Health Care Coalition Response Plan

Both the 2017-2022 Health Care Preparedness and Response Capabilities and HPP-PHEP Cooperative Agreement Funding Opportunity Announcement (FOA) require Health Care Coalitions (HCCs) to develop a response plan. This template provides general headers and descriptions for a sample HCC Response Plan Template. The resources used to develop this template includes sample HCC plans and the Health Care Preparedness and Response Capabilities. This document is organized as such:

- Sample plan headings/sub-headings;

- Applicable Health Care Preparedness and Response Capability if available (shown as: capability.objective.activity);

- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used; refer to the full text of the capabilities for additional detail/information); and

- Sample resources/plans that may assist with more information on that particular section. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the 2017-2022 Health Care Preparedness and Response Capabilities, "the HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance." The 2017-2022 Funding Opportunity Announcement for the Hospital Preparedness Program further defines the requirements to ensure that at a minimum, the response plan includes the actions of hospitals, EMS, emergency management organizations, and public health agencies represented in the HCC.

NOTE TO COALITIONS: Jurisdictions are not required to use this template nor do they need to follow this exact format (some sections may not be applicable to all HCCs). This template is designed to provide one possible option along with examples of other related plans. Additionally, some HCCs may instead have an operational support plan that outlines how the HCC will support the members in a response. We hope that this template can help HCCs develop plans that are appropriate for their jurisdictions and show how they will respond to and/ or provide support during a response.

ASPR TRACIE also developed an accompanying Preparedness Plan Template and other resources that are helpful for HCCs. For more information, visit https://asprtracie.hhs.gov or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

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1. Introduction

This section provides a high level description of the plan, how it was developed, and how it should be maintained.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	2.1.2	This section describes what the plan will address and what goals and objectives of the coalition are met with the plan. **Sample language:** The goal of the HCC is to: This plan supports the goal by: Or The purpose of this plan is to provide general guidelines for response to natural and manmade events that endanger the patients, visitors, staff, and family members of medical healthcare facilities within the region. Or The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system that result in illness or injury to the population within the coalition's boundaries and the healthcare system.	ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD) Eastern Virginia Healthcare Coalition Emergency Operations Guide Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
			FEMA Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0
1.2 Scope		This section describes what organizations are covered by the plan and under what circumstances the plan is activated. This is also the place where memoranda of agreement or relevant statutes and authorities are listed. **Sample language:** The HCC authority is limited to those compacts and other documents signed by the members and does not supersede jurisdictional or agency responsibilities, etc.	Louisiana ESF-8 Health and Medical Preparedness and Response Coalition NW Oregon Health Preparedness Organization: Health/ Medical Multi-Agency Coordination (MAC) Group Handbook Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery (HHS ASPR)

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		This plan applies to all member organizations when an event occurs that is beyond the individual health care organization's ability to manage the response and is limited to those compacts and other documents signed by the HCC members. This plan does not supersede or conflict with applicable laws and statutes.	SE Minnesota Disaster Healthcare Coalition Healthcare Multi-Agency Coordination Center (MACC)
1.3 Situation and Assumptions		The information in this section should be a high level summary of information that is likely contained in other documents, such as the HVA, the HCC Preparedness Plan, and other Coalition documents. Provide enough detail so the reader/user has context and framework for the rest of the plan. Additional details can be included in appendices. Situation and Assumptions should cover the following: • Coalition background/governance- refer to the HCC Preparedness Plan or other base documents for specifics or include as appendix. • Summary of results from risk/vulnerability assessment- refer to the HCC Preparedness Plan for specifics – may provide very basic overview of the geography, members, and resources. • Members – agencies and entities from core group, consider as appendix. • Assumptions for when the plan will be activated and what members will do in response to an emergency. • Assumptions that must be in place in order for the plan to function, which are developed during the planning process. **Sample Assumptions (these are not intended to be prescriptive or exhaustive):** 1. A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		2. Impacted facilities have activated their emergency operations plan and staffing of their facility operations center.	
		3. Local resources will be used first, and then State resources, followed by a Federal request as needed, however State and Federal resources may not be available for 72-96 hours. State, and possibly Federal, resources may be staged closer to an impact area to avoid delays.	
		4. The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.	
		5. Facilities will communicate their medical needs to the HCC and non-medical needs to the jurisdictional emergency operations center. (Note: some jurisdictions communicate their needs through ESF-8 at the EOC. HCC staff can supplement ESF-8 staff at the EOC. The ESF-8 liaison will communicate with HCC members to update the status of an incident and request support for needed resources with other ESF partners.)	
		6. Healthcare organizations will report status on situational awareness but will assume to be able to handle the incident on their own as much as possible before asking for assistance.	
		7. Healthcare organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.	
		8. Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.	
		9. The use of National Incident Management System (NIMS) consistent processes and procedures by the HCC will promote integration with public sector response efforts.	
		10. Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		11. This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.	
1.4 Administrative Support	1.3 2.1.2	This section should include a schedule to review and update the response plan, including the organizations and staff responsible for plan maintenance. HCC members should approve the initial plan and maintain involvement in regular reviews. Some HCCs may choose to obtain official approvals from core members and acknowledgement/ secondary approvals from additional members. Following reviews, the HCC should update the plan as necessary after exercises and real-world events. The review should include identifying gaps in the response plan and working with HCC members to address the gaps. Plan Maintenance should include who (agency) is responsible for managing and maintaining the plan; should also include/add plan revision table (could use order and titles in FEMA's CPG plan templates) to ensure tracking of changes including who made changes, summary of changes and date.	

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2. Concept of Operations

This overall section must delineate roles and responsibilities of the HCC and members, including: how they share information, coordinate activities and resources during an emergency, and plan for recovery; a checklist of each HCC members' proposed activities, methods for members to report to the HCC, and processes to promote accountability; and additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site support, etc.).

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
2.1 Introduction	1.3 2.1.2	This section describes the general operating considerations for the coalition. **Sample language:** The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards.	ASPR TRACIE CMS Emergency Preparedness Rule Resources ASPR TRACIE Coalitions Models and Functions Topic Collection
2.2 Role of the Coalition in Events		This section should describe the overall role of the coalition in an emergency event or disaster including, but not limited to the following: • Promote common operating picture through shared information	ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection ASPR TRACIE Healthcare Related Disaster Legal/ Regulatory/ Federal Policy

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		• Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources Support Patient Tracking • Support Evacuation activities • Support Shelter-in-Place activities • Assist with linkage with the local EOC and serve as the intermediary for healthcare and information sharing • Identify time-sensitive performance metrics for HCC Response (e.g., notification of incident to HCC members; Time to Bed Availability Reporting; Time to Setting up Field Triage; Time to appropriately distribute casualties; Time to stage Transportation Resources to Transport Casualties; Time to Update Patient Tracking Info at Intervals; and Time to Staff a Family Assistance Center)	ASPR TRACIE Incident Management Topic Collection Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines Eastern Virginia Healthcare Coalition Emergency Operations Guide Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC) Healthcare Coalitions: An Emergency Preparedness Framework for Non-Urban Regions (Missouri Hospital Association)
2.2.1 Member Roles and Responsibilities		The following provides a general overview of the roles and responsibilities of the partner agencies and organizations during a response. More detailed roles and responsibilities are defined under the functional areas of the Plan. **Specifically, it should address the roles of the following members:** • Hospitals – define expectations and basic mechanisms of coordination and resource support between/for hospitals.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		• Emergency Medical Services (EMS) – define expectations and basic mechanisms of coordination and support between/for EMS agencies including mutual aid agreements, strike teams, etc. • Emergency Management – define role of emergency management and the integration of HCC activities with emergency management activities including the mechanism for resource requests. • Public Health – define role of public health entities and integration of agency activities with each other and the other stakeholders. If public health is the ESF8 lead, defines how public health integrates the other core partners. • Other member entities (e.g., 17 provider and supplier types as defined by the Centers for Medicare and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS Emergency Preparedness Rule)	Louisiana ESF-8 Health and Medical Preparedness and Response Coalition NW Oregon Health Preparedness Organization: Health/ Medical Multi-Agency Coordination (MAC) Group Handbook SE Minnesota Disaster Healthcare Coalition Healthcare Multi-Agency Coordination Center (MACC) Southeast Minnesota Disaster Health Coalition, Our Partners
2.2.2 Coalition Response Organizational Structure		Define the organizational structure of the coalition during planning response operations. Identify the key positions that must be staffed and the coordination chain or reporting structure, if applicable. Include an organizational chart that is consistent with NIMS that represents the organization of the HCC and reflects its relationship to healthcare organizations and local response organizations. Details can be included in an appendix.	
2.3 Response Operations	2.1.2	This section, and subsections, address the actions taken by the coalition and its members before, during, and following an event.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
2.3.1 Stages of Incident Response		This section and subsections should address the response and recovery actions of the coalition. These subsections can be combined or adjusted as the coalition needs, but should cover the entire spectrum from incident recognition to recovery.	

2.3.1.1 Incident Recognition		This section should identifies the ways the coalition will be notified or become aware of an event and the potential triggers for plan activation.
		
		Potential considerations for inclusion:
		
		• A request to activate or monitor by a Coalition member or partner (local Emergency Management, EMS, Long Term Care, Hospital, Local Public Health)
		• Multi-jurisdictional incident or outbreak
		• Awareness through open source media, notification by a partner, notification by a local, state, or Federal entity
		• An incident in an area with few resources, such as a low population county or a county without a hospital
		• An incident large enough to require resource sharing including:
		  – Strategic National Stockpile deployment
		  – Epidemiologic investigation
		  – Facility Evacuation
		• Any substantive alert message requiring action from public health and/or healthcare (e.g., Health Alert Network). Possible examples -
		  – A natural disaster (e.g. widespread tornado or flooding)
		  – A biological attack (e.g. anthrax dispersion)
		  – A chemical attack or spill (e.g. train derailment that forces a community evacuation)
		  – A biological disease outbreak (e.g. pandemic influenza)	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		– A radiological threat or incident – A credible terrorist threat or actual terrorist incident	
2.3.1.2 Activation		This section should describe the process the coalition will undertake to activate in an emergency. This section could describe activation or operating levels, positions in the coalition authorized to activate, scaling from event monitoring to fully staffed response (if applicable), and any other activation steps the coalition determines are necessary.	
2.3.1.3 Notifications		This section should describe who is authorized to make notifications, the process to make notifications, the system used to make notifications, and who should receive notifications. This section should also address the essential elements of information agreed upon by the coalition and sample message templates.	
2.3.1.4 Mobilization		This section should describe how the coalition brings together the organizational leaders in order to support the members. This could include opening a physical command center or virtual coordination with incident management team members. This section should describe the different, scalable options for response structure.	
2.3.1.5 Incident Operations		This section should describe the actions the coalition incident management or support team will take to execute the roles and responsibilities outlined in section 2.2.1. Subsections include ensuring the coalition is conducting incident action planning, resource coordination, information sharing, and supporting coalition-wide patient and/or bed tracking.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
2.3.1.5.1 Initial HCC Actions		This section should address the actions the coalition incident management or support team will take once activated. This includes information gathering, situation assessment, developing an initial incident action plan, and other steps that will allow the coalition to gain situational awareness and determine a strategy to execute the incident objectives. **Potential considerations for inclusion:** • Establishing points of contact with jurisdictional authorities and other entities involved in the response for the particular incident • Gathering initial information and sharing with responding HCC members • Establishing the operational period • Establish the necessary incident management structure	
2.3.1.5.2 Ongoing HCC Actions		This section and its subsections describe the actions taken by the coalition to execute their operational responsibilities during the response.	
2.3.1.5.3 Information Sharing	2.2.1 2.2.2 2.2.3 2.3.3 2.3.4 3.4	This section describes the process by which the coalition gathers, analyzes, and disseminates critical incident information. **NOTE:** If this section becomes too large or detailed the coalition could consider putting the specific procedures in an appendix or annex to this plan **Potential considerations for inclusion:** • Information sharing/management – Process for multiagency information sharing – may include virtual/physical	ASPR TRACIE Information Sharing Topic Collection DC Emergency Healthcare Coalition Communications Support Annex: A Support Annex to the DC EHC Emergency Operations Plan for Coalition Members

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
		○ Information sharing procedures ▪ Communication methods, frequency, and communication systems/platforms and utilization steps ▪ Who leads information sharing efforts ▪ Essential elements of information (EEIs) agreed to be shared, including information format ○ Identify information access and data protection procedures- 2.2.2 (could be an annex) ▪ Strategies to protect healthcare information systems and networks–3.4 – Internal communications/ notifications–2.3.3 ○ Rapidly acquire and share clinical knowledge among health care providers and among health care organizations during responses. – External communications/Public information–2.3.4 • Communications (can be a subsection under information sharing/ management or appendix) – Define communication methods and communication systems and platforms–2.2.1 – Provide an overview of the existing primary and redundant communications systems and platforms capable of sending EEIs to maintain situational awareness–2.2.3 – Address system maintenance and replacement and when/how they are used	DC Emergency Healthcare Coalition Communications Support Annex: A Support Annex to the DC EHC Emergency Operations Plan for Duty Officers/HCRT Members DC Emergency Healthcare Coalition Public Information Functional Annex SE Minnesota Healthcare Coalition Communications Guideline

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources

2.3.1.5.4 Resource Coordination	3.3.1 3.3.2	This section should describe the process the coalition will use to coordinate the sharing or acquisition of resources before and during a response. Lists of available resources should be added as an appendix.
		
		Potential considerations:
		
		• Supply Cache/ Resource Management and Logistics
		  – Equipment, supply, and pharmaceuticals cached- 3.3.2
		  – Access
		  – Inventory – individual members and HCC – if applicable (can be an appendix)
		  – Management
		  – Storage
		  – Movement
		  – Resupply/replacement
		  – Maintenance
		    o Supply chain integrity assessment–3.3.1
		    o Security
			DC Emergency Healthcare Coalition Emergency Operations Plan, Resource Functional Annex
			
			Resource Management & Sharing (UT)

2.3.1.5.5 Patient Tracking		This section should describe the actions the coalition will take to support patient movement within and outside the coalition, for both MCIs and in the event of a healthcare facility evacuation. This section should describe the patient tracking system(s), the triggers for activating the patient movement plan, and the process for coordinating and documenting patient movement. This section can serve to highlight the general patient tracking process and refer to a more comprehensive appendix or annex.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
2.3.1.6 Demobilization		This section should describe the process the coalition will use to stand down incident response actions. This section can also address how to de-escalate from fully activated, to limited activation, to monitoring. This should address any steps needed to debrief personnel, any forms that should be completed and other administrative actions. This section should also address and steps needed to replenish supplies, "break-down" any temporary facilities and final steps to return to pre-event status. This section should also address the After Action Process, including how feedback will be gathered from demobilizing staff and integrated into the larger post-event evaluation process. This section should also address the After Action Process, including how feedback will be gathered from demobilizing staff and integrated into the larger post-event evaluation process.	ASPR TRACIE Recovery Planning Topic Collection Dengue Outbreak Response in American Samoa ESF-8 2015 Sturgis Rally Plan (CO) ASPR TRACIE Recovery Planning Topic Collection
2.3.1.7 Recovery/ Return to Pre-Disaster State		This section should address the healthcare coalition actions taken to support the transition to supporting recovery operations for the healthcare system within the coalition's geographic boundaries and/or in supporting healthcare entity recovery. This section simply addresses the transition steps and does not extensively detail the recovery operations. A separate Healthcare Coalition Recovery Operations support plan may be considered.	St. Louis Area Regional Hospital Re-Entry Plan
2.4 Continuity of Operations	3.2.2 3.2.3 3.6	This section should address the actions the coalition should take if the primary process/location/means of incident coordination fails. **Potential considerations:** • Back-up of communication and coordination systems • Orders of succession and delegations of authorities, including a suitable number of personnel that is/should be trained to carry out HCC coordination activities for extended periods of time	ASPR TRACIE Continuity of Operations (COOP)/Failure Plan DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
		- Identification and support for meeting extended operational needs of Coalition members - Continued administrative and finance management functions- including expense tracking for reimbursement - Evacuation, shelter-in-place, and relocation support- this should focus on coalition support for an evacuating facility(s) (not individual facility evacuation processes) - Devolution of Operations	Eastern Virginia Healthcare Coalition Continuity Of Operations Plan: Guide for Disaster Avoidance, Preparation, and Recovery Minnesota Department of Health Behavioral Health Care – Pandemic Influenza Continuity of Operations Plan (COOP) Template

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3. Appendices/Annexes

The appendices and annexes of the plan will be dependent on the needs of the HCC. Below are a few examples of types of appendices and annexes that an HCC may consider. This list is not meant to dictate required appendices and annexes and is not an exhaustive list. The coalition should determine which appendices and annexes are needed to support the roles and responsibilities and the procedures outlined in their plans.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
3.1 Contact Information	2.1.2	This appendix should include individual HCC member organization and HCC contact information, vendor or supplier contact information, and contact information for any other critical or essential personnel or services. Some HCCs may prefer to keep this contact list separate from the Response Plan so that the plan does not have to be modified as often as contacts change. However, this contact list should be updated at least as regularly as the Response Plan. This section should also include where to find up to date contact information, if stored electronically or in another location.	
3.2 Detailed Information on HVA	Capability 1 Capability 2	This appendix should include a copy of the HVA or detailed summary, assessment of regional health care resources, and resource gaps and mitigation strategies for the coalition region. This may already be in the HCC Preparedness Plan and if so, it can be referenced there.	ASPR TRACIE Hazard Vulnerability/ Risk Assessment Topic Collection ASPR TRACIE Evaluation of HVA Tools ASPR TRACIE Health Care Coalition Resource and Gap Analysis Tool

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
			ASPR Rapid Infrastructure Assessment Tool (to be developed) ASPR Resource Vulnerability Assessment DC Emergency Healthcare Coalition Enhanced Hazard Vulnerability Analysis and Appendix F: Step 5 of Enhanced HVA for DC Emergency Healthcare Coalition. (Washington, DC) Midlands Regional Hazard Vulnerability Assessment (SC)
3.3 HCC Coordination Job/Aids/ Position Descriptions		This appendix should include detailed job action descriptions for each position identified in the coalition preparedness activity and incident response organizational chart. These descriptions should include action steps for each phase of a response.	
3.3 HCC Coordination Job/Aids/ Position Descriptions		This appendix should include detailed job action descriptions for each position identified in the coalition preparedness activity and incident response organizational chart. These descriptions should include action steps for each phase of a response.	

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
3.4 Applicable Report and Status Forms, Supply Lists, Etc.		This appendix should include any coalition required forms such as Incident Command System forms, supply lists, administrative forms for expenses and procurement, and any other necessary forms to conduct response operations.	
3.5 Scenario Specific Considerations (Potential Annexes)		This section outlines some potential annexes that could be included in the coalition response plan. In addition to the examples below, other possible annexes may include Emerging Infectious Disease, Active Shooter, Mass Casualty, Natural Disasters, Burn, Decontamination, Volunteer Management, etc.	Active Shooter in a Healthcare Facility: A Template for Response Procedures (DC) DC Emergency Healthcare Coalition Acute Care Facilities Decontamination Planning Template DC Emergency Healthcare Coalition Mass Burn Incident Specific Annex • Burn Mass Casualty Incident Response Plan: Attachment 1 • Mass Burn Casualty Response Plan - Attachment 4

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
			DC Emergency Healthcare Coalition Residential Healthcare Facility Mass Fatality Procedures Template District of Columbia Family Assistance Center (FAC) Plan National Capital Region Mass Burn Plan: List of Acronyms (DC) • Attachment 5: Patient Reporting and Transfer Request Form Volunteer Management and Use in CHCs and SNFs: A Template for Response Procedures (DC)

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources

3.5.1 Medical Surge Coordination	4.1.3
	4.2.1
	4.2.2
	4.2.3
	4.2.4
	4.2.6
	4.2.7
	4.2.8
	4.2.9
	4.2.10
	4.2.11
	4.4.5
		Include existing medical surge coordination plan or develop plan including the following components:
		
		• Strategies to implement medical surge- including resource summary
		• Patient tracking
		• Patient distribution
		• Process for joint decision making and engagement among the HCC-
		• Managing teleconferences/meetings
		• Policies and processes for the allocation of scarce resources and crisis standards of care
		• Specialty care- access to specialty care inside/outside of the HCC
		• HCC's support to its member in response to medical surge- these may briefly summarize other policy documents / annexes (e.g. regional pediatric response plan)
		   – Emergency Department, Inpatient and outpatient facilities
		   – Alternate care system/ alternate care site plans (may summarize and refer to full plan)
		   – Pediatric care
		   – Coalition infectious disease response plan
		   – Chemical or radiation emergency event- including Chempack
		   – Burn care
		   – Trauma care
		   – Behavioral health needs
		   – Enhance infectious disease preparedness
		   – Distribute medical countermeasures
		   – Mass fatalities
		   – Patient forward movement/ NDMS plan
			ASPR TRACIE Alternate Care Sites Topic Collection
			
			ASPR TRACIE Crisis Standards of Care Topic Collection
			
			ASPR TRACIE Hospital Surge Capacity and Immediate Bed Availability Topic Collection
			
			East-West Gateway Council of Governments Regional Alternate Care Site Plan: Operational Overview Document (MO)
			
			Nevada Statewide Medical Surge Plan
			
			Patient Care: Strategies for Scarce Resource Situations (MN)
			
			SST Regional Mass Surge and Alternate Care Plan (UT)

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
3.5.2 Evacuation and Tracking		This annex should address the coalition role in supporting a healthcare facility evacuation and patient movement incident. **Potential considerations:** • Coalition roles and responsibilities • Essential elements of information needed to support an evacuation • Additional staffing needed to support the evacuation operation • Description of and processes for use of any patient tracking equipment or software • Lists of available transportation assets and contact information • Necessary forms for completing the tracking operation	ASPR TRACIE Family Reunification and Support Topic Collection ASPR TRACIE Healthcare Facility Evacuation/ Sheltering Topic Collection ASPR TRACIE HIPAA and Disasters: What Emergency Professionals Need to Know ASPR TRACIE Patient Movement and Tracking Topic Collection Evacuation Functional Annex to DC Emergency Healthcare Coalition's EOP St. Louis Area Regional Hospital Evacuation and Transportation Plan (MO)

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
3.5.3 Public Information		This annex should address the process by which the coalition will coordinate and disseminate public information messages, if applicable. Some HCCs may not have a direct role in public information messaging, but will work with local public information officers with messaging, disseminating, etc. The coalition membership should determine the role the coalition should take in public information sharing. **Potential considerations:** • How will the coalition's interests be represented in public messaging by other entities (e.g., emergency management, public health, etc.) • Will the coalition function as a health joint information center • Will the coalition speak to the press or release messages or rely on individual members to speak to the press • Who are the spokespersons or trusted agents authorized to speak on behalf of the coalition • Outline the Joint Information system design and how it includes coalition members • How will messages or statements be circulated and approved by membership	ASPR TRACIE Emergency Public Information and Warning/Risk Communications Topic Collection ASPR TRACIE HIPAA and Disasters: What Emergency Professionals Need to Know DC Emergency Healthcare Coalition Communications Support Annex: A Support Annex to the DC EHC Emergency Operations Plan for Duty Officers/HCRT Members DC Emergency Healthcare Coalition Public Information Functional Annex

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Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
3.5.4 Disaster Behavioral Health		This annex should address how the coalition will support disaster behavioral health needs following an event for members of the public, public safety and healthcare personnel involved in the response.	ASPR TRACIE Mental/Behavioral Health Topic Collection ASPR TRACIE Tips for Retaining and Caring for Staff after a Disaster
3.5.5 HCC Communications Plan		If not included as part of the base plan, this annex should include detailed descriptions of the communications systems and processes used during an incident response. This should include manuals and job aids for using any technology and descriptions of redundant communications options.	ASPR TRACIE Information Sharing Topic Collection DC Emergency Healthcare Coalition Communications Support Annex: A Support Annex to the DC EHC Emergency Operations Plan for Coalition Members DC Emergency Healthcare Coalition Disaster Behavioral Health Planning Template SE Minnesota Healthcare Coalition Communications Guideline

T R A C I E

Appendix A: Health Care Coalition Response Plan Outline Example

1. Introduction

    1.1 Purpose

    1.2 Scope

    1.3 Situation and Assumptions

    1.4 Administrative Support

2. Concept of Operations

    2.1 Introduction

    2.2 Role of the Coalition in Events

        2.2.1 Member Roles and Responsibilities

        2.2.2 Coalition Response Organizational Structure

    2.3 Response Operations

        2.3.1 Stages of Incident Response

            2.3.1.1 Incident Recognition

            2.3.1.2 Activation

            2.3.1.3 Notifications

            2.3.1.4 Mobilization

            2.3.1.5 Incident Operations

                2.3.1.5.1 Initial HCC Actions

                2.3.1.5.2 Ongoing HCC Actions

                2.3.1.5.3 Information Sharing

                2.3.1.5.4 Resource Coordination

                2.3.1.5.5 Patient Tracking

            2.3.1.6 Demobilization

            2.3.1.7 Recovery/Return to Pre-Disaster State

    2.4 Continuity of Operations

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3. Appendices/Annexes

3.1 Contact Information

3.2 Detailed Information on HVA

3.3 HCC Coordination Job Aids/ Position Descriptions

3.4 Applicable Report and Status Forms, Supply Lists, Etc.

3.5 Scenario Specific Considerations (Potential Annexes)

    3.5.1 Medical Surge Coordination

    3.5.2 Evacuation and Tracking

    3.5.3 Public Information

    3.5.4 Disaster Behavioral Health

    3.5.5 HCC Communications Plan

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Appendix B: Resources

ASPR TRACIE Developed Resources:
- Access and Functional Needs Topic Collection
- Alternate Care Sites Topic Collection
- CMS Emergency Preparedness Rule Resources
- Coalition Administration/ Bylaws Topic Collection
- Coalitions Models and Functions Topic Collection
- Continuity of Operations (COOP)/Failure Plan
- Crisis Standards of Care Topic Collection
- Emergency Operations Plans/ Emergency Management Program Topic Collection
- Emergency Public Information and Warning/Risk Communications Topic Collection
- Evaluation of HVA Tools
- Exercise Program Topic Collection
- Family Reunification and Support Topic Collection
- Hazard Vulnerability/ Risk Assessment Topic Collection
- Healthcare Facility Evacuation/Sheltering Topic Collection
- Healthcare Related Disaster Legal/ Regulatory/ Federal Policy
- HIPAA and Disasters: What Emergency Professionals Need to Know
- Hospital Surge Capacity and Immediate Bed Availability Topic Collection
- Incident Management Topic Collection
- Information Sharing Topic Collection
- Patient Movement and Tracking Topic Collection
- Recovery Planning Topic Collection

ASPR TRACIE Select Health Care Coalition Resources

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- Burn Mass Casualty Incident Response Plan: Attachment 1
- Burn Mass Casualty Incident Response Plan: Attachment 2
- Initial Management Guidelines for Pediatric Burn Patients
- Mass Burn Casualty Response Plan: Attachment 4
- National Capital Region Mass Burn Plan: List of Acronyms

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