



DELMARVA REGIONAL
HEALTHCARE MUTUAL
AID GROUP

EMERGENCY OPERATIONS STANDARD OPERATING GUIDELINE

Table of Contents

1.0 Purpose 2

2.0 Scope..... 2

3.0 General principles of DRHMAG member organization participation 2

4.0 Situation and Assumptions 3

5.0 Preparedness 3

6.0 Concept of Operations..... 4

7.0 Roles and Responsibilities..... 9

8.0 Plan Development and Maintenance 9

9.0 Training and Exercises..... 9

10.0 Authorities and References 10

Appendix 1 – DRHMAG Memorandum of Agreement for Mutual Aid..... 11

Appendix 2 – Job Action Sheets..... 12

Appendix 3 – Responsibility Matrix 19

Appendix 4 – Acronyms and Abbreviations..... 22

1.0 Purpose

The purpose of this standard operating guideline (SOG) is to guide the operations of the Delmarva Regional Healthcare Mutual Aid Group (DRHMAG) member organizations during a disaster incident that exceeds the capacity and capability of a member organization to address the impact with its own resources.

2.0 Scope

- 2.1. This SOG applies to all member organizations of the DRHMAG when a disaster incident is beyond the individual (Tier 1) facility's ability to manage and that facility requires mutual aid and support from other coalition member organizations (Tier 2) (See Appendix 3 – Responsibility Matrix).

3.0 General principles of DRHMAG member organization participation

- 3.1. DRHMAG member organizations maintain their respective decision-making sovereignty during the incident response, except in unusual circumstances that warrant the implementation of local or state health authorities.
- 3.2. DRHMAG member organizations determine individually how they will respond to an incident and whether they will activate any emergency response procedures. DRHMAG does not supplant this responsibility.
- 3.3. DRHMAG may convene (often virtually) representatives from its member organizations to discuss response issues. Recommended actions made by DRHMAG during incident response are made on a consensus basis.
- 3.4. DRHMAG member organizations will work together to achieve a successful resolution of any incident beyond the scope of routine or daily operations.
- 3.5. NIMS-consistent concepts and procedures will be utilized during all DRHMAG activations. NIMS consistency will promote integration with public and private sector response efforts.
- 3.6. The Coalition Coordination Cell (CCC) will serve as a regional Emergency Support Function 8 information sharing hub for partners and activation can be requested by any member organization.
- 3.7. During emergency activities, personnel staffing the CCC are still employed by their "home" organization and often are responsible for some element of their home organization's response. CCC staffing will reflect situation requirements and requests of member organizations.
- 3.8. The CCC may perform tasks remotely and does not require one centralized location. In addition, personnel from the most affected organizations should be able to rapidly "hand off" DRHMAG duties to other qualified personnel.

4.0 Situation and Assumptions

- 4.1. A DRHMAG member organization is affected by an internal situation or natural or human-caused hazard that has impacted its operations up to and including the need for facility evacuation.
- 4.2. The impacted facility has expended their inherent (Tier 1) (See [Appendix 3 – Responsibility Matrix](#)) capabilities or contractual support and is in, or soon will be in, a resource deficit position.
- 4.3. The impacted facility has activated its emergency operations plan and is staffing its incident management center (IMC).
- 4.4. The impacted facility has requested DRHMAG support and assistance to help them manage the incident.
- 4.5. Each facility participating in DRHMAG retains ownership and authority over all resources that it owns.
 - 4.5.1. A DRHMAG member organization may grant or deny a request for mutual aid based on perceived ability to adequately maintain its own operations.
 - 4.5.2. Regional or HPP funded equipment and supplies maintained by a facility on behalf of DRHMAG shall be released at the direction of the DRHMAG Executive Council.

5.0 Preparedness

- 5.1. DRHMAG will designate a CCC Lead on a rotating basis in accordance with a schedule developed by the Regional Coordinator and approved by the DRHMAG Officers.
- 5.2. The role of the CCC is to maintain situational awareness within DRHMAG, county emergency management agency's (EMAs) and the state, serve as an information clearinghouse and coordination entity for DRHMAG member organizations, and as a link to Tier 3 jurisdictional emergency management and the Maryland Department of Health and Mental Hygiene (DHMH).
- 5.3. The designated CCC Lead will have staff with 24/7 availability and the requisite support equipment (e.g., computers, radios, facsimile) and access to appropriate incident management software or databases (WebEOC, HC Standard, Maryland Health Alert Network [HAN], etc.).
- 5.4. Additional staff may be required and will be requested from DRHMAG member organizations. This assistance may be virtual.

- 5.5. Each DRHMAG member organization should participate in an annual hazard vulnerability assessment (HVA) with their local EMA or alternately, conduct an annual HVA for their respective facility. The HVAs should be shared with the appropriate DRHMAG working group or leadership, and will be part of the overall planning efforts of DRHMAG to identify potential hazards and resource needs.

6.0 Concept of Operations

- 6.1. The CCC serves four major functions for DRHMAG member organizations. They are
 - 6.1.1. Information sharing
 - 6.1.2. Coordination of Tier 2 mutual aid
 - 6.1.3. Incident action planning
 - 6.1.4. Liaison to Tier 3 entities
- 6.2. Coalition Coordination Cell Organization
 - 6.2.1. The CCC Lead will be a rotational position scheduled by the Regional Coordinator.
 - 6.2.2. Due to an emergency within their facility or agency, the CCC Lead may need to transfer CCC Lead incident management functions to a scheduled backup person.
 - 6.2.3. Additional CCC staff may be provided by other DRHMAG member organizations that may be unaffected by the impacting disaster incident.
 - 6.2.4. The CCC will staff the following positions
 - 6.2.4.1. CCC Lead (this is a 24/7 position)
 - 6.2.4.2. Operations Section Chief
 - 6.2.4.3. Liaison Officer(s)
 - 6.2.4.4. Logistics Section Chief
 - 6.2.4.5. Communications Unit Leader
 - 6.2.4.6. Planning Section Chief
 - 6.2.5. Additional staff assistants may be assigned to each section as required by the incident.

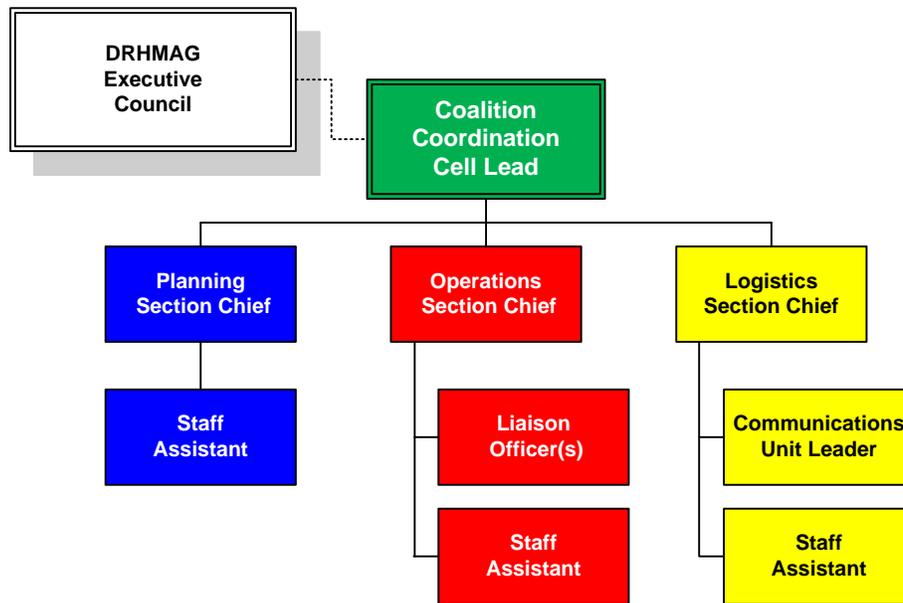


Figure 1 – CCC Organization Chart

6.3. Notification and Activation

- 6.3.1. A DRHMAG member organization experiencing an internal disaster or affected by a natural or human-caused disaster will initially address the incident with its own resources and facilities.
- 6.3.2. The DRHMAG member organization IMC will notify the designated CCC Lead and other agencies per local protocol of the incident at their facility and their current status.
- 6.3.3. Upon recognizing that the impacted facility will be unable to meet the demands of the emergency with their own resources, the impacted facility IMC will initiate a call to the designated CCC Lead to request resources from DRHMAG.
- 6.3.4. The CCC Lead will gather initial incident information from the requesting facility, notify DRHMAG member organizations and set a time for a conference call between the impacted facility and DRHMAG member organization representatives.
 - 6.3.4.1. DRHMAG member organizations will approve the activation of the CCC by simple majority vote of the sitting DRHMAG Officers.
 - 6.3.4.2. In the case two or more DRHMAG member organizations are affected by the same incident and are in a resource deficit situation, the CCC will automatically activate and notify all DRHMAG member organizations.
 - 6.3.4.3. In the case where the local EMA has activated their emergency operations center and their respective ESF8 function, the CCC will automatically activate and notify all DRHMAG member organizations.

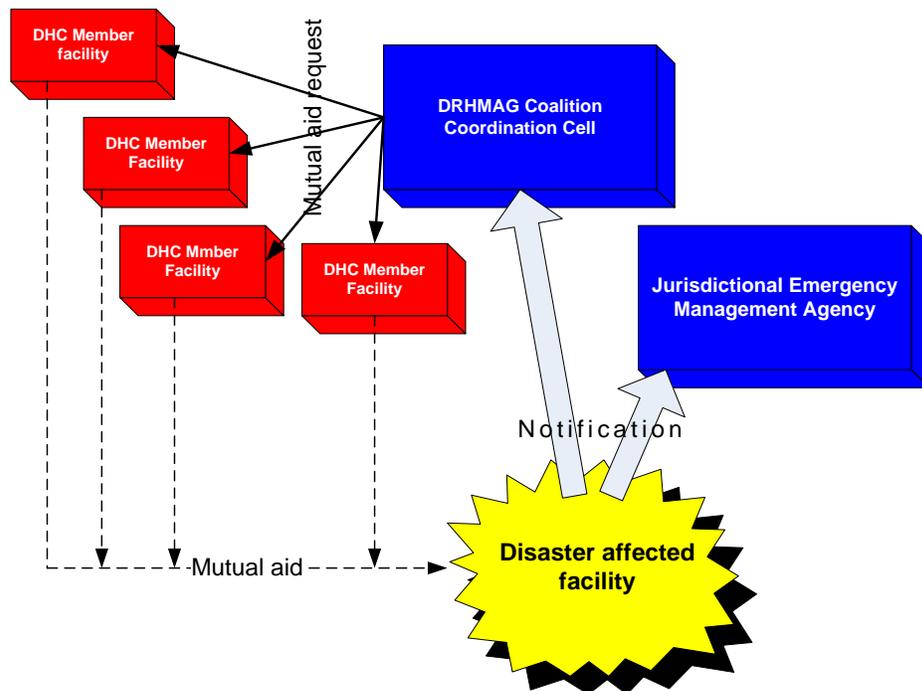


Figure 2 – Tier 2 notification and mutual aid flow

- 6.3.5. The CCC Lead will notify DRHMAG member organizations and the local EMA in the affected counties of the CCC activation.
- 6.3.6. The CCC Lead will assess the current status of the healthcare facilities in the region to provide situational awareness among DRHMAG member organizations.
- 6.3.7. The CCC will designate primary and secondary methods of communication, such as radio, telephone, Internet, and facsimile.
- 6.4. Decision-making
 - 6.4.1. DRHMAG member organizations authorize the CCC Lead to make decisions regarding coordinating the request from member organizations for resources (equipment, supplies, personnel, bed space, etc.) to support incident operations at a requesting facility.
 - 6.4.2. Decisions that affect all DRHMAG members are made by consensus through moderated meetings or teleconferences with DRHMAG member organization emergency managers as coordinated by the CCC Lead.
 - 6.4.3. Major strategic or policy-level decisions necessary during incident response may be relegated to meetings or teleconferences with the Executive Council (EC). The EC has the following responsibilities
 - 6.4.3.1. Develop policy-level decisions as indicated by the situation or as requested by the CCC Lead.

- 6.4.3.2. Address and/or de-conflict major resource commitments that the DRHMAG members may be asked to provide.
- 6.4.3.3. Approve risk reduction strategies and other strategic issues that may arise during emergencies and disasters.
- 6.4.3.4. Maintain optimal situational awareness for senior executives for sensitive information that may not be available to the CCC.
- 6.4.3.5. Monitor the CCC for strategic effectiveness in its response and recovery roles.

6.5. Information Sharing

- 6.5.1. The CCC primary function is to gather, collate, and disseminate aggregate information and share with DRHMAG members, local EMAs, or State agencies as requested, using a standardized format. (See [Appendix 1 – DRHMAG Memorandum of Agreement for Mutual Aid](#)).
- 6.5.2. The CCC will establish a regular schedule to share information.
- 6.5.3. The CCC will collect contact information using an ICS-205A and share that information with DRHMAG members.
- 6.5.4. The CCC will refer requests for public information to the appropriate organization. The CCC may serve as a conduit to share public information among DRHMAG member organizations.

6.6. Medical Mutual Aid

- 6.6.1. Mutual aid is assistance between DRHMAG member organizations through the provision of facilities, equipment, personnel, or supplies when individual resources cannot meet the surge demands generated by a specific incident.
- 6.6.2. Mutual aid will be provided in accordance with the DRHMAG Mutual Aid Memorandum of Agreement (See Appendix 1 – DRHMAG Memorandum of Agreement for Mutual [Aid](#)).
- 6.6.3. In most cases, DRHMAG member organizations will first go through their normal supply chain to address surge demands. If this is not sufficient, the CCC may be activated and mutual aid may be requested.
- 6.6.4. The CCC Logistics Officer will track requests, order fulfillment, and transportation of the materiel to the requesting facility.
- 6.6.5. Impacted facilities shall request transportation of resources requested through the CCC if unable to arrange through their own resources.

6.7. Incident Action Planning

- 6.7.1. Depending on incident circumstances, the CCC Lead may be asked by DRHMAG member organizations, the jurisdictional emergency management agency and/or DHMH to provide an IAP.

- 6.7.2. The IAP describes common response goals and strategies, the situation at individual DRHMAG member organizations, the resources available, and other parameters, could facilitate integration with incident management at the jurisdictional level (Tier 3).
 - 6.7.3. The IAP may take one of two forms
 - 6.7.3.1. The CCC Lead may write a comprehensive IAP that summarizes each DRHMAG members IAP into a common, comprehensive DRHMAG IAP.
 - 6.7.3.2. The CCC Lead may simply aggregate IAPs from individual DRHMAG members into a pre-designated format.
 - 6.7.4. The DRHMAG IAP developed for each operational period requires approval by the DRHMAG Officers.
 - 6.7.5. The approved IAP is then shared among all DRHMAG member organizations, jurisdictional emergency management, and appropriate State agencies.
- 6.8. Liaison Functions
- 6.8.1. The CCC will work to integrate community medical assets with non-medical response organizations in the jurisdiction.
 - 6.8.2. The Liaison Officer will represent the collective interests of DRHMAG member organizations at the jurisdiction (Tier 3) level. This will enable non-medical response assets to more easily interface with and understand the concerns of DRHMAG.
 - 6.8.3. A CCC liaison can be requested by jurisdictional EOCs or health care facilities to represent the DRHMAG's interests as staffing permits.
 - 6.8.4. Depending on specific incident circumstances, Tier 2 coordination with the following agencies should be considered:
 - 6.8.4.1. Emergency Medical Services (EMS)
 - 6.8.4.2. Local Public Health Agency
 - 6.8.4.3. Law Enforcement
 - 6.8.4.4. Public Works
 - 6.8.4.5. Others—this may include the public school system, fire service/HAZMAT, military, Maryland National Guard, or others as indicated by incident circumstances.
- 6.9. Ongoing Functions of the CCC
- 6.9.1. When the CCC cannot fulfill any further requests that can be filled by DRHMAG member organizations, the impacted facility will be advised to seek assistance through their local EMA.
 - 6.9.2. At this point, the CCC will continue information sharing, incident action planning, and liaison functions.

- 6.9.3. Local EMAs may seek to request additional resources from DRHMAG. This will be done through the unmet needs request process and will come through the Maryland Emergency Management Agency (MEMA).

7.0 Roles and Responsibilities

7.1. DRHMAG Member Organizations

- 7.1.1. Provide staffing and equipment, as requested, to participate as the CCC Lead on a rotational basis as capable and willing.
- 7.1.2. Cooperate with the CCC Lead in obtaining information to share among DRHMAG and jurisdictional emergency management.
- 7.1.3. Provide facilities, supplies, equipment, and staff, as available, to provide mutual aid support to DRHMAG member organizations during a disaster incident or its aftermath.
- 7.1.4. Make facility leadership available to CCC led conference calls during the incident.

7.2. Jurisdictional Emergency Management Agencies

- 7.2.1. Participate in the development of activities of DRHMAG.
- 7.2.2. Receive CCC Liaison Officers as requested.
- 7.2.3. Provide situational awareness reports as available to the CCC.

8.0 Plan Development and Maintenance

- 8.1. DRHMAG member organizations are responsible for the development and maintenance of this SOG.
- 8.2. DRHMAG member organizations are to review the SOG bi-annually and submit suggested changes to the Operational Coordination Working Group. The Operational Coordination Working Group will maintain, update and distribute the SOG.
- 8.3. Contact numbers are updated at the beginning of each CCC rotation and provided to DRHMAG member organizations.
- 8.4. Memorandums of Agreement (MOAs) are reviewed annually by DRHMAG.

9.0 Training and Exercises

- 9.1. DRHMAG is responsible for providing education and training on the SOG to DRHMAG member and partner organizations.

- 9.2. The SOG will be exercised annually. This may be accomplished through a tabletop, functional, or full-scale exercise. A functional or full-scale exercise must be conducted at least once every three years. Real-world events may be substituted for this requirement.
- 9.3. CCC communications exercises will be conducted quarterly by the HPP Coordinator.
- 9.4. The Training and Exercises Working Group will provide for an After-Action Report (AAR) for each exercise conducted. DRHMAG will review AAR and consider recommendations for improvement.
- 9.5. Quality assurance and improvement activities, including reviews of policy, procedures, protocols, and processes, are incorporated as part of the bi-annual SOG review.

10.0 Authorities and References

- 10.1. DRHMAG Memorandum of Agreement (Date). See [Appendix 1 – DRHMAG Memorandum of Agreement for Mutual Aid](#).

Appendix 1 – DRHMAG Memorandum of Agreement for Mutual Aid

Current text to be replaced upon insertion of MOA.

Appendix 2 – Job Action Sheets

Coalition Coordination Cell Lead (CCC) Lead – Job Action Sheet

Preparedness Actions

- Determine the schedule for CCC “on-call” status and backup.
- Communicate the CCC on-call schedule to each coalition member and county emergency management agency.
- Orient designated CCC staff on DRHMAG procedures.
- Establish an interoperable communications plan to include preferred methods of communication, such as radio, telephone, Internet, and facsimile; and access to and interfaces with HAN, 800 MHz, and other important public health and medical information sources. Include the amateur radio community in discussions (ARES, RACES, and MARS).
- Train response personnel on the role of the CCC.
- Coordinate the activation efforts of all DRHMAG member organizations.
- Manage the DRHMAG medical asset response using management by objective, incident action planning, effective resource management, public information (communication and education), and other IMS principles.
- Request resources (staff, supplies, equipment) from DRHMAG member organizations, allocate, coordinate deployment, and track usage as appropriate.
- For disaster incidents lasting longer than 12 hours, request incident action plans from affected facilities, collate, and send to DHMH and the local EMA. Establish regular reporting intervals that synchronize with the operational periods of the local EOC.
- Provide or facilitate the sharing of the situation, resource status, and patient tracking information between the DRHMAG member organizations on a routine basis (hourly, during each operational period, daily, or weekly).

Response Actions

- Receive request from DRHMAG member organization to activate the CCC.
- Notify DRHMAG Officers that a request to activate the CCC has been received and to standby for a conference call to discuss initial actions.
- Upon concurrence of DRHMAG Officers, notify and staff the CCC to level appropriate for incident.
- Notify the local EMA of the CCC activation.
- Integrate the DRHMAG’s medical assets with nonmedical response organizations in the jurisdiction through the liaison function at the CCC or local EOC.
- Develop demobilization plan.
- Determine where to send reports and what information to transmit on patients who have been evaluated or treated at coalition member locations.

Demobilization and Recovery Actions

- Implement Demobilization Plan.
- Create coalition AAR and corrective action plan.
- Participate in IMS AAR process.

Operations Section Chief – Job Action Sheet

Preparedness Actions

- Review the DRHMAG SOG and related procedures.
- Work with Planning and Logistics Section Chiefs to establish an interoperable communications plan to include preferred methods of communication, such as radio, telephone, Internet, and facsimile; and access to and interfaces with HAN, 800 MHz, and other important public health and medical information sources.

Response Actions

- Receive request from the CCC Lead to activate the Operations Section.
- Recommend the need for liaison officers and staff support for the Operations Section depending on the incident.
- Determine the need for Liaison Officers to affected DRHMAG member organizations, local EMAs, or other facilities.
- Receive unmet needs requests for supplies, staff, or equipment from affected DRHMAG member organizations from the Liaison Officer, define the details of the unmet needs, and work with Logistics to identify potential sources.

- Integrate the DRHMAG’s medical assets with nonmedical response organizations in the jurisdiction through the liaison function.
- Coordinate the scheduling of regular DRHMAG conference calls.
- Participate in the development of an incident action plan (IAP) and initiate strategies to implement the IAP.
- Provide or facilitate the sharing of the situation, resource status, and patient tracking information between the DRHMAG member organizations on a routine basis (hourly, during each operational period, daily, or weekly).
- Determine where to send reports and what information to transmit on patients who have been evaluated or treated at coalition member locations.

Demobilization and Recovery Actions

- Participate in the development of a Demobilization Plan.
- Implement Demobilization Plan.
- Create coalition AAR and corrective action plan.
- Participate in IMS AAR process.

Liaison Officer(s) – Job Action Sheet

Preparedness Actions

- Assist in maintenance and updating of HICS 205a Communications List.

Response Actions

- Receive assignment from Operations Section Chief.
- Obtain copy of a HICS 205a Communications List and report to identified site OR, if not deployed, establish telephone contact with facility or facilities assigned as liaison.
- Maintain open lines of communication, receive requests for assistance and resources

from assigned facility, and provide other support as requested from assigned facility.

- Provide situation/status report on assigned facilities to Operations and Planning Section Chiefs.
- Assure that DRHMAG incident action plans, and regional common operating picture are shared with assigned facility.
- If deployed, provide support and assistance to assigned facility's incident management team.

Demobilization and Recovery Actions

- Participate in DRHMAG AAR and corrective action plan.
- Participate in IMS AAR process.

Logistics Section Chief – Job Action Sheet

Preparedness Actions

- Develop processes for unmet needs requests among DRHMAG member organizations.
- Establish an interoperable communications plan to include preferred methods of communication, such as radio, telephone, Internet, and facsimile; and access to and interfaces with HAN, 800 MHz, and other important public health and medical information sources. Include the amateur radio community in discussions (ARES, RACES, and MARS).

Response Actions

- Receive assignment from CCC Lead.
- Supervise the Communications Unit Leader.
- Manage the DRHMAG medical asset response using management by objective, incident action planning, effective resource management, public information (communication and education), and other IMS principles.

- Request resources (staff, supplies, equipment) from DRHMAG member organizations, allocate, coordinate deployment, and track usage as appropriate.
- Participate in incident action planning process.
- Obtain resource status reports for each DRHMAG member organization from the Planning Section Chief.
- Participate in the development of the demobilization plan.
- If CCC is a physical location, provide for food service, rest, and personal hygiene facilities for CCC staff.
- Send all reports to the Planning Section for cataloging and after action reporting.

Demobilization and Recovery Actions

- Implement Demobilization Plan.
- Participate in DRHMAG AAR and corrective action plan.
- Participate in IMS AAR process.

Communications Unit Leader – Job Action Sheet

Preparedness Actions

- Establish an interoperable communications plan, using a HICS 205a Communications List, to include preferred methods of communication, such as radio, telephone, Internet, and facsimile; and access to and interfaces with HAN, 800 MHz, and other important public health and medical information sources. Include the amateur radio community in discussions (ARES, RACES, and MARS).

Response Actions

- Receive assignment from Logistics Section Chief.

- Update HICS 205a Communications List as necessary and assure that it is distributed among DRHMAG member organizations.
- Maintain and update the DRHMAG website as required during the activation of the CCC.
- Perform communication checks during regular intervals throughout the incident.
- Participate in the incident action planning process.

Demobilization and Recovery Actions

- Participate in DRHMAG AAR and corrective action plan.
- Participate in IMS AAR process.

Planning Section Chief – Job Action Sheet

Preparedness Actions

- Assure that forms are in place for situation/status reporting, incident action planning process, development of regional common operating picture, generic meeting agendas, etc.

Response Actions

- Receive assignment from the CCC Lead.
- Request facility status (HICS 251) and resource status (staff, supplies, equipment) from DRHMAG member organizations and track usage as appropriate.
- For disaster incidents lasting longer than 12 hours, request incident action plans from affected facilities, collate, and send to DHMH and the local EMA. Establish regular reporting intervals that synchronize with the operational periods of the local EOC.

- Develop the collective DRHMAG IAP as required by the CCC Lead.
- Provide or facilitate the sharing of the situation, resource status, and patient tracking information between the DRHMAG member organizations on a routine basis (hourly, during each operational period, daily, or weekly).
- Develop demobilization plan.

Demobilization and Recovery Actions

- Implement Demobilization Plan.
- Receive documentation from all Command and General Staff created during the incident for cataloging and after-action reporting.
- Create post-incident AAR and corrective action plan.
- Participate in IMS AAR process.

Appendix 3 – Responsibility Matrix

Tier ↓ Action ⇒	Incident Facility	Coalition Coordination Cell	DRHMAG Member Organizations	Local EMA	DHMH	MEMA
Trigger: Incident that affects one or more DRHMAG member organizations						
Tier 1	<ul style="list-style-type: none"> Manage incident with own corporate or contracted resources Notify on-call Coalition Coordination Cell (CCC) Lead of incident and status Notify regulatory agencies as required 	<ul style="list-style-type: none"> Notified for information only Notify DRHMAG member organizations and local EMA of status of impact facility 	<ul style="list-style-type: none"> Notified for information only 	<ul style="list-style-type: none"> Notified for information only 	X	X
Trigger: Impacted facility has depleted internal resources or unable to manage situation						
Tier 2	<ul style="list-style-type: none"> Request CCC coordination support Provide status report /IAP to CCC Notify local EMA of status 	<ul style="list-style-type: none"> Coordinate information sharing/incident action planning Coordinate resource requests/sharing among DRHMAG member organizations 	<ul style="list-style-type: none"> Provide resource support Provide status reports to CCC 	<ul style="list-style-type: none"> Notified for information only 	X	X
Trigger: Unable to address situation with DRHMAG resource support						
Tier 3	<ul style="list-style-type: none"> Request continued CCC coordination support Request local EMA support for unmet needs requests Provide status reports and/or incident action plans to CCC 	<ul style="list-style-type: none"> Coordinate information sharing/incident action planning among DRHMAG member organizations Provide DRHMAG IAP to local EMA 	<ul style="list-style-type: none"> Provide status reports and/or incident action plans to CCC Continue to provide resources within capabilities and capacity to do so 	<ul style="list-style-type: none"> Activate local EOC for unmet needs 	<ul style="list-style-type: none"> Notified for information only 	<ul style="list-style-type: none"> Notified for information only
Trigger: State assets or support needed to address situation / In-state mutual aid exhausted						
Tier 4	<ul style="list-style-type: none"> Request local EMA support for unmet needs requests Provide status reports and/or incident action plans to CCC 	<ul style="list-style-type: none"> Coordinate information sharing/incident action planning among DRHMAG member organizations Perform liaison functions between DRHMAG and DHMH Provide DRHMAG IAP to local EMA and DHMH 	<ul style="list-style-type: none"> Provide status reports and/or incident action plans to CCC Continue to provide resources within capabilities and capacity to do so 	<ul style="list-style-type: none"> Request activation of MEMA SEOC Forward unmet needs requests to MEMA SEOC 	<ul style="list-style-type: none"> Activate DHMH Operations Center level scaled to event Continue to support DRHMAG organizations Coordinate information sharing/ provide DRHMAG IAP to local EMA and MEMA Provide resources from DHMH as requested Consider requests for short-term regulatory relief to 	<ul style="list-style-type: none"> Activate SEOC and request state agency support Forward appropriate unmet needs requests to DHMH

					<ul style="list-style-type: none"> expand clinical capacity/capability of healthcare facilities Request other DHMH divisional support as required 	
Trigger: Unable to fill unmet needs with state resources						
Tier 5	<ul style="list-style-type: none"> Request local EMA support for unmet needs requests Provide status reports and/or incident action plans to CCC 	<ul style="list-style-type: none"> Coordinate information sharing/incident action planning among DRHMAG member organizations Perform liaison functions between DRHMAG and DHMH Provide DRHMAG IAP to local EMA and DHMH 	<ul style="list-style-type: none"> Provide status reports and/or incident action plans to CCC 	<ul style="list-style-type: none"> Forward unmet needs requests to MEMA SEOC 	<ul style="list-style-type: none"> Continue to support DRHMAG organizations Coordinate information sharing/ provide DRHMAG IAP to local EMA and MEMA 	<ul style="list-style-type: none"> Request EMAC or regional healthcare coalition support from DE, NJ, and/or PA
Trigger: Unable to fill unmet needs with regional or EMAC resources						
Tier 6	<ul style="list-style-type: none"> Request local EMA support for unmet needs requests Provide status reports and/or incident action plans to SHOC 	<ul style="list-style-type: none"> Coordinate information sharing/incident action planning among DRHMAG member organizations Perform liaison functions between DRHMAG and DHMH Provide DRHMAG IAP to local EMA and DHMH 	<ul style="list-style-type: none"> Provide status reports and/or incident action plans to CCC 	<ul style="list-style-type: none"> Forward unmet needs requests to MEMA SEOC 	<ul style="list-style-type: none"> Continue to support DRHMAG organizations Coordinate information sharing/ provide DRHMAG IAP to local EMA and MEMA Request federal medical assets as required 	<ul style="list-style-type: none"> Request Federal assets

Appendix 4 – Acronyms and Abbreviations

CCC – Coalition Coordination Cell

DHMH – Department of Health and Mental Hygiene (State of Maryland)

DRHMAG – Delmarva Regional Healthcare Mutual Aid Group

EC – Executive Council

EMA – Emergency Management Agency

HAN – Health Alert Network

HVA – Hazard Vulnerability Assessment

IAP – Incident Action Plan

IMC – Incident Management Center

MEMA – Maryland Emergency Management Agency

MOA – Memorandum of Agreement

NIMS – National Incident Management System

SEOC – State Emergency Operations Center

SHOC – State Health Operations Center (Delaware Division of Public Health)

SOG – Standard Operating Guideline