of contact/representative and contact information for each HCO. Include the initial of the device as indicated in the header of the "PREFERRED CONTACT METHOD/S" column (e.g. "c" next to a number would indicate cell number. "r" without a number would indicate contacting individual through call sign on radio. Call sign within the HCRT would be HCRT positions as no names should be used over an unsecured radio system). Expand the rows on the electronic version of the form as needed.*
- *Section 7: List the key responding/supporting governmental organizations and the point of contact/position and contact information for each organization. These should be listed as local first, then regional, state and federal. Non-governmental organizations (such as major information or resource sources) that are significant for HCRT function may also be listed. Expand the rows on the electronic version of the form as needed.*
- *Section 8: The individual completing the form prints and signs his/her name on the form and notes his/her HCRT position.*
- *Section 9: The individual completing the form dates and times the form at the time it is signed and submitted.*

**CARE SHOULD BE TAKEN IN LISTING CONTACT INFORMATION IF THIS COMMUNICATIONS PLAN IS RELEASED BEYOND THE HCRT. CALLS FROM THE PUBLIC OR MEDIA MAY OVERLOAD INCIDENT COMMUNICATIONS SYSTEMS.**

<b>HCRT ORGANIZATIONAL CHART</b>		DC EHC 207 REV. 07/24/2008
<i>This form is used to document personnel assigned to positions in the Healthcare Coalition Response Team (HCRT). Initial assignments may change and this form should be updated as necessary (even within an operational period).</i>		<b>COMMAND STAFF GENERAL STAFF</b>
<b>1. INCIDENT NAME:</b>	<b>2. DATE/TIME PREPARED:</b>	<b>3. OPERATIONAL PERIOD:</b>
<b>4. ORGANIZATIONAL STRUCTURE:</b>		
<pre> graph TD     HL[<u>HCRT Leader:</u> Home organization: Cell/contact:] --- L1[ ]     L1 --- HPIO[<u>HCRT Public Information Officer:</u> Home organization: Cell/contact:]     L1 --- HLO[<u>HCRT Liaison Officer:</u> Home organization: Cell/contact:]     L1 --- L2[ ]     L2 --- HOS[<u>HCRT Operations Section Chief:</u> Home organization: Cell/contact:]     L2 --- HLS[<u>HCRT Logistics Section Chief:</u> Home organization: Cell/contact:]     L2 --- HPS[<u>HCRT Planning Section Chief:</u> Home organization: Cell/contact:]     HOS --- HNC[<u>HCRT Notification Center:</u> Home organization: Cell/contact:]     HOS --- HRT1[<u>HCRT _____:</u> Home organization: Cell/contact:]     HOS --- HRT2[<u>HCRT _____:</u> Home organization: Cell/contact:]                     </pre>		
<b>5. PREPARED BY (print and sign)</b>		

## **GUIDELINES FOR COMPLETING ORGANIZATIONAL CHART (Form 207)**

This form is used to document the organizational structure of the HCRT and the staffed positions. As the structure of this response team may change, it should be updated whenever new assignments are made, the HCRT positions expand or contract, or if staged demobilization of HCRT positions is conducted.

- *Section 1: Document the incident name as established by the HCRT Leader.*
- *Section 2: Document the date/time the 207 is being prepared.*
- *Section 3: Document the operational period the 207 is documenting.*
- *Section 4: Document the names, home organizations, and contact methods for assigned personnel.*
- *Section 5: Print and sign your name as the individual preparing this 207.*

<b>INCIDENT STATUS SUMMARY</b>		DC EHC 209 REV. 06/12/2008
This form provides a summary of the incident and the Coalition's activities during the reporting period (operational cycle) as defined by the HCRT Leader.		<b>PLANS CHIEF</b>
<b>1. Name of Incident:</b>	<b>2. Date/Time Prepared:</b>	<b>3. For Operational Period (defined by):</b>  _____
		<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final
<b>4. Describe current situation (type of incident):</b>  Patient numbers & types:		
<b>5. Describe impact on continuity of (usual) business operations:</b>		
<b>6. Current strategies implemented to manage/contain incident:</b>		
<b>7. Critical Resource Needs (staffing, equipment, supplies):</b>		
<b>8. Additional Comments:</b>		
<b>9. ISSUES/CONCERNS:</b>		
<b>10. OBJECTIVES/PLANNED ACTIVITIES:</b> <input type="checkbox"/> 4 hrs <input type="checkbox"/> 8 hrs <input type="checkbox"/> 12 hrs <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs		
<b>11. Prepared By:</b> <b>Contact Number:</b> _____	<b>12. Approved By:</b>	<b>13. Submitted:</b>  <b>Date:</b> _____ <b>Time:</b> _____

**GUIDELINES FOR COMPLETING  
SITUATION STATUS UPDATE (Form 209)**

1. Enter the name of the incident if it has been given a name, or define the genesis of the incident, i.e. “anthrax suspected at XX healthcare organization”.
2. Enter date and time of report.
3. Identify the period of time for which the information is provided, i.e. 0800-1000.
4. Describe the current situation (type of incident) that is occurring within the Coalition. This can include a description of the number and type of casualties
5. Describe how the incident has impacted current operations – e.g. have elective procedures been cancelled or are there other changes in usual business continuity?
6. Describe how incident is currently being managed.
7. Define the types of resources needed:
  - a. Staff (be specific, e.g. Critical Care nurses, ED physicians, patient care techs, etc.)
  - b. Supplies (medical surgical supplies, IV fluids, IV tubing, gloves, etc.)
  - c. Equipment (ventilators, PAPRs, decon suits, etc.)
  - d. Medications (Ciprofloxacin, atropine, flu vaccine, etc.)
8. Please add any additional comments that are pertinent to the current situation.
9. Based upon your current situation, are there additional issues and/or concerns that you have not addressed in the information that you have provided?
10. Planned activities (What is the Coalition doing now / what will it be doing over the next “????” hours)
11. Indicate the name of the individual who has prepared this Situation Status and a contact number.
12. Indicate the organizational official who has approved this information to be posted.
13. Please be sure that the date and time of submission are correct.

<b>GENERAL MESSAGE</b>		<b>DC EHC 213 REV. 07/18/08</b>
<p><i>This form has two primary purposes: to document each important message from one Section to another within the Healthcare Coalition Response Team; and to document any request from one Section to another. The form can therefore be used by multiple persons within the HCRT but should be approved by the relevant Section Chief or HCRT Leader prior to use. Once a response is received and the issue addresses, this paperwork should be conveyed to HCRT Planning Section at the end of each operational cycle.</i></p>		<b>LOGISTICS CHIEF ALL STAFF</b>  Distribution to all appropriate HCRT positions, DC Agencies or HCOs as indicated
<b>1. TO:</b>	<b>2. POSITION:</b>	
<b>3. FROM:</b>	<b>4. POSITON:</b>	
<b>5. SUBJECT:</b>		
<b>6. MESSAGE</b>		
<b>7. SIGNATURE/POSITION</b>		<b>8. DATE/TIME</b>
<b>9. REPLY</b>		
<b>10. SIGNATURE/POSITION:</b>		<b>11. DATE/TIME:</b>



## **GUIDELINES FOR COMPLETING GENERAL MESSAGE (Form 213)**

- *Section 1: Document the intended target to receive the message.*
- *Section 2: Document the position title and organization for which the message is intended.*
- *Section 3: List your name as the originator of the message.*
- *Section 4: List your position title and organization.*
- *Section 5: Document a brief statement summarizing the purpose of the message (e.g. “personnel request”).*
- *Section 6: Print legibly (or type) the contents of the message.*
- *Section 7: Sign the form after obtaining message approval.*
- *Section 8: List the date and time the message originates.*
- *Section 9: This section is intended for the recipient of the message to document the response to the message.*
- *Section 10: Recipient signs the response and denotes their title and organization (if not part of the HCRT).*
- *Section 11: Recipient lists date and time the response message originates.*
  
- *NOTE: This form should be returned to the originator of the message who is then responsible for filing the form with the HCRT Planning Section at the end of the operational cycle. An electronic copy of sent messages should be retained and the message tracked by the originator until the message loop is closed.*

<b>OPERATIONAL LOG</b>		
<i>This form is used to document incident issues encountered, decisions made and notifications conveyed during a DC EHC HCRT response. It originates with the Command Staff and General Staff. As the log is completed a copy is provided to the HCRT Leader or Planning Section Chief. The 214(a) is an ongoing communication tool for all actions taken and notifications given during an Emergency Response.</i>		<b>COMMAND STAFF GENERAL STAFF</b>
<b>1. INCIDENT NAME:</b>	<b>2. DATE/TIME PREPARED:</b>	<b>3. OPERATIONAL PERIOD:</b>
<b>4. SECTION BRANCH:</b>		<b>5. POSITION:</b>
<b>6. ACTIVITY LOG</b>		
TIME	Major Events, Decisions Made, and Notifications Conveyed	
<b>7. PREPARED BY (sign and print)</b>		
<b>8. FACILITY NAME</b>		

## **GUIDELINES FOR COMPLETING OPERATIONAL LOG (Form 214(a))**

This form is used to document incident issues encountered, decisions made and notifications conveyed during HCRT response. It originates with the Command Staff and General Staff. A dated/timed form is completed for each operational period and forwarded to the HCRT Planning Section Chief for documentation purposes. The 214(a) is an ongoing communication tool for all operational actions taken and notifications given during an Emergency Response.

- *Section 1: Document the incident name as established by the HCRT Leader.*
- *Section 2: Document the date/time the 214(a) is being prepared.*
- *Section 3: Document the operational period the 214(a) is documenting.*
- *Section 4: Document the Section/Branch that you are assigned to during the incident.*
- *Section 5: Document your position (functional role) assigned during the incident response when completing this Operational Log (Form 214(a)).*
- *Section 6: List time of every entry. Document all incident issues encountered, decisions made and notifications made to internal and external stakeholders.*
- *Section 7: Print your name as individual preparing 214(a).*
- *Section 8: Sign your name as the individual who prepared this 214(a).*

<b>Supported (Requesting) Facility: Initial information</b>		<b>DCEHC Mutual Aid &amp; Other Assistance Request Form 1 PAGE 1 of 1 (4 7 10)</b>	
<i>This form is used to document initial and follow on information regarding needs of a supported healthcare organization. Its intended use is by the supported organization but may also be utilized by the HCRT if facilitating the process.</i>		<b>Supported Facility</b>	
		<b>HCRT Operations Chief</b>	
<b>9. ORGANIZATION MAKING REQUEST (SUPPORTED ORGANIZATION):</b>		<b>10. DATE OF REQUEST:</b>	
<b>3. SUPPORTED ORGANIZATION POINT OF CONTACT (POC):</b>		<b>4. POC INFORMATION</b>	
		TELEPHONE	
		CELL PHONE	
		FAX	
		EMAIL	
<b>INITIAL/IMMEDIATE INFORMATION TO CONVEY TO CITY AND COALITION</b>			
<b>5. INCIDENT TYPE &amp; BRIEF DESCRIPTION</b>			
<b>6. TYPE AND NUMBER OF RESOURCE(S)/SUPPORT BEING REQUESTED (attach additional pages as needed)</b>			
<b>7. Response to request for support desired by: _____ (date/time)</b>			
<b>8. URGENCY OF REQUEST</b> <input type="checkbox"/> EMERGENT (MINUTES) <input type="checkbox"/> URGENT (HOURS) <input type="checkbox"/> SEMI-URGENT (DAYS)			
<b>9. ASSISTANCE REQUIRED TRANSPORTING RESOURCE (AS APPROPRIATE)</b>			
<b>10. LOCATION OF RESOURCE NEED (map attached: <input type="checkbox"/> yes <input type="checkbox"/> no)</b>			
<b>11. AUTHORIZED REPRESENTATIVE FROM SUPPORTED ORGANIZATION:</b> <b>NAME:</b>		<b>SIGNATURE:</b>	
<b>POSITION:</b>			

**GUIDELINES FOR COMPLETING  
SUPPORTED (REQUESTING) FACILITY: INITIAL INFORMATION (DC  
EHC MUTUAL AID Form 1)**

- *Section 1: List the name of the organization making request.*
- *Section 2: List date of the request.*
- *Section 3: Document POC for supported organization. This individual should be capable of receiving calls/information from the jurisdiction, HCRT, or assisting facilities.*
- *Section 4: List methods for contacting the POC of the supported organization.*
- *Section 5: Briefly describe the hazard impact that is necessitating the resource request.*
- *Section 6: List resources being requested and numbers. Utilize plain English to describe the resources. It is understood that initial requests may not be exact.*
- *Section 7: List the date/time by which the supported organization is requesting an answer as to whether support can be provided or not.*
- *Section 8: Check the appropriate box describing the time urgency for the requested resources.*
- *Section 9: Describe any anticipated assistance needed in transporting the resource to the supported organization.*
- *Section 10: List the location where the resource is needed. If possible, be specific about exact locations, including the reporting-in site, within your organization.*
- *Section 11: Document name and position of authorized individual approving the request. Their signature should be provided as well.*

## Coalition Notification Center Operational Checklist

This tool provides guidance to the DC Emergency Healthcare Coalition Notification Center personnel regarding notifications to be provided to healthcare organizations. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide guidance for conducting the tasks for the Coalition Notification Center (CNC) by the CNC Technician, the Coalition Duty Officer, or members of the Healthcare Coalition Response Team (DC EHC HCRT).

### Establishing the need for sending an initial notification

- Initial information regarding an incident can come from multiple sources.
  - The following situations indicate that in initial DC EHC notification message (ALERT) on HMARS should be developed and conveyed and therefore the HCRT should be activated to at least a minimum level:
    - A Washington DC or appropriate Federal agency requests notification to all or a segment of DC EHC organizations, or requests activation of the HCRT to support DC or Federal actions (it is anticipated that any Federal request would come through DC authorities).
    - A recognized non-jurisdictional agency requests notification to healthcare organizations (current accepted entities include US Capitol Office of the Attending Physician, or VA and MD Coalitions)
    - Any DC EHC member healthcare organization (HCO) has *fully activated its EOP* and requests a notification be sent out, or requests activation of the HCRT to support its incident information needs.
    - If prior incidents of similar nature have justified notifications and/or activation of the HCRT.
    - If the Coalition Duty Officer requests an HMARS message to be sent out or activation of the HCRT.
    - If the Coalition SPG requests or a recognized member of the SPG requests an HMARS message to be sent out or activation of the HCRT.
  - Situations in which the need for an initial HMARS notification or HCRT activation are not clear and time is not of the essence:
    - Call the DC EHC Duty Officer on call (call list maintained on HIS website).
    - Based upon available information, determine whether notification is necessary and whether it should be an ALERT or ADVISORY (and potential activation of the HCRT).<sup>33</sup>
    - If the situation remains unclear, an ADVISORY (posted on HIS by Duty Officer) is usually indicated while the Coalition Duty Officer further investigates the relevant circumstances.
    - The Coalition Duty Officer can also convene a brief teleconference of relevant healthcare organization representatives to discuss the need for notifications or activation (expected to be helpful in slowly evolving incidents only).

### Sending initial notifications

<sup>33</sup> See DC EHC categorization of notifications tool

- Alerts:
  - A roll call is conducted on HMARS to acute care healthcare facilities
  - Brief notification message is provided (using notification message template)
  - Replies recorded (as necessary)
  - Contact Duty Officer
    - Advise on facility(s) that do not respond via radio or land line; it will be the discretion of the Duty Officer /designee to determine if follow up is needed
    - Duty Officer will post a copy of Alert on HIS.

Follow-on Notifications

All additional HMARS notifications are sent at the discretion of the HCRT Leader or appropriate jurisdictional agencies.

## Notification Categorization Template

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To provide standardized guidance for assigning an urgency level to Coalition notification messages.

The DC EHC message categories are:

- **ADVISORY:** Provides urgent information about an unusual occurrence or threat of an occurrence, but no activation or activity on the part of the recipient is ordered or expected at that time. This type of notification can provide actionable information in the form of recommendations for recipients. In most instances, advisories will be posted only on the HIS and not require activation of HMARS. If a healthcare organization is posting a notification on HIS, this will always take the form of an advisory (if an alert or higher is required, this should go through the notification center).
  - **EXAMPLE:** The Coalition Duty Officer places an advisory on the HIS website based upon weather reports that indicate 2 feet of snow expected overnight.
  - **EXAMPLE:** Bio-watch for Baltimore indicated the potential presence of Tularemia. DC DOH calls the DC EHC Duty Officer to discuss the case. An advisory is posted on the HIS by the Duty Officer.
  - **EXAMPLE:** A hospital has lost the water supply to its facility. The emergency manager from the institution posts an advisory on the HIS informing other organizations of its incident.
- **ALERT:** An alert is a notification category between “advisory” and “activation” that provides urgent information and indicates that system action may be necessary. An alert can be used for initial notification that incident activation is likely, and for ongoing notification throughout an incident to convey incident information and directed or recommended actions by the recipient (this may be as simple as providing bed counts). Alerts may only be disseminated through the notification center to acute care facilities and always come over the HMARS system. In addition, ALERTS may be posted on HIS if all Coalition participants are intended to receive the message. Alternatively, HIS and/or HAN may be used to target specific communities with ALERTS (e.g. to Skilled Nursing Facilities (SNFs) and Community Health Centers (CHCs)). Information in an Alert may be expanded upon by further information posted on the HIS website.
  - **EXAMPLE:** The notification center distributes an alert over HMARS about initial reports of a METRO crash in DC, and requests ED bed availability reports.
  - **EXAMPLE:** The notification center distributes an alert over HMARS regarding an upcoming teleconference. An unidentified infectious agent has been tied to conference attendees at a local hotel and DC DOH is requesting emergency managers from all healthcare organizations (hospitals) be represented on the call. Other requested healthcare organizations are notified via HIS or HAN.
  - **EXAMPLE:** During a DC EHC response to an incident with a novel contagious/infectious agent, the notification center distributes an alert over HMARS



requesting Coalition healthcare organizations read an important message posted on HIS (regarding the identification of the agent and initial information from DOH outlining recommended protective actions for healthcare workers.) Other Coalition organizations without HMARS receivers are notified via HIS or HAN

- ACTIVATION: The category “activation” is reserved for messages that the HCRT is being activated. It is specifically directed towards personnel needing to be notified that they have been activated to staff the HCRT.<sup>34</sup> Activation of HCRT personnel is accomplished through a page group on HIS or HAN. Participating healthcare organizations and DC agencies are notified so that healthcare organization representatives and agency liaisons can be designated and anticipate HCRT actions. An ALERT or ADVISORY is also sent via HMARS/HIS notifying Coalition members and authorities that the HCRT has been activated.
- UPDATE: This type of notification provides non-urgent information during all four phases of emergency management. All updates are posted on the HIS and may be accompanied by direct email messages.
  - **EXAMPLE**: The EMC meeting for next month will be held at the WRAMC.

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<sup>34</sup> NOTE: This term may be utilized internal to a healthcare organization to denote activation of its own EOP.

## HIS NOTIFICATION MESSAGE TEMPLATE<sup>35</sup>

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

Purpose: To provide guidance in posting notification messages to HIS.

- Access the HIS website at: <https://heoc.org/dchis/default.aspx>
- Insert your user name and password to access website:
  - **USER NAME:** \_\_\_\_\_
  - **PASSWORD:** \_\_\_\_\_
- Once accessed, the center column of the website has a section for posting notifications. Click on “add notifications” to add a message. On the next screen, click on “new item.”
- On the next webpage:
  - In the category “type,” indicate what type of notification is being sent. For any message that has also been sent out over HMARS, the “type” should be an **ALERT**. For healthcare systems posting a notification, the category selected should be an **ADVISORY** (see notification categories template if unsure)
  - In the “title,” one-two sentences should be placed in the box indicating the nature and location of the emergency and whether action is requested of recipients:
    - EXAMPLE: “ALERT: Metro Train derailment at Farragut West. ED Bed Count was collected over HMARS.”
  - In the “body” of the message, provide:
    - Brief description of hazard impact
    - Brief description of implications for recipients of notification
    - Recommended initial actions (e.g. a Situation Update teleconference will be held at \_\_\_\_\_, please have designated representative dial in)
    - Indication of when next update can be expected<sup>36</sup>
- NOTE: DO NOT PLACE LARGE AMOUNTS OF TEXT IN THE BODY OF THE MESSAGE. LARGE DOCUMENTS MAY BE ATTACHED TO THE NOTIFICATION.
- Click the “save and close” button which uploads the notification message to HIS

<sup>35</sup> Whenever an ALERT is sent out via the HMARS radio system, a simultaneous message should be posted on the HIS website.

<sup>36</sup> If a healthcare organization has sent out an advisory over HIS, they should post a subsequent advisory when the incident is ‘all clear’ at their organization.

## HMARS Notification MESSAGE Template

This tool provides guidance to the CNC personnel regarding the posting of HMARS messages. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

Purpose: To provide guidance in posting notification messages to HMARS.

### Notification Message Content & Format

#### Weekly call downs and other drills

Send Alert Tone by pushing appropriate button on your radio

Begin notification with: *“Attention all hospitals: This is the DCHA Mutual Aid Radio System, station WNKP 893. A roll call is about to begin. Please do not respond until your facility is contacted. When you are contacted, please acknowledge that you have heard the message. All stations please stand-by one....”*

Commence roll call according to check off sheet, “CNC” to “\_\_\_\_\_”

Permit each organization two attempts to respond.

When a facility responds: *“Thank you (name of facility)”*

If no response, acknowledge by saying: *“(station) no response at \_\_\_\_\_”* (European hours and minutes, e.g. 1500).

Conclude drill with *“This concludes the HMARS roll call on WNKP893 at \_\_\_\_\_ (time expressed in European hours and minutes eg. 1500), WNKP893 out.”*

#### Real incidents

Send Alert Tone by pushing appropriate button on your radio

Begin notification with: *“Attention all hospitals: This is the DCHA Mutual Aid Radio System, station WNKP 893. This is an ALERT notification regarding a real incident.”*

Provide brief description of circumstances. For example, *“A \_\_\_\_\_ has occurred at \_\_\_\_\_ location with casualties.”*

Provide implications for healthcare organizations. For example, *“Incident patients may be received by nearby facilities.”*

Provide HCRT actions. For example, *“The Healthcare Coalition Response Team (HCRT) is [not] being activated.”*

List recommended actions or reporting directions. Examples:

- *“All hospitals please provide ED bed capacity data during roll call”*
- *“There will be a situation update teleconference at \_\_\_\_\_ time. See HIS for more details”*
- *“Please list organization point of contact on HIS”*

Conduct roll call of acute care facilities only

Provide next update time if known

Conclude call with: *"This concludes the initial notification for a real incident on WNKP893 at \_\_\_\_\_  
(time expressed in European hours and minutes eg. 1500), WNKP893 out."*

**At conclusion of call, place land line call to any of the acute care facilities that did not  
acknowledge receipt on the radio.**

**Place a call to the DC EHC Duty Officer to inform them of the incident.**

**Situation and Resource Status (SRS)<sup>37</sup>**

**When requested, each DC EHC Coalition member organization is expected to complete this form**

Event: <<event name>>

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Overall operational status of facility based upon the following assessment factors.	<input type="checkbox"/> Fully Operational		
	<input type="checkbox"/> Operational with Emergency Systems		
	<input type="checkbox"/> Partial Operations		
	<input type="checkbox"/> Non-Operational		
Question	Y	N	Notes
1. Has the facility emergency operations plan been activated?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the facility have a designated point of contact for external reference?	<input type="checkbox"/>	<input type="checkbox"/>	Name: Contact method:
3. If the EOP has been activated, name of Incident Commander for facility.			Name:
4. Has the healthcare organization activated its command center (e.g. command post, EOC, ECC)	<input type="checkbox"/>	<input type="checkbox"/>	Contact number:
5. Is there a potential compromise to the ability to provide <u>in-patient care services</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, due to: ____ personnel shortfalls ____ bed availability ____ logistical shortfalls ____ structural/infrastructure compromise (more specifics may be provided in comments section)
6. Is there a potential compromise to the ability to provide <u>out-patient care services (include ED)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, due to: ____ personnel shortfalls ____ logistical shortfalls ____ structural/infrastructure compromise (more specifics may be provided in comments section)
7. In-patient census			___ # total patient census
8. Incident patient census (as part of total)			___ # incident patients (as appropriate)
9. Emergency power in use at facility?	<input type="checkbox"/>	<input type="checkbox"/>	____ # Projected number hours of available fuel ____ # Total capacity gallons of fuel storage ____ Fuel type
10. Has the facility been impacted in some other way by incident (e.g. patient family calls for assistance)?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain (more specifics may be provided in comments section):
11. Adequate staff at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, shortfalls: (specify in comments section) ____ clinical personnel ____ administrative personnel ____ clinical support personnel ____ facility support personnel
12. Adequate medical supplies/equipment at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, shortfalls: (more specifics may be provided in comments section)
13. Adequate pharmaceuticals/vaccine at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, shortfalls: (more specifics may be provided in comments section)
14. Adequate blood supplies at the facility (as appropriate to facility type)?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, shortfalls: (more specifics may be provided in comments section)
15. Adequate food and water at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, shortfalls: (more specifics may be provided in comments section)
16. Are there any projected resource shortages of any type for the next 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, please explain: (more specifics may be provided in comments section)
17. Are there any types of information regarding the incident that the healthcare organization feels it needs and has not received?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, please explain: (more specifics may be provided in comments section)

<sup>37</sup> This form is modeled on the OSCAR template graciously provided by the Veterans Health Administration (VHA)

18. Are there any other projected response challenges for the next 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, please explain: <i>(more specifics may be provided in comments section)</i>
<b>Completed by:</b> _____	<b>Position:</b> _____		
<b>Date/time completed:</b> _____			

**COMMENTS:**

## General Meeting/Teleconference Template<sup>38</sup>

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To conduct meetings/teleconferences in an efficient and standardized manner. NOTE: Specific templates exist for Situation Update, Resource, and Strategy Coordination teleconference.

- Establish clear purpose for the teleconference:
  - All teleconferences are considered 'meetings' that address information and decision-making within the incident action planning process. Each should be convened with a clear goal (i.e., purpose) that is indicated by the title of the meeting.
  - Example titles for meetings/teleconferences (see Figure 3 in the EOP):

MEETING/TELECONFERENCE	FACILITATOR
HCRT Planning meeting	HCRT Planning Section Chief
HCRT Operations briefing	HCRT Planning Section Chief
SPG meeting	HCRT Leader
Coalition Situation Update meeting	HCRT Operations Section Chief
Coalition Resource meeting	HCRT Operations Section Chief
Coalition Response Coordination meeting	HCRT Operations Section Chief
Coalition Expert Information briefing	HCRT Operations Section Chief

- An agenda should be established for the call (if time permits). The agenda is disseminated prior to the call (usually through HIS) and individuals tasked with speaking/reporting are notified.
- Provide firm facilitation of the meeting/teleconference
  - One individual facilitates the meeting (see above designations). Depending upon the nature of the teleconference, this can be done by the HCRT Leader, Operations, or Planning Section Chiefs. The individual is usually the same individual who has established the goal/agenda of the teleconference.
- Enforce meeting/teleconference discipline
  - Facilitator should review the following at the beginning of the teleconference
    - Meeting title and goal (purpose)
    - Meetings should start and end on time (ideally, most are less than 30 minutes)
    - Participants speak only at designated times and when recognized by the facilitator

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<sup>38</sup> Adopted from *Emergency Management Principles and Practices for Healthcare Systems*. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA). Washington, D.C., June 2006.



- Strict time limits are permitted for any oral reporting
  - Prolonged discussion or controversy is discouraged and resolved off-line (unless this is the purpose of the meeting)
  - Outside distractions are limited (participants should have phone on mute when not speaking; IT IS NEVER PERMISSIBLE TO PLACE THE TELECONFERENCE ON HOLD)
  - The teleconference is not an appropriate forum for exchanging contact information (if attempted, individuals will be cut-off by the facilitator)
- Document the proceedings of the meeting/teleconference
    - The facilitator for the meeting should assure an HCRT position is assigned to capture major points of the discussion and decisions, using the meeting agenda for the document template (this is typically the role of the HCRT Planning Section Chief if one has been assigned to the HCRT).
    - This meeting proceedings/report can then be disseminated to relevant positions and organizations, and archived with HCRT incident documents.

## Resource Meeting/Teleconference Checklist, Agenda Template & Resource Request Form<sup>39</sup>

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To guide standardize and efficient Resource meetings and related activities, which provide opportunity for Coalition members to address and resolve resource sharing issues, including mutual aid, cooperative assistance, outside resource allocation.

### Incident Resource Meetings

1. Schedule meeting
2. Disseminate meeting time (beginning and end times) and location, or registration and joining meeting information if via teleconference
3. Provide Resource Meeting agenda (see attached template)
4. Designate an Operations Section position to facilitate and a Planning Section position prepared to document meeting findings, using the meeting agenda to organize it.
5. Begin and end meeting on time
6. Introduction (facilitator): "This is the DC Healthcare Coalition Incident Resource Meeting. The meeting will be completed by [time - usually 15-30 min max]. This meeting is designed to facilitate resource requests and assistance, and define action planning to meet the resource needs of responding healthcare organizations. The meeting is facilitated. Please speak only when requested during the meeting briefings. Per the agenda, sections of the meeting are open for discussion and clarification. Summarize meeting rules:
  - Please keep telephones on mute; do not put the conference on "hold" since this could introduce music into the call
  - Important additional information can be submitted to the \_\_\_\_\_[HCRT position] at \_\_\_\_\_
7. Brief summary of incident resource requests to date; and summary of active and resolved resource assistance requests – from Meeting Facilitator (designated by HCRT response position)
8. Briefing from primary requesting organizations if relevant
9. Clarification of requests if indicated (using template – attached); any TF representatives
10. Indicated problem-solving discussion
11. Resource Status Summary using resource status report template – Facilitator, Ops or Planning Section Chief
12. Resource TF Action Plan:
  - a. Anticipated mutual aid actions (document the requesting and responding organizations for each type of request)
  - b. Potential further mutual aid assistance for each type of request (document potential needs such as transportation, expert advice, etc) to support the mutual aid actions in (a.); develop & disseminate a request for this assistance
  - c. Actions determined if mutual aid assistance is not available (aggregated requests to the jurisdiction, to other coalitions, to outside vendors, SPG Meeting, etc.)
  - d. Status of resource requests to jurisdictional or other outside agencies/organizations

<sup>39</sup> Adopted from EP &P

- e. Other actions
  - f. Next Resource Meeting
13. Resource Meeting Conclusion

## Situation Update Meeting/Teleconference Checklist & Template<sup>40</sup>

This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

**Purpose:** To guide standardize and efficient Situation Update meetings and related activities that allow Coalition members & relevant incident authorities to share incident information to achieve a common, optimal situational awareness.

### Situation Update Meetings

- 1) Schedule meeting
- 2) Disseminate meeting time (beginning and end times) and location, or registration and joining meeting information if via teleconference
- 3) Provide Situation Update Meeting agenda (see attached template)
- 4) Designate an Operations Section position to facilitate and a Planning Section position prepared to document meeting findings, using the meeting agenda to organize it.
- 5) Begin and end meeting on time
- 6) Introduction (facilitator): "This is the DC Emergency Healthcare Coalition Situation Update Meeting. The meeting will be completed by [time - usually 15-30 min max]. This meeting is designed to provide an understanding of the current situation that is evolving. Please speak only when requested, until the 'open comment' period later in the meeting." Provide agenda summary ("short briefings will be provided by\_\_\_\_; a Q&A followed by a situation summary will be provided"). Summarize meeting rules:
  - Please keep telephones on mute; do not put the conference on "hold" since this could introduce music into the call
  - Important additional information can be submitted to the \_\_\_\_\_position at \_\_\_\_\_
- 7) Brief summary of incident to date (from Facilitator, Operations Section Chief or Planning Section Chief)
- 8) Situation Briefing from primary sources (EMS, a select number of involved healthcare organizations, public health or other official as relevant to the situation; a brief healthcare organization call-down for individual situation status may be requested)
- 9) Managed Q&A related only to the incident situation – NO MAJOR DISCUSSION OR PROBLEM SOLVING!
- 10) Current Situation Summary – composite from meeting briefings (Facilitator, Operations or Planning Section Chief)
- 11) Determination of next steps:
  - a) Next situation meeting
  - b) Any reporting requirements/directives for the participating healthcare organizations (from templates: patient tracking, select resource tracking, facility status, etc.)
  - c) Other Coalition meetings to be scheduled:
    - i) Resource Task Force (such as assisting the mutual aid process, or coordinating resource assistance request to the jurisdiction processes)
    - ii) Strategic Coordination Task Force (protocols, other guidance development)

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<sup>40</sup> Adopted from *Emergency Management Principles and Practices for Healthcare Systems*. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA). Washington, D.C., June 2006

- iii) Patient Tracking Task Force (addressing concerns with patient tracking/reporting, such as case definitions for reporting categories, describing unknown John/Jane Doe, etc.)
- iv) Other ad hoc Task Forces

Meeting Conclusion<sup>41</sup>

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<sup>41</sup> Meeting agenda is expanded by HCRT Planning Section Chief with information from this meeting and disseminated as an HCRT Situation Report

## Strategy Coordination Meeting (Teleconference) Checklist & Template<sup>42</sup>

This tool provides guidance to DC Emergency Healthcare Coalition personnel in developing, conducting and documenting the Strategy Coordination meeting/teleconference. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool provides guidance only and does not substitute for training and experience of personnel responsible for making decisions at the time of the incident

**Purpose:** To guide standardize and efficient Strategy Coordination meetings and related activities, allowing Coalition members to identify and address potential or actual conflicts in response strategy and tactics, and to use consensus to coordinate consistent and visibly competent response actions. **NOTE:** Varying strategy and tactics may be due to different incident situations; “addressing” this may be through public explanation.

### Strategy Coordination Meetings

1. Schedule meeting and determine meeting participants (usually a small group that then reports out to a larger coalition situation meeting)
2. Disseminate meeting time (beginning and end times) and location, or registration and joining meeting information if via teleconference
3. Provide Strategy Coordination Meeting agenda (see attached template)
4. Designate an Operations Section position to facilitate the meeting and a Planning Section position to document meeting findings, using the meeting agenda to organize the report.
5. Begin and end meeting on time
6. Introduction (facilitator): “This is a DC Healthcare Coalition Strategy Coordination Meeting. The meeting will be completed by [time - usually 15-30 min max]. This meeting is designed to address response strategy for the current incident situation.
7. Summarize meeting rules:
  - “Please speak only when requested, until the ‘open comment’ and Q&A periods later in the meeting.”
  - “Please keep telephones on mute; do not put the conference on “hold” since this could introduce music into the call.”
  - “Important additional information can be submitted to the \_\_\_\_\_ position at \_\_\_\_\_.”
8. Provide agenda summary: list of strategy topics to be addressed; then for each topic:
  - a. background to the issue (“short briefing will be provided by \_\_\_\_\_”),
  - b. strategy discussion
  - c. options developed
  - d. Q&A followed by a strategy decision with related actions
  - e. strategies and actions summarized.
9. Conduct the meeting according to the agenda (see agenda template), ending meeting on time.
10. For any strategy issues where consensus can’t be reached within the meeting time constraints, assign an issues group to develop consensus drafts to return for the next Strategy Coordination Meeting.
11. Brief summary of consensus strategy decisions and related actions for Healthcare Coalition.
12. Determination of next steps:
  - f. Next Strategy Coordination Meeting

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<sup>42</sup> Adopted from *Emergency Management Principles and Practices for Healthcare Systems*. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA). Washington, D.C., June 2006.

- g. Any reporting or other action requirements/directives for the participating healthcare organizations to achieve and maintain consistent strategy across responding healthcare organizations).
  - h. Further Coalition actions to address strategy coordination.
13. Meeting Conclusion<sup>43</sup>

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<sup>43</sup> Meeting agenda is expanded by HCRT Planning Section Chief with information from this meeting and disseminated as an element of the HCRT Situation Report, or used to report consensus strategy actions to a full coalition-wide situation meeting.

## HCRT Demobilization Checklist

This tool provides guidance to DC Emergency Healthcare Coalition personnel in developing, conducting and documenting the Situation Update meeting/teleconference. Other attachments to the DC EHC EOP may be utilized in conjunction with this document. As with any component of the DC EHC EOP, this tool provides guidance only and does not substitute for training and experience of personnel responsible for making decisions at the time of the incident

**Purpose:** The purpose of this tool is to guide decisions and actions for demobilization of the HCRT.

- Obtain most recent situation update summaries from relevant \_\_\_\_\_ healthcare organizations (as indicated)
- Obtain most recent situation update summaries from relevant jurisdictional \_\_\_\_\_ agencies (as indicated)
- HCRT demobilization decision made by HCRT Leader (If unclear, HCRT \_\_\_\_\_ planning meeting or SPG meeting can be convened to assist with decision process – as appropriate)
- Identify activities that may need ongoing attention and ensure organizations/individuals have been assigned to address
- Provide, as appropriate, notification of HCRT demobilization (typically an ADVISORY over HIS). This should include reference to the fact that the ~~CNC~~ \_\_\_\_\_ has resumed duties as the primary point of contact for the Coalition. Ensure notifications, as appropriate, are received by:
  - HCRT members (including CNC personnel)
  - Participating healthcare organizations
  - Relevant jurisdictional agencies
  - SPG members
  - Media
- Complete and collate HCRT documentation for incident (can include both hard copies and versions contained on HIS \_\_\_\_\_)
- From demobilizing HCRT members, obtain as appropriate: \_\_\_\_\_
  - Written input for AAR process
  - Exit interview
  - Personnel evaluation from supervisory position
  - HCRT incident related materials