Health Care Coalition Response Plan Template

Updated July 2026

The FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity (NOFO) requires Health Care Coalitions (HCCs) to develop a Response Plan for delineating the shared responsibilities among individual hospitals, emergency medical services (EMS) agencies, jurisdictional emergency management, HCCs, and public health entities. This plan ensures the health care infrastructure is adequately prepared to respond to incidents and remains resilient against various threats, including extreme weather, cascading systems failures, and public health emergencies. Recent experiences have highlighted the importance of regional coordination to maintain access to services and uphold a consistent standard of care.

This **HCC Response Plan Template,** developed by ASPR TRACIE, is designed to aid regional health care response planning. While Hospital Preparedness Program (HPP) cooperative agreement recipients, HCCs, and jurisdictions are not required to use this template, nor adhere to its format, it serves as a useful guide. Some sections may not be relevant to all HCCs. This template helps HCCs create tailored regional health care response plans that incorporate various response strategies in collaboration with Emergency Support Function-8 (ESF-8).

Activity 3.3 of the FY 2024-2028 NOFO and the Health Care Preparedness and Response Capabilities for Health Care Coalitions (originally published in 2016) require HCCs to develop a response plan. This ASPR TRACIE template provides general headers and descriptions for a sample HCC Response Plan. A sample plan outline is provided in Appendix A of this document. The matrix on the following pages includes:

- Sample plan headings/sub-headings,
- Description and considerations, and
- Sample resources/plans that provide additional information by section.

Plan Requirements

According to the Health Care Preparedness and Response Capabilities for Health Care Coalitions, “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 that support strategic planning, 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 HCC should "work with clinicians, community partners, health care executives, and additional health care readiness partners in developing the plan."

The FY 2024-2028 NOFO requires recipients to develop and maintain a response plan that describes how they will implement activities supporting the HPP core functions. At a minimum, the response plan must address the roles and actions of hospitals, EMS, emergency management organizations, and public health (PH) agencies represented in the HCC. Recipients may use existing plans from the FY 2019-2023 period of performance as a baseline but must update them to meet new FY 2024-2028 requirements. The response plan should "incorporate the top priorities for your jurisdiction(s), based on the Strategic Plan and the Readiness Plan" and incorporate several requirement components, including Information Sharing, Resource Management, Workforce Readiness/Resilience, Medical Surge Support, Patient Movement, and Allocation of Scarce Resources planning. Importantly, in many jurisdictions, responsibilities addressed in this plan fall under the authority of an emergency management, EMS, or PH entity and are not HCC functions. The response plan should clearly describe who is responsible for the functions, provide sufficient detail to understand the general strategy, and refer to those supplemental plans or responsibilities as necessary.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on their Healthcare Coalitions Resource Page. For more information, visit https://asprtracie.hhs.gov, contact our Assistance Center at 1-844-5-TRACIE, or email askasprtracie@hhs.gov.

Acknowledgements

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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	Description and Considerations	Sample Resources
1.1 Purpose of Plan	Describe what the plan will address and what goals and objectives of the HCC are met with the plan. **Sample language:** The goal of the Health Care Coalition Response Plan is to: This plan supports the goal by: OR The purpose of this plan is to provide general guidelines for response to natural and human-caused incidents that endanger the patients, visitors, staff, and loved ones in health care facilities within the region. OR The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards incidents that threaten the health care system and result in illness or injury to the population within the coalition's boundaries and the health care system.	ASPR TRACIE Emergency Operations Plans/Emergency Management Program Topic Collection Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD) Eastern Virginia Healthcare Coalition Emergency Operations Guide FEMA Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0
1.2 Scope	Describe what organizations are covered by the plan and under what circumstances the plan is activated. This is also the section where memoranda of agreement or relevant statutes and authorities are referred to and listed elsewhere in the document. **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.	Louisiana ESF-8 Health and Medical Preparedness and Response Network Coalition

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	OR This plan applies to all member organizations when an incident occurs that is beyond an individual health care organization's ability to manage the response and is limited to those compacts and other documents signed by the HCC members or existing at the jurisdictional level (e.g., mutual aid agreements). This plan does not supersede or conflict with applicable laws and statutes.	NW Oregon Health Preparedness Organization: Health/Medical Multi-Agency Coordination (MAC) Group Handbook Medical Surge Capacity and Capabilities (MSCC) Healthcare Coalition in Emergency Response and Recovery (HHS ASPR) SE Minnesota Disaster Healthcare Coalition Healthcare Multi-Agency Coordination Center (MACC)
1.3 Administrative Support	This section should include a schedule to review and update the response plan, including the organizations and staff responsible for plan maintenance and a means of tracking changes and versions. • 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 after action reviews, the HCC should update the plan as necessary after exercises and real-world incidents. The review should include identifying gaps in the response plan and working with HCC members to address the gaps. Ideally, jurisdictional entities/agencies that have a substantial role/responsibility should also participate in the approval process.	
1.4 Situation and Assumptions	Provide a high-level summary of information that is likely contained in other documents, such as the hazard vulnerability assessment (HVA), the HCC Readiness Plan, and other HCC and jurisdictional 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 briefly summarize the following: • Coalition background/governance – refer to the HCC Readiness Plan or other base documents for specifics or include as appendix. • Brief summary of key results from risk/vulnerability assessment – may provide very basic overview of the geography, members, and resources and top three hazard scenarios.	ASPR TRACIE Hazard Vulnerability/Risk Assessment Topic Collection ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools ASPR TRACIE Incident Management Topic Collection

Section Headers/ Subheadings	Description and Considerations	Sample Resources

	• Members – agencies and entities from core group (consider linking to a full list or directory as an appendix).
	• Assumptions for when the plan will be activated and what members will do in response to an emergency.
	• Role of the HCC within or supporting the jurisdictional ESF-8 response – describe how incident information and resource needs are communicated and acted on.
	
	Sample Assumptions (these are not intended to be prescriptive or comprehensive):
	• Impacted facilities have activated their emergency operations plan and their incident command system.
	• Any facility in a crisis condition that poses a substantial risk to staff or patients should immediately request assistance.
	• Facility and parent health care system (if applicable) staff will prioritize working with supply vendors to meet resource needs. If these resources are insufficient, local and regional jurisdictional resources will be utilized next, followed by state resources. Federal resources will be requested if all other support is exhausted and unavailable. However, state and federal resources may not be available for at least 72-96 hours.
	• The increased number of area residents and staff needing medical help may burden and/or overwhelm 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.
	• HCC member facilities will communicate their medical and resource needs to the HCC and non-medical needs to the jurisdictional emergency operations center (EOC) using outlined communication practices.
	  ▪ Some jurisdictions communicate all resource needs through ESF-8 at the EOC.
	  ▪ HCC staff can supplement ESF-8 staff at the EOC.
	  ▪ The ESF-8 liaison will communicate with the HCC and its members to update the status of an incident and request support for needed resources with other ESF partners.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	▪ The plan should also account for coordination in situations where it is required and the EOC is not open (e.g., seasonal influenza surge). • Health care organizations will report status for situational awareness. • Health care organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance. • Processes and procedures outlined in the response plan are designed to support and not supplant health care facility or system emergency response efforts. • The use of National Incident Management System (NIMS) and/or Hospital Incident Command System (HICS) consistent processes and procedures by the hospitals and HCC will promote integration with public sector response. • Except as specified in agreements or required by law or lawful orders, a facility or health system reserves the ability to make its own decisions during an emergency. This plan is based on assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, health care facilities, and staff.	

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 ensure accountability. It should also include any additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site support). Note that in this document the term "members" encompasses health care, EMS, PH, and emergency management. If these entities do not usually participate in HCC activities, their relevant plans, roles, and responsibilities must be described.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Introduction	Describe the general operating considerations for the HCC during a response to introduce the section (i.e., what is expected of the HCC overall during a response vs. other response coordination constructs).	ASPR TRACIE CMS Emergency Preparedness Rule Resources ASPR TRACIE Coalitions Models and Functions Topic Collection ASPR TRACIE Emergency Operations Plans/Emergency Management Program Topic Collection ASPR TRACIE Healthcare Related Disaster Legal/Regulatory/Federal Policy Topic Collection
2.2 Role of the Coalition in Incidents	Summarize the overall role of the HCC (versus other agencies that may be responsible for certain functions) in an emergency or disaster including, but not limited to: • Providing alert and notification of an incident or emergency impacting one or more HCC members. • Promoting a common operating picture through shared information. • Assisting with resource management by developing and implementing plans for the acquisition, storage, and administration of supplies along with resource-sharing frameworks. • Coordinating patient movement and load balancing to support access to care. • Responding to medical surge and natural and human caused mass casualty incidents (MCI) including those involving hazardous materials. • Collaborating with community partners to develop a plan for allocating scarce resources. • Supporting evacuation activities. • Supporting shelter-in-place activities. • Integrating with local EOC/ESF-8 structure(s) and serving as the intermediary for health care and information sharing. If this is not the case in the jurisdiction, describe how the HCC relates to ESF-8 and list the entity responsible for information collection and resource request and allocation.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.2.1 Member Roles and Responsibilities	Provide a general overview of the roles and responsibilities of the partner agencies and organizations during a response. Note: More detailed roles and responsibilities are defined under subsequent plan areas in this document. **Specifically, it should address the roles of the following members:** • Hospitals – define expectations for surge capacity generation, baseline resources, and basic mechanisms of coordination and communication. • EMS – define expectations for capacity enhancement, prioritized dispatch, 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 PH entities and integration of agency activities with other PH and coalition partners. If PH is the ESF-8 lead, define how they integrate the other core partners including health care and EMS. • Long-term care facilities – define expectations and basic mechanisms of coordination and resource support between/for long-term care facilities. • Other member entities – this can include engaging local the 18 provider and supplier types as defined by the Centers for Medicare and Medicaid Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS Emergency Preparedness Rule), community organizations that represent/serve communities most impacted by disasters, Federal Coordinating Center/NDMS, MRC, Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the like. • Other supporting entities (e.g., Regional Emerging Special Pathogen Treatment Center [RESPTC] and/or Regional Disaster Health Response System [RDHRS]).	ASPR TRACIE Incident Management Topic Collection Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD) Eastern Virginia Healthcare Coalition Emergency Operations Guide 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) SE Minnesota Disaster Healthcare Coalition Healthcare Multi-Agency Coordination Center (MACC)
2.2.2 Coalition Response Organizational Structure	Define the organizational structure of the HCC during response operations. Identify the key positions that must be staffed and the coordination chain or reporting structure, if applicable.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	Include an organizational chart that illustrates roles of the HCC and reflects its relationship to health care organizations and local ESF-8 response. Details can be included in an appendix. If the HCC does not have a response structure or it is limited, describe the local ESF-8 structure that is responsible for addressing health care issues.	

3. Response Operations

This section and subsections address the actions taken by the coalition and its members before, during, and following an incident.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Incident Recognition	Identify the ways an incident is recognized and how health care activates its regional functions and organizes its response structure. **Potential sources of information/situations that may require activation:** • EMS dispatch information about an MCI • Request from HCC member for assistance • Critical medication shortage • Epidemic or other information from public health • Major mass gathering/special event • Law enforcement intelligence information (e.g., local protests or demonstrations) • Loss of community utilities/information systems (e.g., internet, cyberattack)	
3.2 Activation	Summarize the coalition/partner activation process during emergencies, including how requests for HCC assistance are received, activation thresholds, operating levels, positions in the HCC authorized to activate, key operational steps, and any other activation steps the HCC determines are necessary.	
3.3 Notifications	Describe who is authorized to make notifications, the process and system to make notifications (and redundant systems), and who should receive notifications.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.4 Mobilization	Describe how the HCC brings together the personnel 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 scalable options for response structure.	
3.5 Initial HCC Actions	Address the actions the HCC and/or ESF-8 team will take once activated. This includes information gathering, situation assessment, developing an initial incident action plan, and other steps that will allow the HCC to gain situational awareness and determine a strategy to execute the incident objectives. **Potential considerations for inclusion:** • Notifying partners when the HCC Coordination Center or equivalent is activated and contact instructions. • Establishing points of contact with jurisdictional authorities and other entities involved in the response to the incident. • Establishing the operational period of the HCC Coordination Center and conducting incident action planning. • Establishing the necessary incident management structure. • Determining the HCC's incident responsibilities. • Assessing which populations are impacted and the needs of those populations. • Anticipating ongoing coordination needs and related HCC role. Determining how necessary clinical/technical expertise will integrate into the HCC response (e.g., medical direction, technical experts and how they inform objectives and plans).	

4. Information Sharing Plan

This section describes the process by which the coalition gathers, analyzes, and disseminates critical incident information. Communication plan considerations are included in Section 9. Appendices/Annexes.

Section Headers/ Subheadings	Description and Considerations	Sample Resources

4.1 Information Sharing	**Potential considerations for inclusion:**
	• Common Operating Picture
	  ▪ Provide an overview of the existing primary and redundant communications systems and platforms capable of sending Essential Elements of Information (EEI) and/or sharing information to maintain situational awareness:
	  ▪ Between HCC members
	  ▪ Between HCC members, other organizations, regional and the state (and potentially federal)
	• Describe communication with communities most impacted by disasters. The FY 2024-2028 NOFO defines these communities to include:
	  ▪ "At-risk individuals, including children, pregnant individuals, older adults, individuals with disabilities, or others who may have access and functional needs in the event of an emergency, such as those with chronic physical or behavioral health conditions or immunocompromised individuals. Individuals may also be at risk due to their geographic location and/or limited access to health care, such as those in rural, frontier, or otherwise isolated areas.
	  ▪ Individuals and groups who may be at risk due to the specific risk profile of a disaster or emergency.
	  ▪ Populations experiencing structural inequities, which include historically and currently marginalized communities.
	  ▪ Other populations disproportionately impacted by disasters in your jurisdiction, identified through data collection or assessments."
	• Coordination Role and Information Gathering Procedures
	  ▪ Document sources of information – including information relevant to the health care system as well as impact information (including impact on communities/populations most affected by the disaster).
		ASPR TRACIE Emergency Public Information and Warning/Risk Communications Topic Collection
		
		ASPR TRACIE HIPAA and Disasters: What Emergency Professionals Need to Know
		
		ASPR TRACIE Information Sharing Topic Collection
		
		DC Emergency Healthcare Coalition Public Information Functional Annex
		
		SE Minnesota Disaster Health Coalition Communications Guidelines

Section Headers/ Subheadings	Description and Considerations	Sample Resources

	▪ Track EEI previously agreed to be shared, including information format and data sources (e.g., staffing, bed, and resource availability; patient tracking; hospital/facility status; EMS data; and relevant elements of electronic health records [EHRs] as allowable under applicable privacy, security, and information-sharing requirements).
	▪ Determine who coordinates and communicates the common operating picture of the HCC members.
	▪ Select communication methods, frequency, and communication systems/platforms to maintain situational awareness:
	  ▪ Within the HCC partners
	  ▪ Between the HCC and state/federal entities
	▪ Establish how the HCC supports information provision to health care workers, patients, and visitors at facilities.
	▪ Establish how the HCC integrates with the jurisdictional or state Joint Information Center/System to manage public messaging and risk communication.
	• Clinical/Technical Knowledge Sharing
	▪ Describe how incident-specific clinical or technical knowledge is gathered and shared among health care providers, health care organizations, and additional health care readiness partners during responses. This can include epidemiologic, hazard, and treatment information.
	▪ Create a process for convening a clinical advisory team/disaster medical advisory committee at the HCC, regional, or state level, depending on current structures or incident demands.	

4.2 System and Communications Protection	**Potential considerations for inclusion:** • Redundant communications – describe the systems to be used when primary systems are unavailable. Elements of the HCC Extended Downtime Support Plan may be referenced. (Backup systems should meet SAFECOM requirements as applicable.) ▪ Information monitoring – describe how traditional and social media are monitored to identify, assess, and respond to external information. This includes the initial detection of relevant content, ongoing monitoring, and any necessary corrections or clarifications. Specify who is	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	responsible, how the monitoring is conducted, and the channels used to address or respond to the information. ▪ Reference the HCC Cybersecurity Assessment and HCC Extended Downtime Delivery Impact Assessment to describe how the HCC will manage cybersecurity risks to any shared communications or information-sharing platforms.	

5. Resource Management Plan

This section should describe the process the coalition will use to coordinate the sharing or acquisition of resources before and during a response as well as a process for decision-making when resources requested exceed those available. Lists of HCC or state resources (e.g., caches, strike teams) to support health care response that can be mobilized during an emergency should be added as an appendix.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
5.1 Supplies	**Potential considerations:** • Describe how the HCC and/or local jurisdiction acquires, stores, and manages health care supplies as applicable to their responsibilities including any procurement, distribution, and resource sharing structures or agreements. • Supply Cache/Resource Management and Logistics ▪ Equipment, supplies, and pharmaceuticals stockpiled by HCC/jurisdiction ▪ Stockpile activation ▪ Inventory – conducted by the HCC and its members– if applicable (can be an appendix – should only detail key expectations related to baseline facility supplies or specific resources that can be mobilized by the HCC/jurisdiction) ▪ Management ▪ Storage ▪ Movement ▪ Resupply/replacement ▪ Maintenance ▪ Supply chain integrity assessment	Resource Management & Sharing (UT)

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	▪ Security	
5.2 State/Federal Resources	• Request and management/distribution of state and federal assets ▪ State caches ▪ Strategic National Stockpile (SNS) request and regional distribution plan (including health care facilities) ▪ Emergency Management Assistance Compact (EMAC) assets available from neighboring states (caches or specific equipment)	
5.3 Staffing	• Reference the *HCC Workforce Readiness/Resilience Plan (FY 2024-2028 NOFO requirement 3.3.3)* as precursor to effective response. This plan should address, at a minimum: ▪ Workplace safety and resilience ▪ Training ▪ Addressing gaps identified in the Workforce Assessment • Describe the HCC role in coordinating requests and deployment of staff including from existing facilities or supplemental staffing including but not limited to: ▪ Mutual aid agreements/staff sharing agreements ▪ Rapid credential verification processes ▪ Implementing staff flexibility strategies ▪ Distribution of staff when demand exceeds supplemental staff available ▪ Legal, regulatory, licensure considerations ▪ Jurisdictional, HCC, or state disaster support teams (e.g., medical, behavioral health, EMS, National Guard personnel) ▪ Process for identifying and addressing common staff and responder needs relevant to the incident (e.g., fuel, transportation, child/eldercare, mental health support) • Describe or refer to PH plans for staffing of MCM distribution activities in the community.	
5.4 Volunteer Registration Programs	Describe how the HCC will use volunteer registration and recruitment programs including the ESAR-VHP, Medical Reserve Corps (MRC), etc.	ASPR TRACIE Volunteer Management Topic Collection

Section Headers/ Subheadings	Description and Considerations	Sample Resources
5.5 Alternate Care Sites and Telemedicine	Describe how the HCC plans to select alternate care sites and leverage telemedicine platforms, services, and partnerships to enhance coordination and address health care readiness and delivery requirements, such as providing access to specialty care, at the coalition, jurisdiction, or member level.	ASPR TRACIE Virtual Medical Care Topic Collection

6. Medical Surge Support

This section describes how a patient surge is accommodated, including when the resources of a hospital or the entire coalition are challenged by an influx of patients. Section 7 (Patient Movement Plan) includes considerations for regional capacity management.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
6.1 Trauma Surge Plan	Describe plans for: • Dispatch and hospital alerting processes when an MCI is recognized by EMS (e.g., "auto-dispatch" of multiple ambulances and supervisor when an MCI is suspected). • Supplies and processes for rapid EMS triage and transport, including integrated plans with law enforcement for patient care and movement at scenes with controllable residual threat. • Initial patient distribution to hospitals including considerations for not overloading a single hospital and avoiding hospital(s) close to the incident as applicable to the HCC. • Regional capacity for trauma care; consider key points of HCC facility plans to expand services. • Fatality management, including large numbers of casualties that are victims of a criminal act.	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)
6.2 Alternate Care Systems	Describe plans and lead agency/entity for alternate care including: • Medical support for shelter operations (to accommodate those with oxygen and other specific medical needs as well as general medical needs such as prescription management) • On-site alternate care areas at hospitals and other health care facilities • Off-site community-based hospital inpatient decompression locations including selected sites, staffing, and supplies • Telemedicine and other platforms, services, or partnerships providing virtual augmentation of care • Augmented "hospital at home"/home-based care • Community based or mobile testing and early treatment locations	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
6.3 Specialty Surge Annexes/ Plans	Annexes for regional specialty surge response, including but not limited to: • Pediatric • Burn • Infectious Disease – including coordination with the RDHRS in your region • Radiation • Chemical	ASPR TRACIE Templates: • Healthcare Coalition Pediatric Surge Annex Template • Healthcare Coalition Burn Surge Annex Template • Infectious Disease Surge Annex Template • Healthcare Coalition Influenza Pandemic Checklist • Healthcare Coalition Radiation Emergency Surge Annex Template • Healthcare Coalition Chemical Emergency Surge Annex Template National Special Pathogen System (NSPS) Strategy Summary
6.4 Decedent Management	Briefly summarize/refer to regional plans for expanded decedent management capacity and the role of the HCC as well as how local, state, and federal resources (e.g., Disaster Mortuary Operations Response Team [DMORT]) will be requested and integrated. Addresses management issues related to natural and manmade incidents involving adult and pediatric patients and victims with cultural considerations.	ASPR TRACIE Exchange Issue 16: Decedent Management during Disasters ASPR TRACIE Fatality Management Topic Collection

7. Patient Movement Plan

Coordination of patient movement is complicated. Complexity increases when usual referral patterns include multiple receiving centers and particularly when these cross state lines. The HCC's Patient Movement Coordination Annex describes the region's approach to patient movement and the structures and policies that contribute to ensuring appropriate distribution of patients relative to their needs and the resources available. Specialized transportation may be needed (e.g., pediatric or isolation-capable) and additional considerations are included in the specialty surge annexes. In areas with limited health care resources, some sections may not apply or be very brief.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
7.1 Coordination with Key Health Care Partners	Describe how the HCC will coordinate with the following key partners for patient movement, family reunification, and evacuation: • Hospitals • Long-term care facilities • EMS • State and local health and emergency management organizations • RESPTC(s) in your region, particularly during a special pathogen incident • RDHRS in your region (if applicable) • Federal Coordinating Center (FCC) in your region (if applicable) • Community organizations that represent and/or serve residents most impacted by disasters (more information is provided in Section 4.1)	
7.2 Secondary Emergency Transfers	Summarize: • How a hospital coordinates with EMS when it receives critically injured or ill walk-in patients but cannot provide the level of care needed (e.g., torso gunshot wound victim arriving at a non-trauma hospital). • Other resources that may be available/helpful to support secondary emergency transfers.	
7.3 Initial Patient Distribution	Summarize: • How EMS distributes patients to hospitals during an MCI (e.g., how does EMS know how many patients and what types to bring to which hospital?). • Plans for adjusting destinations when the number of casualties exceeds the capacity of specialty care (e.g., trauma, burn, pediatrics). • How EMS is informed of situations at the hospital (e.g., security incident, traffic jam, or walk-in patients) that may reduce the ability of a hospital to accept ambulance patients.	ASPR TRACIE HCC Resources ASPR TRACIE Pre-Hospital (e.g., EMS) Topic Collection ASPR TRACIE Mass Violence/Active Shooter Incidents: EMS Considerations
7.4 Load Balancing/ Medical	Describe the area plans for a MOCC or alternate local/regional system to monitor and manage capacity during surge events to include:	ASPR TRACIE MOCC Resource Page

Section Headers/ Subheadings	Description and Considerations	Sample Resources
Operations Coordination Center (MOCC)	• The entity responsible for monitoring hospital capacity and coordinating patient movement within and beyond the area hospitals/HCC. • The criteria for MOCC activation (if not active during daily operations). • The governance/entity responsible for MOCC operational policies. • The scope of MOCC operations (may vary depending on the incident's scope and duration), including responsibilities for patient transfer management and load-balancing, geography, and during declared disaster and non-disaster strain incidents. • Whether EMS is integrated into the transportation matching process and, if not, how this occurs. • Any platforms/data systems used for patient tracking and management. • The role of the MOCC in patient movement/coordination with long-term care facilities and other non-hospital entities as appropriate. • Steps for coordinating with a State MOCC (SMOCC) or Interstate MOCC (IMOCC). • Steps for coordinating with an RDHRS.	ASPR TRACIE MOCC Toolkit
7.5 Transportation Resources	Describe: • Local and regional EMS resources available • Potential supplementation of transportation resources through mutual aid or ambulance strike teams • Available aeromedical resources • Specialized transport resources (e.g., mass casualty bus) • Non-EMS vehicles that could assist with patient transport • Coordination of available resources to ensure availability and optimum use The threshold and process for requesting additional assets via EMAC or the Federal Ambulance Contract through jurisdictional emergency management for protracted incidents or proactive needs (e.g., hospital evacuations in anticipation of a hurricane).	
7.6 Transfer Management	Describe: • The process for engaging medical specialists for consultation/prioritization of transfers when the demand exceeds available beds at the receiving center(s).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• The process for placing transfers, including emergency and non-emergency, to higher levels of care (including any agreed-upon conditions that are the highest priority). • Transfer agreements with at least one receiving facility for pediatric, trauma, and burn patients, including how these agreements are activated and coordinated during an incident. • The role of the MOCC to manage transfers to lower levels of care or repatriate as applicable. • The authorities granted to the MOCC to manage inter-facility transfer destinations when there are no available beds that meet the patient's needs.	
7.7 Patient Tracking and Family Reunification	Describe: • The patient tracking system(s) and the process for coordinating and documenting patient movement during MCIs and facility evacuation. • Common hospital processes for collecting patient and family information, including information about unidentified individuals. • Mechanisms for reunification of patients with family members including integration of hospital/facility patient and family information with a community Family Assistance Center. • The system that will be used to monitor patient locations across multiple HCCs/jurisdictions or states.	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, MOCCs, and Tracking Topic Collection Evacuation Functional Annex to DC Emergency Healthcare Coalition's EOP St. Louis Area Regional Hospital Evacuation and Transportation Plan (MO)

Section Headers/ Subheadings	Description and Considerations	Sample Resources
7.8 Facility Evacuation	Address the HCC role in supporting a health care facility evacuation and patient movement incident. Differences between emergent (immediate) and urgent (can take place within hours) should also be addressed as appropriate. **Potential considerations:** • HCC vs. EMS vs. facility responsibilities. • EEI needed to support an evacuation and how these are obtained/acted on. • Process used to match the patient to a receiving facility (long-term care facility or hospital as well as which facility). • Process to acquire and coordinate needed transportation assistance including use of non-EMS vehicles (e.g., school buses, moving vans.) when needed. • Expectations for movement of belongings and medical records. • Description of processes for patient tracking including equipment or software and/or standard forms that will be used. • Additional staffing needed to support the evacuation operation. • Available transportation assets and contact information as applicable.	ASPR TRACIE Healthcare Facility Evacuation/Sheltering Topic Collection
7.9 Community Transportation Coordination	Describe: • Options to expand non-emergency transport capability (including supporting communities most impacted by an incident) and relevant agreements. • Options for working with patient/community transport companies with specialized (e.g., wheelchair) and non-specialized (e.g., van, bus) services to enable access to care, evacuation, etc.	ASPR TRACIE Pre-Hospital (e.g., EMS) Topic Collection FEMA Ambulance Strike Team
7.10 Federal Patient Movement	List: • The coordination process with the FCC in your regions for inbound and outbound National Disaster Medical System (NDMS) patient movement. • The lead agency/entity for communications and planning coordination. • The hospital NDMS Definitive Medical Care MOA members in your HCC. • The primary and secondary sites for debarkation and embarkation. • How to determine how many patients from which facilities will be moved.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• The process of tracking patients with the Joint Patient Assessment Tracking System (JPATS) and/or complementary systems from aircraft to ambulance to hospital to FCC. • Plans to manage deterioration that precludes transport to the originally assigned facility. • The process at the debarkation point, staging, services to be provided on site, resources required, any agreements in place (e.g., use of hangar space, access to airfield).	

8. Allocation of Scarce Resources

This section describes the HCC's role related to legal protection and regulatory relief for scarce resource allocation and surge strategies. The information can also be placed in a separate annex/plan.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
8.1 Scarce Resource Allocation	Briefly describe: • Relevant state crisis standards of care assumptions, including the needs of populations most affected by disasters and public health emergencies. • Legal protections or regulatory relief available to facilities and providers during crisis conditions and how these components are invoked. • Indicators or triggers used by the HCC or state for crisis conditions or action to include support for EMS, hospitals and healthcare providers. • How expert clinical input will be obtained and incorporated into decisions and/or guidelines. • How crisis conditions at a hospital are reported to and mitigated by the HCC/ESF-8 and what state actions are anticipated if regional mitigation is not possible. • How guidance for allocation of scarce resources is developed by the state or HCC and what safeguards or processes are in place to help ensure equitable access to resources. • The role of the HCC (or other entities) during resource scarcity including information sharing, resource requests/allocation, joint policy development, monitoring supply and conditions (including situations such as supply shortages that do not result in a disaster declaration) Incorporating scare resource considerations into trainings and exercises so members can practice recognizing shortages, reporting needs, requesting support, and coordinating allocation decisions.	

9. Appendices/Annexes

The appendices and annexes of the plan will depend on the needs of the HCC. This section provides examples of the 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 HCC should determine which appendices and annexes are needed to support the roles and responsibilities and the procedures outlined in their plans.

Section Headers/ Subheadings	Description and Considerations	Sample Resources
9.1 Contact Information	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 current contact information, if stored electronically or in another location.	Midlands Regional Hazard Vulnerability Assessment (SC)
9.2 HCC Coordination Job Aids/Position Descriptions	Ensure there are detailed job action descriptions for each position identified in the HCC preparedness activity and incident response organizational chart. These descriptions should include action steps for each phase of a response.	
9.3 Applicable Report and Status Forms, Supply Lists, and the like	Create and store HCC-required forms such as Incident Command System forms, supply lists, administrative forms for patient movement tracking, POC directories, expenses and procurement, and any other necessary forms to conduct response operations.	
9.4 Scenario Specific Considerations (Potential Annexes)	Include potential annexes that are also part of the HCC response plan. In addition to the required specialty surge annexes (section 6.4), other possible annexes may include Facility Evacuation, Downtime/Cyber, Utility Failure, Hurricane, Wildfire, Earthquake, and Volunteer Management.	Active Shooter in a Healthcare Facility: A Template for Response Procedures (DC) ASPR TRACIE HCC Cybersecurity Assessment ASPR TRACIE HCC Downtime Health Care Delivery Impact Assessment

Section Headers/ Subheadings	Description and Considerations	Sample Resources
		Volunteer Management and Use in CHCs and SNFs: A Template for Response Procedures (DC)
9.5 Disaster Behavioral Health	This annex should address how the HCC supports disaster behavioral health and staff support needs following an incident for the public, public safety personnel, and health care personnel involved in the response.	ASPR TRACIE Mental/Behavioral Health Topic Collection ASPR TRACIE Tips for Retaining and Caring for Staff after a Disaster
9.6 HCC Communications Plan	If not included as part of the base plan, this annex should include descriptions of the communications systems and processes used during an incident response. This should include or refer to 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 Disaster Health Coalition Communications Guideline

Appendix A: Health Care Coalition Response Plan Outline Example

Acknowledgements

1. Introduction

1.1 Purpose of Plan
1.2 Scope
1.3 Administrative Support
1.4 Situation and Assumptions

2. Concept of Operations

2.1 Introduction
2.2 Role of the Coalition in Incidents
2.2.1 Member Roles and Responsibilities
2.2.2 Coalition Response Organizational Structure

3. Response Operations

3.1 Incident Recognition
3.2 Activation
3.3 Notifications
3.4 Mobilization
3.5 Initial HCC Actions

4. Information Sharing Plan

4.1 Information Sharing
4.2 System and Communications Protection

5. Resource Management Plan

5.1 Supplies
5.2 State/Federal Resources
5.3 Staffing
5.4 Volunteer Registration Programs
5.5 Alternate Care Sites and Telemedicine

6. Medical Surge Support

6.1 Trauma Surge Plan
6.2 Alternate Care Systems
6.3 Specialty Surge Annexes/Plans
6.4 Decedent Management

7. Patient Movement Plan

7.1 Coordination with Key Health Care Partners
7.2 Secondary Emergency Transfers
7.3 Initial Patient Distribution
7.4 Load Balancing/Medical Operations Coordination Center (MOCC)
7.5 Transportation Resources
7.6 Transfer Management
7.7 Patient Tracking and Family Reunification
7.8 Facility Evacuation
7.9 Community Transportation Coordination
7.10 Federal Patient Movement

8. Allocation of Scarce Resources

8.1 Scarce Resource Allocation

9. Appendices/Annexes

9.1 Contact Information
9.2 HCC Coordination Job Aids/Position Descriptions
9.3 Applicable Report and Status Forms, Supply Lists, and the like
9.4 Scenario Specific Considerations (Potential Annexes)
9.5 Disaster Behavioral Health
9.6 HCC Communications Plan