

# **Eastern Virginia Healthcare Coalition Emergency Operations Guide**



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# Table of Contents

<b>I. INTRODUCTION .....</b>	<b>3</b>
A. SCOPE / PURPOSE.....	3
<b>B. AUTHORITY .....</b>	<b>5</b>
<b>C. PLANNING ASSUMPTIONS.....</b>	<b>5</b>
<b>D. DECLARATION OF EMERGENCIES.....</b>	<b>6</b>
<b>II. ROLES AND RESPONSIBILITIES .....</b>	<b>7</b>
A. EASTERN VIRGINIA HEALTHCARE ENTITIES .....	7
B. EASTERN REGIONAL HEALTHCARE COORDINATING CENTER (RHCC).....	8
C. Local Public Health District.....	11
D. Virginia Fire and EMS Departments.....	12
E. Allied Healthcare Entities.....	12
F. Virginia Department of Emergency Management.....	13
G. Virginia State Police Fusion Center.....	13
H. Virginia Department Of Behavioral Health & Developmental Services.....	13
I. Virginia Department of Social Services.....	14
J. Virginia Department of Aging and Rehabilitative Services.....	14
<b>III. REGIONAL CONCEPT OF OPERATIONS .....</b>	<b>15</b>
A. PREPAREDNESS.....	15
B. INCIDENT COMMAND SYSTEM (ICS).....	17
C. CENTER MANAGEMENT SYSTEM FUNCTIONS .....	17
1. <i>RHCC Command (RHCC Director)</i> .....	17
2. <i>Operations Section</i> .....	18
3. <i>Information/Planning Section</i> .....	18
4. <i>Logistics Section</i> .....	19
5. <i>Finance Section</i> .....	19
D. RHCC Action Planning.....	19
E. Key RHCC Activities .....	20
F. DOUMENTATION .....	22
<b>IV. RESPONSE .....</b>	<b>24</b>
A. RHCC ACTIVATION .....	24
1. <i>Alert and Notification</i> .....	24
2. <i>Activation and Mobilization</i> .....	25
RHCC EMERGENCY ACTIVATION FLOW CHART .....	26
RHCC NON EMERGENCY ACTIVATION FLOW CHART .....	26
B. PATIENT MOVEMENT.....	28
1. <i>EMS / Field-Initiated Movement:</i> .....	28
2. <i>Healthcare-Initiated Movement</i> .....	28
C. EQUIPMENT AND SUPPLIES .....	28
D. STAFFING .....	30
<b>V. INFORMATION AND COMMUNICATIONS.....</b>	<b>31</b>
1. <i>Information</i> .....	31
2. <i>Communications</i> .....	31
DEMOBILIZATION OF THE RHCC .....	32
<b>VI. RECOVERY &amp; CONTINUNITY OF OPERATIONS .....</b>	<b>37</b>
A. RECOVERY.....	34
B. CONTINUNITY.....	35

<b>VII. HEALTHCARE RESOURCES.....</b>	<b>37</b>
A. LOCAL HEALTHCARE RESOURCES.....	37
1. Fire and EMS Departments.....	37
2. Private EMS Agencies.....	37
3. Acute-Care Healthcare entities.....	37
4. Long Term Care entities.....	38
B. REGIONAL HEALTHCARE RESOURCES.....	38
1. Hampton Roads Metropolitan Medical Strike Team (HRMMST).....	38
2. Medical Reserve Corps.....	38
3. Office of the Chief Medical Examiner (OCME).....	38
C. STATE HEALTHCARE RESOURCES.....	39
1. Office of Emergency Medical Services (OEMS).....	39
2. Virginia Department of Health (VDH).....	39
D. FEDERAL HEALTHCARE RESOURCES.....	40
1. United States Public Health Service Corps (USPHS).....	40
2. National Disaster Medical System (NDMS).....	40
3. Strategic National Stockpile (SNS).....	41
<b>IX. ATTACHMENTS / APPENDICES .....</b>	<b>42</b>
I. EASTERN VIRGINIA TRANSPORTATION GUIDE	
II. SURGE TEMPLATES	
III. COMMUNICATIONS PLAN	
IV. REGIONAL HEALTHCARE COORDINATING CENTER (RHCC) JOB ACTION SHEETS	
V. HAMPTON ROADS MCI RESPONSE GUIDE	
VI. EVHC HVA	
VII. Forms	
VIII. RHCC TRAINING MATRIX	
IX. MASS FATALITY MANAGEMENT	
X. HOSPITAL RECOVERY TEMPLATE	
XI. VIRGINIA CHEMPACK PLAN	
XII. EMERGENCY COMMUNICATION RISK COMMUNICATIONS FOR HOSPITALS	
XIII. RHCC Terms and Definitions	

## **I. Introduction**

The Eastern Virginia Healthcare Coalition (EVHC) is comprised of Healthcare Entities, Local Health Districts, EMS organizations, Emergency Management, Behavioral Health, Social Services and volunteer groups. The term “Healthcare entities” in this guide includes Hospitals, Long Term Care facilities, Community Health Centers, Dialysis centers, and other tertiary care facilities.

This Emergency Operations Guide (EOG) addresses protocols, procedures, and organizational structure necessary for the healthcare entities in the Eastern Region to prepare for, respond to and recover from emergencies as a collective whole, in partnership with other emergency response agencies. It is important to understand that the RHCC is not command or tactical. It focuses on regional support and coordination of medical operations.

This guide describes how elements of both the private and public sector healthcare will be coordinated and integrated into the comprehensive health and medical response program. This also combines resources from community social health and welfare agencies, known as Whole Community. The guide is based on the development of regional healthcare response plans with statewide coordination and status monitoring being provided through the activation of the Virginia Department of Health (VDH) Emergency Coordinating Center (ECC) when needed. It provides the structure for multi-facility responses within the region and coordinates response to events that exceed the capabilities of individual healthcare entities by supplementing with regional, state or federal resources.

Adequate preparation by healthcare organizations is critical to safeguarding Whole Community of the more than 1.8 million diverse residents and workers who call Eastern Virginia home.

This plan will address how the EVHC response will be organized and achieved.

### **A. Scope / Purpose**

This plan addresses an all hazards approach to mitigation, preparedness, response and recovery activities by healthcare organizations within Eastern Virginia.

The purpose of this Emergency Operations Guide (EOG) is to establish a process or structure for the coordination of activities between hospitals, other healthcare facilities, public health, social services, the Regional Hospital Coordinating Center (RHCC), neighboring healthcare regions, and state agents to deliver emergency care, inpatient services and social health and welfare services in the event of an emergency or disaster affecting healthcare resources in the EVHC region. The resulting system is to be capable of a sustained response for a period of 72-96 hours without Federal assistance.

The hospital branch at the VDH/ECC serves as the contact between the healthcare provider system and the statewide emergency response system. This function provides an interface through the VDH/ECC to the State Emergency Operations Center (EOC). The Virginia Hospital and Healthcare Association (VHHA) also maintains an Emergency Coordinating Center to support the VDH/ECC hospital branch, RHCCs and individuals hospitals.

This support includes monitoring event activities, activating hospital conference networks, providing guidance on response issues and assisting with emergency resources acquisitions.

In the initial response, coordination among local entities will entail working closely with competing fire and rescue, pre-hospital treatment, patient transport, law enforcement, medical care, and public safety requirements. If the incident impacts multiple jurisdictions within the region, mutual aid agreements in the region will not be sufficient to support response efforts. In this case, regional, state, and federal coordination will be vital in order to supply needed resources for response and recovery.

It must be emphasized, that the structure noted above is in addition to and does not replace the relationships and coordinating channels established between the individual healthcare facilities and their local emergency coordinating centers and/or health department officials. This structure is intended to enhance the communication and coordination of specific resources related to the healthcare component of the emergency response system.

To create additional surge capacity within any healthcare system, there must be redistribution of medical care and resources within regional healthcare entities. To achieve this redistribution, it is essential that available options are understood and accepted by all partners. The proper use of medical resources changes from one disaster to another. Proper resource allocation—whether it is personnel, supplies, transport vehicles, or available treatment modalities—must be coordinated and geared to providing the most care for the most individuals without regard to race, gender, age, mental, physical, financial capabilities or deficiencies.

This plan also addresses the following elements:

1. Authority of activation of the plan
2. Roles and Responsibilities of coalition partners
3. Communication
4. Resource Allocation
5. Regional Concept of Operations
6. Disaster Planning for:
  - a. Mitigation
  - b. Preparedness
  - c. Response
  - d. Recovery

This plan is intended to support, not replace, existing facility disaster plans. It is expected that healthcare entities will develop and maintain their emergency management programs to enhance organizational self-reliance and address community needs. They will also participate in the regional and statewide emergency response system development activities to enhance response to larger scale events. Individual health care facilities are responsible for implementing their Emergency Operations Plans, including logistical support. In the event they cannot carry out their plan, individual health care facilities will contact the RHCC.

Healthcare entities will provide and maintain current contact data on the [WWW.VHHA-MCI.org](http://WWW.VHHA-MCI.org) webpage to facilitate timely distribution of important emergency planning information.

This document does not replace or modify the need for individual healthcare entities to coordinate with their jurisdictional EOC, Emergency Services and vendors.

The response structure established for communication with and coordination of healthcare capabilities is based on the relationship between the regional healthcare emergency response plans, Regional Healthcare Coordinating Centers (RHCCs) and the VDH/ECC. The Regions' and individual hospitals' response plans must be based upon an Incident Management System (IMS) which integrates with the National Incident Management System (NIMS) structure.

## **B. Authority**

The authority for this plan is derived from the willingness of the coalition partners to work together as stated in the Charter of the Eastern Virginia Healthcare Coalition.

**State to Region:** From the Memorandum of Understanding (MOU) between the State and the Region requiring an EOG to be published.

- VHHA with the Eastern Virginia Healthcare Coalition

**Region to Healthcare entities:** from the MOU between regional health organizations and the EVHC

- Healthcare agencies with the Eastern Virginia region

**Charter:**

- Addresses appointed members where MOUs are not viable

## **C. Planning Assumptions**

- Healthcare entities will take steps as necessary to increase their patient capacity.
- Jurisdictional EOC's will be the primary coordinator of non-medical resource needs.
- Specialized, acute-care inpatient functions are likely to continue at the respective facilities.
- Healthcare entities will communicate medical needs to the RHCC, and non- medical local needs to their jurisdiction EOC.
- Region-wide issues will be communicated by the RHCC to VDH ECC.

- Healthcare entities will take steps as necessary to increase their morgue capacity. Local (jurisdictional EOC) assistance may likely be required.

If deaths are Office of the Chief Medical Examiner (OCME) cases, they are required to be reported in accordance with Virginia law. The hospital shall immediately report the death to the OCME district office where the death occurred.

- Assistance in identifying remains will be provided by jurisdictional law enforcement, and, where necessary, by OCME.
- All public information releases on deaths associated with an incident will be directed to VDH/OCME and/or the regional Joint Information Center (JIC) as appropriate.
- Eighty percent of exposed patients will bypass EMS field triage and arrive at the nearest hospital without having been decontaminated.
- Resources within the affected disaster area may be inadequate to triage, treat, transport and decontaminate casualties. Additional mobilized State and Federal capabilities may urgently be needed to supplement and assist local agencies. In a major disaster, operational necessity may require the transportation of patients outside of the affected region.
- Additional State or Federal resources will not be available for 72 - 96 hours into the incident.
- Chemical incidents could result in large numbers of casualties.
- Biological incidents may call for immunization or prophylaxis for large portions of the population.
- Closed Points of Distribution (POD) collaboration with Health Districts should be established.
- Use of CHEMPACK resources will be coordinated
- Specialized Medical Shelters may need to be set up for certain patient populations
- The damage and destruction of a catastrophic disaster will produce urgent needs for behavioral health crisis counseling.

#### **D. Declaration of Emergencies:**

- National / State – National declarations of emergency will be coordinated by the Department of Homeland Security and authorized by the President. The Governor is responsible for the declaration of emergency within the Commonwealth.

In anticipation of, and in response to such declarations, the Department of Health will activate applicable EOPs, open the VDH Emergency Coordination Center (ECC), and, if not already in operation, advise RHCC activation as appropriate.

- Region – Regions will activate their emergency plans when requested by the VDH/ECC or as per the regional hospital emergency operations plan.
- Hospital – Each hospital will activate its emergency plan based on its established procedures in response to internal or community emergencies. The hospital will notify its local jurisdiction and the RHCC upon activation of its plan.

## **II. Roles and Responsibilities**

### **A. Eastern Virginia Healthcare Entities**

Eastern Virginia Healthcare entities have primary responsibility for triaging, admitting, and providing medical care for patients affected by a disaster. In addition, Eastern healthcare entities are responsible for continuing to providing day-to-day healthcare services to the community, managing traumatic injuries unrelated to the emergency, providing care for sudden acute illnesses, curative, rehabilitative, skilled nursing and hospice care. Protecting healthcare workers from contaminants or disease is essential to these activities, and is a primary responsibility of healthcare entities, achievable through the proper use and application of Personal Protective Equipment (PPE) and prophylaxis.

To maintain these activities, Eastern healthcare entities are responsible for identifying the need for additional staff, supplies, pharmaceuticals and specialized equipment for all patients including pediatric, burn, behavioral health, access and functional needs, and patients with limited English proficiencies and expediting these resource shortfall projections to the Regional Healthcare Coordinating Center (RHCC).

Eastern healthcare entities are responsible for coordinating their individual facility support needs such as security and law-enforcement augmentation, food, fuel, water and other facility support items, and other related issues through their normal supply chains, MOU's and local emergency management officials, as required in their facility specific disaster plans. Eastern healthcare entities can use the RHCC as a back-up support entity for these non-clinical support activities.

In a disaster, it is essential that all healthcare entities in the Eastern Region share, request, and provide medical resources as necessary via the RHCC. The healthcare entities will be responsible for informing the RHCC and jurisdictional Emergency Operations Centers (EOCs) in a timely manner of any needs or changes in their operational abilities. Healthcare entities, in cooperation with the RHCC, will determine the appropriate distribution of patients - injured, infected and psychologically affected, by considering near real-time and projected in-patient surge capacities estimates. When an influx of patients threatens to overwhelm healthcare



resources the facility(s) will notify the RHCC (and their jurisdictional EOC, if appropriate) of the increased patient numbers.

Healthcare entities will continue to accept patients until their bed status has reached full capacity. They will initiate their internal emergency preparedness surge plans and call staff back to work. As the healthcare entities become full, healthcare entities will continue to provide triage for patients but may limit treatment to stabilization of critically ill or injured patients. In order to further reduce the patient overload and allow for the shifting of resources, stable patients may be transferred to other treatment facilities via EMS and private ambulance, as coordinated through individual healthcare entities and the RHCC.

During an incident, hospitals are responsible for analyzing their capabilities to accept and treat patients over a protracted period of time. Due to the nature of biological agents, the need for extended disaster operations over several weeks is a possibility especially with highly contagious agents; therefore, hospital should expect the RHCC to be requesting operational capability estimations from each hospital throughout the disaster period appropriate to the scale of the event.

Hospitals are responsible for tracking their own disaster expenditures, though the RHCC may assist with coordinating federal reimbursement activities, if applicable.

## **B. Eastern Regional Healthcare Coordinating Center (RHCC)**

The Eastern Virginia Regional Healthcare Coordinating Center (RHCC) is a multi-agency coordination center responsible for the coordination required to implement the regional healthcare disaster response. The RHCC can also be activated for pre-planned mass gathering events and exercises. There are five additional RHCC's in the Commonwealth of Virginia, representing all the healthcare entities in Virginia.

The RHCC is located at Riverside Regional Medical Center. An alternate RHCC capable of Tier I-III response is located at the EVHC Office in Chesapeake. The concept of operations states that one facility shall open if the other is unable to do so, and that facility shall serve the entire region.

The majority of events are manageable at Tier I, II, and III response levels and therefore activation of either Riverside, EVHC or Virtual RHCCs is suitable. Tier IV response will require activation and staffing of the primary RHCC or mobile RHCCs. There are two Mobile RHCCs, one at Riverside Regional Medical Center, the other at Sentara Virginia Beach General Hospital.

### **RHCC Capabilities**

- 24-hour in-house contact. ( radio, phone, pager, fax, cell phone and/or e-mail)
- Emergency power, phones, supplies (separate from hospital's ECC)
- Satellite phone
- Video conferencing

- Backup radio system, inter-operable with state VDH/ECC systems (not at EVHC location)
- Regional hospital status data system access
- Statewide integrated hospital status data system/Virginia Healthcare Alert and Status System (VHASS) access
- Plan to staff for extended operations

The primary functions of the RHCC include:

- Activate the RHCC and ECC of a healthcare facility or VHHA/VDH;
- Provide a single point of contact between healthcare entities and the VDH Emergency Communications Center (ECC);
- Notify Eastern healthcare and public health entities that an event has occurred by establishing and managing the event via the Virginia Healthcare Alerting and Status System (VHASS);
- Collect, analyze, integrate, interpret, validate and, disseminate information about the disaster, including updates warnings, recommended actions, intelligence, and the overall status of area healthcare entities and response partners;
- Facilitate coordination of regional emergency response activities at request of affected healthcare facilities or VDH within the scope of this plan;
- During a disaster, and if requested by the coordinating Emergency Department, the RHCC will act as a single point of contact and collaborator with Fire/EMS agencies for the purposes of hospital diversion management, movement of patients from an incident scene to receiving healthcare entities, and input / guidance with respect to hospital capabilities, available services and medical transport decisions in accordance with the Hampton Roads MCI (HR-MCI) Response Guide Appendix V;
- Assist with patient distribution decisions of unassigned patients in an National Disaster Medical System (NDMS) event as requested by the Federal Coordination Center;
- Coordinating the movement or transfer of patients between regions if requested, to include burn patients;
- Assist with hospital evacuations if requested;
- Coordinate patient tracking and family reunification events according to VHHA Patient Tracking Policy;
- Coordinate private EMS resources being activated to assist healthcare entities;
- Provide regional situation reports to VHHA/VDH during emergency;

- Coordinate healthcare facility medical needs, and non- medical local needs to the local EOC. Region-wide issues will be communicated to EOCs Essential Support Function (ESF) -8 sections as well as the VDH ECC for coordination between VDEM and VDH;
- When requested by the local Public Health Planners or VDH, coordinate the collection, analysis, integration, and dissemination of information concerning local or regional large-scale disease or infection outbreaks with all healthcare entities;
- Coordinating hospital requests for the Strategic National Stockpile (SNS) and other federal medical assets in partnership with local Emergency Operation Centers;
- Coordinate the movement of CHEMPACK assets to affected areas in coordination with EMS and hospitals participating in the CHEMPACK Program see Appendix 13 for a list of participating EVHC hospitals;
- Coordinate the Eastern hospital MOU's to support healthcare entities for:
  - i. Personnel
  - ii. Mobile Medical Assets-including patient decontamination equipment, Highly Infectious Patient PPE, Ventilators, and
  - iii. Non-Strategic National Stockpile Pharmaceuticals
- Provide tertiary support (after Vendors, Mutual Aid Partners and local EOCs) to healthcare entities for:
  - i. Fuel
  - ii. Food
  - iii. Water
  - iv. Other
- When necessary coordinate or convene clinical and public health experts to determine regional medical treatment, infection control and standards of care protocols and disseminate best practices to healthcare entities;
- Tracks the status of healthcare resource requests;
- Coordinate resources for healthcare facilities to assist children, pregnant women, seniors, and individuals with access and functional needs, including people with disabilities and others with unique needs;
- Assist with coordination of Federal and State medical resources to achieve the greatest impact with these resources;
- Participate and contribute in After Action Reporting and Improvement Planning;
- Coordinate with the major utility and communication companies ensuring the healthcare critical infrastructure of the region is a priority during recovery operations;
- Coordinate on behalf of all healthcare entities access into the community short and long term recovery plans after a disaster;
- Coordinate with effected healthcare entities Continuity of Operations Program (COOP) manager to ensure availability of resources necessary for Continuity of Operations. RHCC may need to activate additional MOU's to ensure COOP assistance is given where possible;

- Participate in regional healthcare critical infrastructure pre and post disaster mitigation planning and implantation;
- Participate with EVHC partners and VDH on exercises and drills.

### **C. Local Public Health District**

Virginia Public Health Districts have the lead role in the coordination of public health and medical response within their District's jurisdictions. Response to local public health threats will be conducted under an Incident Command Structure. In a multi-jurisdictional bioterrorist event, local and state public health officials will participate in the epidemiologic investigation under a unified command structure.

Each health district has developed all-hazards response plans and can implement these plans on short notice. Because hospital infection control practitioners, hospital epidemiologists, safety officers and administrators participate in infectious disease surveillance and response planning, each district has established a process for strategic leadership, direction, coordination and assessment of activities to ensure local readiness, interagency collaboration and preparedness for bioterrorism, infectious disease outbreaks and other public health threats and emergencies.

Immediate reporting of all biological threat agent related illnesses is critical for limiting the impact of a bioterrorist event. Health care providers including physicians, veterinarians, podiatrists, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners and dentists are required to immediately report by telephone all suspected and confirmed cases of anthrax, botulism, brucellosis, plague (animal and human), smallpox, tularemia, varicella (deaths only), viral hemorrhagic fevers and outbreaks of any disease. In addition, unusual diseases defined as rare diseases or a newly apparent or emerging disease or syndrome of uncertain etiology that a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or by a microbial toxin are also immediately reportable.

The primary roles and responsibilities of the health departments in Virginia include:

- Establishing and monitoring epidemiological surveillance systems;
- Investigating unusual occurrences of disease to identify possible public health threats in the community (including new or emerging diseases, bioterrorist agents, chemical agents, radiation sources, or other public health threats);
- Containing disease outbreaks by implementing control measures such as community outreach and education, provision of medical countermeasures, isolation, social distancing, and/or quarantine, depending on the nature of the public health threat;
- Coordinating with other local, state, and federal public health agencies to enhance monitoring for simultaneous events;
- Coordinating with hospitals and other healthcare facilities to insure effective and efficient plans are in place to care for ill and/or injured victims;
- Report deaths to the Office of the Chief Medical Examiner if the deaths are Medical Examiner cases. The OCME will insure a complete investigation into the cause and

manner of death, the positive identification of the deceased, and return of remains to the legal next-of-kin for final disposition;

- Act as the overall coordinator for mortuary affairs management during a natural disease outbreak by providing an infrastructure for investigation, collection, storage, and release of remains to the funeral homes within the local health department's area of responsibility;
- Implementing and managing local public health volunteer programs (i.e., the Medical Reserve Corps (MRC))

The Health district(s) will collaborate with VDEM at the local level and the RHCC in the event of a crisis to ensure efficient and effective communications and response. Based on the nature of the event, the local health district(s) staff may be collocated within the local EOC or the RHCC based on the needs of the event.

#### **D. Virginia Fire and EMS Departments**

Fire and Emergency Medical Services (EMS) are responsible for providing on scene stabilization and medical treatment to patients involved in a disaster, and transporting them to a definitive care facility in a timely and safe manner.

Critical to these efforts is constant and clear communications and coordination between Fire/EMS and the RHCC. In addition to this responsibility, other primary roles and responsibilities of Fire/EMS departments include:

- Providing fire prevention and suppression services. This is primarily a fire department role.
- Controlling and mitigating the release of hazardous materials and waste oversight of remediation efforts. This is normally accomplished through the request of Hazardous Materials Response Teams, located throughout the Commonwealth;
- Conducting / coordinating radiological monitoring and decontamination operations. This is a specialty response normally accomplished through the request of Hazardous Materials Response Teams, located throughout the Commonwealth;
- Conducting and coordinating technical rescue or urban search and rescue operations. This task is undertaken by specialty rescue teams located throughout the Commonwealth;
- Providing emergency medical care and transport. This task is primarily handled by EMS agencies;

#### **E. Allied Healthcare Entities**

In addition to the acute-care hospitals, there are skilled nursing facilities, standalone emergency rooms, community health centers, dialysis centers and numerous tertiary care facilities in the

region. Skilled nursing facilities (SNF) and other allied healthcare entities are being integrated into the coalition. They will play an important role in response and recovery to disasters. In addition, with full integration into the EVCH, these facilities can be better supported in the event of an isolated incident affecting their operations.

#### **F. Virginia Emergency Management**

Virginia emergency management agencies are responsible for coordinating agencies within their jurisdiction to address community needs in preparing for, responding to, recovering from, and mitigating emergencies. In addition to this responsibility, other primary roles and responsibilities of Virginia emergency management agencies include:

- Development and maintenance of jurisdiction Emergency Operations Plans (EOP);
- Activating and managing jurisdiction Emergency Operations Centers (EOC);
- Coordinating with Virginia Department of Emergency Management (VDEM) including periodic situational reports to the State EOC;
- Managing jurisdiction resources to support incident functions, including identifying and resolving resource shortfalls;
- Assisting with the dissemination of public information;
- Compiling initial damage assessment information;

#### **G. Virginia State Police Fusion Center**

The Virginia Fusion Center is a collaborative effort of the Virginia State Police (VSP) and the Virginia Department of Emergency Management (VDEM) and federal agencies working in conjunction with local partners to share resources, expertise, and/or information to better identify, detect, prevent, and respond to terrorist and criminal activity using an all crimes/all hazards approach.

The multidisciplinary approach the fusion center increases state and local law enforcement's understanding and awareness of threats to public safety which is now a cornerstone of modern law enforcement activity.

The VSP Fusion Center provides a way to mitigate intelligence gaps and readily share intelligence across all levels of local, state, and federal partners.

#### **H. Virginia Department of Behavioral Health & Developmental Services - Virginia Association of Community Services Boards**

The Virginia Department of Behavioral Health & Developmental Services through the Association of Virginia's Community Services Boards (CSB's) and Behavioral Health Authorities provide mental health, intellectual disability and substance use disorder services management to the residents of Virginia.

CSB provide the point of entry into Virginia public mental health system. CBS can coordinate disaster survivor and responders access to mental health services, provide support to intellectual disabilities, and services for a substance use disorder.

## **I. Virginia Department of Social Services**

The Virginia Department of Social Services (VDSS) coordinates a Disaster Assistance Program to provide financial assistance to persons and governments affected by a major disaster.

Following an emergency declaration by the President and Governor, state and local disaster assistance programs are made available for those governments and individuals who suffered loss or damage within the designated area. DSS focuses heavily on providing disaster assistance to low income and at risk individuals.

Additionally, VDSS has developed agreements with the 2-1-1 Center of Virginia to provide both referrals and information during and after emergencies and disasters. The 2-1-1 Center has access to the VHASS Patient Tracking System. This enables the 2-1-1 Center to assist families with finding their loved ones in the hospital, following a disaster.

The VDH Office of the Chief Medical Examiner (OCME) provides similar data regarding deceased victims to the 2-1-1 Center. This enables the 2-1-1 Center to assist callers whose loved ones may be deceased. (The 2-1-1 Center does not conduct death notification – they collect information from caller and provide the information to OCME, who then coordinates with the Virginia State Police (VSP) to conduct the death notification.)

## **J. Virginia Department for Aging and Rehabilitative Services**

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with other community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older adults, and citizens with disabilities, and their families.

DARS includes the Adult Protective Services Division, the Community Based Services Division, Disability Determination Services, the Division for Rehabilitative Services, the Division for the Aging, Wilson Workforce and Rehabilitation Center, the Office of Community Integration and the Office of the State Long-Term Care Ombudsman.

Many of these partners can assist with disaster preparedness and recovery resources for patients with access and functional needs.

### **III. Regional Concept of Operations**

#### **A. Preparedness**

Each hospital and healthcare facility is responsible for the development and maintenance of their own disaster preparedness program, including the development, maintenance and implementation of their Hospital Emergency Operations Plan (EOP) including hazard specific annexes, and implementation of a training and orientation program for their employees.

The Eastern Virginia Healthcare Coalition staff and executive committee are responsible for the development, maintenance and implementation of the Eastern hospital disaster preparedness program and maintenance of the RHCC under the provisions of the adopted charter and the current Assistant Secretary for Preparedness and Response (ASPR) MOU between the EVHC and the Virginia Hospital and Healthcare Association.

The program is predicated on a number of fundamental requirements that must be in place in order to achieve success. These requirements include:

- Ensuring the program has support of the healthcare entities Chief Executive Officer (CEO) and other senior level administrative and clinical leadership.
- Ensuring an individual with appropriate authority within each member organization is responsible for overseeing the implementation of the plan.
- Ensuring the importance of emergency preparedness is included in employee orientation and incorporated into recurring training activities.

The principle planning elements of the EVHC disaster preparedness program for the region include, but are not limited to:

- The development and maintenance of the Regional Healthcare Coordinating Center Emergency Operations Guide (this plan) and attachments. Annual review of the plan will be managed by the RHCC staff, in coordination with the EVHC executive committee.
- Development of a regional Hazard Vulnerability Assessment (HVA) that will guide and prioritize regional preparedness activities. Appendix VI.
- Development, maintenance and implementation of an annual Inventory and Gap Analysis of the regional cache (if any). This process will be managed by the RHCC.
- Continual participation in statewide and jurisdictional emergency preparedness programs, through ongoing representation on relevant committees, planning groups and similar ad-hoc planning initiatives for children, pregnant women, seniors, and individuals with access and functional needs, including people with disabilities and others with unique needs; “Whole Community”.
- Providing guidance and assistance to member healthcare entities in the development, maintenance and implementation of their Emergency Operations Plans as requested through the monthly Coalition Committee meetings and in-house support as needed.
- Coordinating the development of a regional disaster supply cache, and collective purchasing agreements and equipment standardization, through the monthly meetings and collaboration.



The principle training elements of the EVHC preparedness program for the region include, but are not limited to:

- The development, maintenance and implementation of a regional disaster training and education program for hospital and healthcare organizations. This training program is the responsibility of the EVHC. On an annual basis, the Training and Exercise Sub-Committee will identify training and educational priorities, and work with RHCC staff to develop or acquire suitable instructional materials. At a minimum, the Disaster preparedness program will include ongoing, annual instruction on:
  - The Regional Emergency Operations Plan (this plan)
  - The Hospital Incident Command System (ICS)
  - Recognition and identification of casualties resulting from CBRNE events
  - Communications equipment, including VHASS and Event Manager
  - Decontamination and HazMat response (including donning and doffing)
  - Healthcare and Public Health system Recovery and Continuity of Operations
  - Healthcare and emergency preparedness for children, pregnant women, seniors, and individuals with access and functional needs, including people with disabilities and others with unique needs in keeping with the “Whole Community” approach.
  - Healthcare and community outreach on individual and family emergency and disaster preparedness related to public health and medical.
- The Disaster Preparedness Program utilizes a number of methods of instruction for achieving its education and training goals. These methods include:
  - Internet based learning programs, such as those offered by the Emergency Management Institute (EMI) at [www.fema.gov/emi.aspx](http://www.fema.gov/emi.aspx) and other online educational programs.
  - In person instruction by training experts. This may be at off-site locations such as the Emergency Management Institute’s Noble Hospital training facility in Aniston, Alabama, Counter Terrorism Operational Support (CTOS) in Las Vegas, Energetic Material Research and testing Facility New Mexico Tech, VDEM resident courses, or in-house instruction taught by trained and qualified educators.
  - Instruction and education during tabletop or functional exercises.
- Wherever possible, the Disaster preparedness program will incorporate training courses that are mandated or required by other authorities, such as the Federal Government. For example, though the required NIMS courses for Hospital Command Center staff vary depending on position, the general recommendations include:
  - Independent Study (IS) 100 HC – Introduction to ICS for Healthcare Personnel

- IS 200 HC – Basic Incident Command for Healthcare Personnel
- IS 700 – NIMS, An Introduction
- IS 800B – National Response Framework

See Appendix IX for RHCC Training Matrix

All RHCC or HCC personnel from Section Chief up are recommended to successfully pass these courses as part of the Disaster preparedness program.

- Participation as part of the RHCC staff in at least one HSEEP compliant functional or table-top exercise every 12 months.
- In addition to incorporating national requirements into the program, whenever possible the training and educational components of the Disaster preparedness program involve self-evaluation and provide CME or CEU credit to encourage participation.

## **B. Incident Command System (ICS)**

All healthcare entities in the Eastern region have adopted and implemented the Hospital Incident Command System that is NIMS compliant as their common, regional, emergency organizational structure and incident management system. Specifically the RHCC uses a variation of HICS as its Center Management System.

## **C. Center Management System Functions**

The Center Management System is driven by five primary Center Management Functions.

Within the Hospital Command Centers, Incident Command, or an appropriate position as designated by the HCC Incident Commander, is responsible for serving as the primary point of contact and communication between the HCC and the RHCC.

The five Center Management System functions, divided into Sections and staffed in the Hospital Command Center or RHCC by Section Chiefs, are:

(Other positions Subject Matter Experts; SME's may be activated based on the needs of the event).

### **1. RHCC Command (RHCC Director)**

The RHCC management function, staffed by the RHCC Director is the only function always activated in an incident regardless of its nature. The RHCC Director guides and oversees the activities of the sections and staff within the RHCC.

Communication between the RHCC Director, other senior officials (from supporting agencies or other jurisdictions), and Incident Command (if established) is essential to the successful functioning of RHCC

The RHCC Director may be able to accomplish all five management functions alone on small-scale incidents, but on larger incidents effective management may require that the RHCC Director establish one or more of the four other functions, or the following RHCC Staff personnel.

## 2. Operations Section

The Operations Section, managed by the Operations Section Chief, helps to ensure that on-scene incident management personnel or the Healthcare Command Center have the resources and operational support necessary to achieve incident objectives and address leadership priorities. Operations Section staff serve as the primary points of contact for the event, they coordinate closely with personnel on-scene to identify and address unmet resource needs. The operations section is typically the largest in terms of the amount of resources managed and staff support.

## 3. Information/Planning Section

Information and Planning Section has two functions: managing situational awareness efforts related to the reason for the activation and developing incident-related plans, including the Center Action Plan (CAP).

The Information and Planning Section staff collects, integrates, interprets, validates and disseminates information, about the incident and incident-related information and intelligence. Staff in this section process requests for information; integrate Geographic Information System (GIS) and technical information; and develop reports, briefings, and presentation products for a variety of including HCC leadership, RHCC staff, and other external partners. Staff in this section may coordinate closely with fusion centers, watch centers, or other sources of intelligence or incident-related information. This Section should also monitor the EVHC social media pages and websites such VDEM Situation, United States Health and Human Services GeoHEALTH MedMap, emPowerMap, Healthcare Ready, Open Pharmacy and the CDC Emergency Operations Center.

Information and Planning Section personnel facilitate a standard planning process to achieve the objectives of the RHCC. The Information/Planning Section also provides the following;

- Insight on threats and risks that could adversely affect patient care, health, and the assessment of potential consequences.
- Near-real-time information on the status of the human population health that is adversely affected or at-risk.
- Near-real-time information on the response and recovery capabilities and resources available to protect human health and mitigate adverse impacts.

- Forecasting and analysis of future needs to ensure proactive decision-making and efficient and effective allocation and use of resources.
- Near-real-time information from other sectors on critical infrastructure functionality that could affect health and triggers for corrective action.
- Information to consistently provide risk communication to the public.
- Coordinate a management structure to ensure information is retrieved from and provided to all relevant stakeholders in a timely fashion.
- Insight on severity, counter-ability, and urgency.

The Information and Planning Section staff also focuses on contingency or alternative planning and demobilization planning. Personnel in this section assist in the development of recovery plans and coordinate closely with the Information and Planning Sections at the HCC's.

#### 4. Logistics Section

The Resource and Logistics Section staff provides advanced resource support to the incident. They work closely with staff to source and procure resources through implementing emergency contracts or mutual aid agreements or compacts.

These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC or the RHCC. Within the Eastern region, all requests for clinical resources should be directed to the RHCC, and all non-clinical resource requests (i.e., water, food, fuel) should be directed to the Local EOC.

Staff in this section also provide resources and services to support the needs of the RHCC staff. This includes providing information technology support, resource tracking and acquisition, and arranging for food, lodging, and other support services as needed.

#### 5. Finance Section

*The Eastern RHCC will not be responsible for documentation or recovery of costs for individual healthcare entities. Each hospital is responsible for all duties outlined above. The RHCC after action reports may be made available to individual healthcare entities after an event to supplement the documentation process.*

\*\*Specific Job Action Sheets can be found in Appendix IV.

### **D. RHCC Action Planning**

During a regional disaster, the goal of management by objectives will be critical. These objectives will be developed at the regional level by the RHCC Director in collaboration with the Hospital Incident Commander(s) at affected facilities.

A Center Action Plan (CAP) is a document that is intended to help the staff of each RHCC or HCC to establish and communicate response objectives, identify response needs, and resolve obstacles associated with meeting the objectives.

As the principle means of standardized communication of important information, it is also a useful tool for successful transition of operational activities to RHCC or HCC relief staff.

When utilized, the Director of the RHCC or HCC will identify the response sections (operations, logistics, planning, finance) that will be needed for the event and will be asked to submit an Incident Action Plan by an announced deadline. Action Plan Forms are available for electronic completion and submission in VHASS.

At the RHCC, all forms will be completed electronically in VHASS, if available; to ensure that regional response objectives and goals are accessible to all healthcare entities and healthcare facilities in a timely manner. Healthcare entities and healthcare facilities are encouraged to do the same. Additional paper copies are kept on-hand at the RHCC as a contingency.

Once completed by the section chief or designee, the completed form should be submitted to the RHCC Information / Planning Section Chief by the announced deadline. The RHCC Information /Planning Section will assimilate the forms received into a single Regional IAP and present it to the Director. In turn, the RHCC Director will make any modifications deemed appropriate and then brief the RHCC Command staff on the document at a planning meeting.

During that meeting, the Regional IAP will be modified as needed, based on discussion by the meeting participants. The Regional IAP will be initially developed as soon as possible after the RHCC is operational, based on available information and situational guidance. This initial Regional IAP will provide preliminary guidance to the RHCC and regional healthcare entities for the response effort for a defined operational period. At the conclusion of each RHCC Operational Period, the RHCC Director will incorporate the IAP into a situational briefing via video conference call (or other appropriate means) to the respective Incident Commanders of regional healthcare entities or their designee. In this conference call the RHCC Director will provide details of the regional situation, regional goals and objectives, major actions taken and critical obstacles to overcome in the next operational period. These briefings will be critical for setting the goals and objectives for the subsequent operational period.

In the RHCC, the deadline for submitting an updated CAP is a minimum of two hours before the end of the work shift or operational period. This is designed to allow the Information /Planning Section time to develop the composite Regional IAP that will be used by the RHCC Director to brief the oncoming RHCC Command staff and Incident Commanders of each Hospital Command Center.

All Eastern region healthcare entities and healthcare facilities will conduct their own Incident Action Planning process as outlined in their Hospital EOP.

#### **E. Key RHCC Activities**

- Creation of VHASS Alert Messages. Consider updates to Diversion and Clinical Statuses.
- Activation of physical or mobile RHCC operations and recall necessary staff positions as deemed necessary by the RHCC Director.
- Mobilize and brief the RHCC Management Team

- Establishing communication with:
  - Area healthcare entities, VDH EP&R and other RHCC's via VHASS Event Board.
  - Emergency Management Agencies via telephone
  - Public Fire/EMS via telephone or other means for transportation resources
  - Private EMS via telephone or other means for transportation resources
  - Hampton Roads Metropolitan Medical Response System
- Coordination by the RHCC Director (or designee) of patient movement from the scene (if requested by coordinating Emergency Department) to area healthcare entities in collaboration with the on-scene Treatment or Transportation Unit Leader/Supervisor, based on ED Casualty Capacity and in-patient bed availability posted in the Clinical Status Section in VHASS in accordance with the HR-MCI Guide.
- *RHCC Operations Section will assist requesting healthcare entities with patient transfers utilizing private EMS and MCI buses for transport. The final destination for transferred patients will be determined by the requesting healthcare entities to be the closest facility that is most capable of providing quality patient care at that time. Transfers of patients out of the area to other facilities will be coordinated by the RHCC Operations Section with the respective RHCC's of the receiving facilities outside the region. The requesting healthcare entities shall be responsible for their patients until arrival at the receiving facility.*

Explanation and Instructions for patient movement can be found in Appendix I Eastern Virginia Transportation Guide

- Facilitation by the RHCC Logistics Section of medical resource and material requests from area healthcare entities through utilization of regional Mobile Medical Assets (MMA) supplies or activation of the EVHC MOU's.
- Processing by the RHCC Logistics Section requests for Medical staff assistance from Eastern healthcare entities through utilization of the Eastern Hospital Mutual Aid System
- Consolidate requests for state medical resources and submit through the local EOC using VHASS Event Board and/or other communications methods.
- RHCC Liaison Officer continuing to provide status reports to Healthcare Command Centers.
- Coordination by RHCC Logistics Section with other RHCC's to begin preparation for transfers of patients into or out of their region.
- Consolidate the requests of individual Healthcare entities, for NDMS resources and submit through the VDH ECC via VHASS and/or other communications methods.
- RHCC Medical / Technical specialist coordinating decontamination / PPE guidelines for suspected or confirmed HazMat events.

- RHCC Medical / Technical specialist coordinating infection control guidelines between hospital infection control and public health, for suspected or confirmed biological events.
- RHCC Logistics Section to begin coordination with the Federal Coordinating Center (FCC), on NDMS activations including movement of patients to the designated Patient Reception Site in coordination with private and public transportation assets.
- RHCC Director and Operations Section coordinate RHCC After Action Debriefing
- RHCC Information/Planning Section compiles notes and information for RHCC After Action Report/Improvement Plan. Information/Planning Section will ensure RHCC AAR/IP is written and published in a timely manner and included in any regional ARR/IP.
- Coordinate and assist with healthcare recovery and continuity operations of the regional healthcare infrastructure.

## **F. Documentation**

Accurate documentation of all major actions, expenses and decisions made during the response to a regional incident is of paramount importance. Thorough documentation will:

1. Ensure essential information is maintained and communicated between operational periods;
2. Guide response activities;
3. Reduce hospital liability and risk by providing an accurate record and timeline of major actions taken during the incident life-cycle;
4. Assist in recovery operations by providing the required the necessary accounting needed for federal reimbursement programs;
5. Allow emergency planners / managers to review response activities and develop an accurate and complete After Action Report – a necessary step for revising Emergency Operations Plans and corrective action planning.

Each healthcare entity is responsible for maintaining their own documentation during their response to the incident, with support and assistance from the RHCC. A significant number of electronic forms are available for use by Healthcare entities to document their response activities. These forms are available in VHASS, and can be completed and posted within the system, or downloaded to a computer and printed.

The forms available in VHASS are:

1. **Incident Briefing (HICS Form 201):** Documents the event history, major actions taken, and IMT personnel assignments for the operational period
2. **Incident Objectives (HICS Form 202):** Documents the general command and control objectives set by the Incident Commander, and major obstacles to the successful completion of these objectives for the operational period.

3. **Organization Assignment List (HICS form 203):** Documents the personnel assigned to the Incident Management Team for the operational period.
4. **Operational Log (HICS form 214):** Documents major incident issues encountered, decisions made, and notifications / communications conveyed.

During an incident that warrants the activation of this plan and the RHCC, healthcare entities will be asked to provide the following forms per operational period via VHASS if possible:

1. **Incident Briefing (HICS form 201)**
2. **Incident Objectives (HICS form 202)**

Accurate documentation of expenses and facility damage, specifically accounted for in VHASS **will be critical to an RHCC**. All HICS forms available to healthcare entities are modified from the Federal Emergency Management Agency's (FEMA) standard ICS forms – which may help to speed the reimbursement process through FEMA, when applicable. Healthcare entities must operate on the standard hospital billing adage that “If it was not documented, it did not happen.”

The RHCC Information/Planning Chief will aggregate the information provided in these forms into a single, regional Center Action Plan that highlights the major incident objectives and obstacles. This regional Center Action Plan will be posted on VHASS and distributed to the Incident Commanders of all active Hospital Command Centers in a timely basis.

All RHCC staff will be expected to participate in a Hotwash of the event and also provide feedback for the After Action Report (AAR) / Improvement Plan (IP). Depending on staffing configuration for the event the RHCC Director, Operations or Information/Planning Sections will contribute to the AAR at a minimum. The RHCC Director or Primary Call person will be responsible for the final draft, publication and distribution of the AAR/IP.

Regional Healthcare Coalition Center and ICS (HICS) Forms can be found in Appendix VII.



## IV. Response

### A. RHCC Activation

Any healthcare, Public Health or emergency response or management agency in the Eastern Region may request activation of the RHCC for medical or public health incidents. Some criteria for consideration of RHCC activation include but are not limited to:

- Mass Casualty Incident that threatens to overwhelm a jurisdiction or single hospital. Inter-facility transports and transfers between acute-care hospitals will be managed and coordinated by the RHCC
- HazMat event involving more casualties than a single hospital can effectively manage
- Healthcare Facility infrastructure emergencies such as damage from a disaster or loss of a major utility (i.e. power, water, electricity) or critical resource (i.e. HVAC, or medical gas)
- An EMS agency has accessed and/or requested a CHEMPACK
- An Emergency Operations Center (EOC) has activated and staffed the Health and Medical Services (ESF 8) function
- Neighboring region activates their RHCC
- Activation of Federal response assets in the Commonwealth of Virginia to include NDMS and NDMS assets
- In coordination with acute care facilities and local Emergency Management determine the need for ACSs to facilitate the care of in-patient
- As requested by outside agencies
- Public Health Emergency
- Planned Special Mass Gathering Events
- Medical supply or staffing shortages as a result of an emergency event
- Natural Disasters
- Drills and Exercises
- HRMMST Activation

#### 1. Alert and Notification

The RHCC can be activated for an emergency or pre-planned event including drills and exercises. These conditions can exist in the EVHC whenever an actual or potential need arises to provide support to any EVHC partner. Once recognized, the effective mobilization of medical resources of healthcare facilities or agencies in the eastern region to meet the needs of a regional disaster, depends in large part on the ability to promptly notify these facilities or agencies that an incident has occurred.

Much of what the RHCC will provide during the initial part of the incident will be situational awareness or an overall common operating picture to assist in consistent response actions among healthcare facilities; collect, evaluate, and disseminate information. Establishing immediate communication with the RHCC is an essential step to ensure this process is achieved as quickly as possible.

EVHC partners or external agencies can establish communication with the RHCC via the 24 hour RHCC notification number:

- **(757) 243-2134**

An Operator will ask the following information.

- Brief description of the emergency, event or threat;
- Location and jurisdiction of incident;
- Point of Contact including phone number;
- Coordinating Hospital;
- Number of casualties (actual and/or estimate);
- Brief description of implications of the event including any projected or taken actions (e.g. healthcare facilities should anticipate significant number of patients);
- Resources needed;
- Log the date and time the call was received;

All information collected in the initial notification will be immediately communicated to the RHCC staff via:

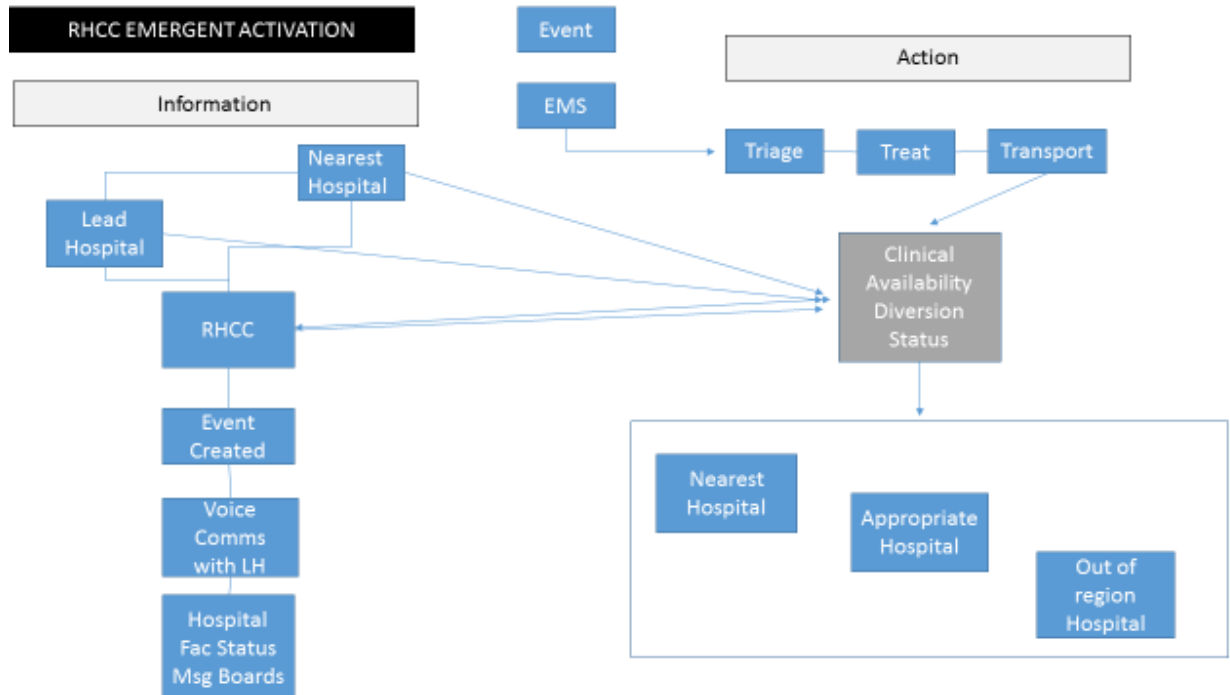
- EVERBRIDGE Notification

Based on information available from the initial alert and notification, the RHCC manager on call will assess the situation and make a determination about what Tier (or level) of response is required. This situational assessment will be based on available information on the type, magnitude and projected impact of the incident. The immediate determination of whether or not to fully or partially activate the RHCC will be made by the RHCC Director, in coordination with key staff of hospital and healthcare facilities if deemed necessary.

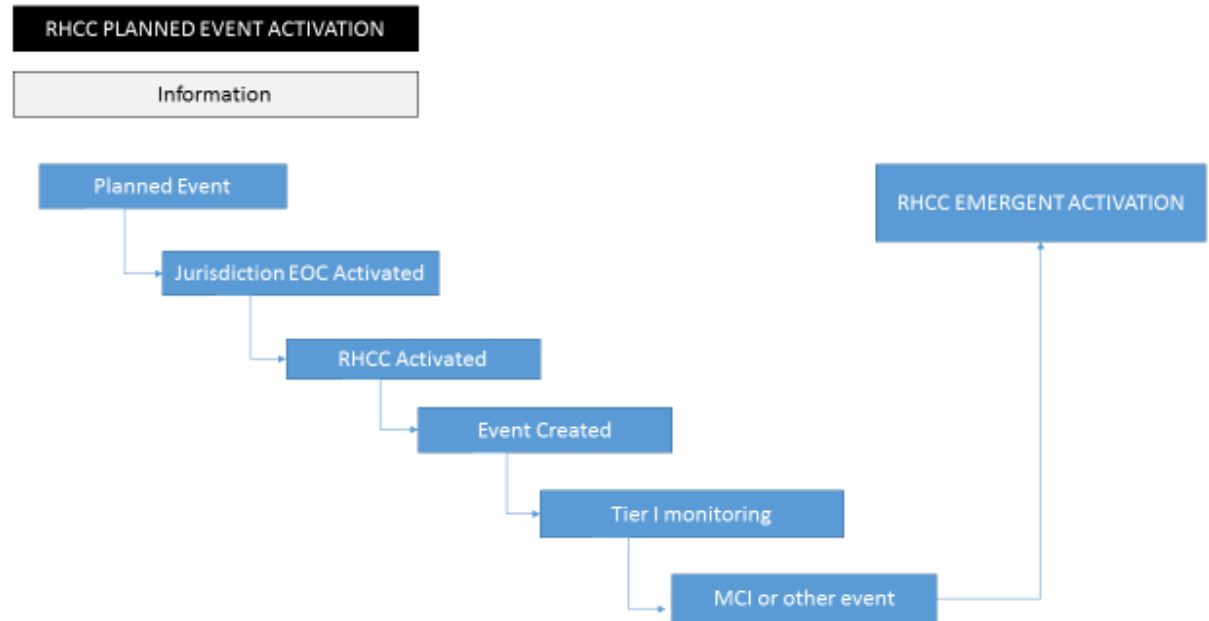
## 2. Activation and Mobilization

Healthcare Coalition partners are encouraged to request activation of the RHCC if they need support and/or assistance in responding to an emergency or disaster, a pre-planned mass gathering event, a drill or exercise.

## RHCC Emergency Activation Flow Chart



## RHCC non- Emergency Activation Flow Chart



Tiered response for the region’s RHCC includes levels from 1–3. A simple way of defining the RHCC conditions of response would be to describe them as Virtual, Limited, and Full.

**Tier 1** activation includes an **awareness/virtual** RHCC response. An incident will be created in VHASS and the RHCC will monitor using VHASS. This will allow for situational awareness of the-emergency, pre-planned event, or exercise limiting the communications while placing the region on an alert status that they too may be impacted or asked to assist during the event response. Examples of incidents that may require Tier 1 are, but not limited to, the following: MCI Level I through Level 3, loss of utility, a slowing developing emergency event, large disease or infectious disease outbreak or local pre-planned event that draws more than 25,000 people.

**Tier 2** activation includes **limited** activation of a physical or mobile RHCC in support of the impacted healthcare facility, jurisdiction, local health district, through minimal (1 to 3) RHCC add staffing which may include a Healthcare Liaison (HL) reporting to the incident site or Healthcare Command Center. This may also include support of a local EOC activation that activates its local ESF-8 response and is in need of support through the HL function. Examples of incidents that may require Tier 2 are but not limited to the following: MCI Level 4, healthcare facility evacuation, disaster that occurs in multiple facilities / jurisdictions or mobile RHCC deploying to mass gathering event that draws more than 50,000 people.

**Tier 3** activation includes **full** RHCC activation, and support of an incident or event. This may occur through, but not limited to, response to a predefined RHCC location or mobile command center. Tier 3 incidents are usually catastrophic and complex. Examples of incidents that may require Tier 3 are but not limited to the following: an MCI Level 4, Virginia Medical Surge Levels I – IV, an emergency or disaster effecting the entire region or state. A National Security Event that draws thousands of people and national media coverage. Tier / Level 3 activations require notification of VHHA, VDH ECC and or VDEM. RHCC and HIMT staff should prepare to work extended shifts over multiple days.

All Tiers will require that VHASS notifications be sent and event message boards be utilized with an incident created. *Other VHASS dashboards may utilized at the users discretion depending on the event.*

The Standard Operating Procedure to be followed by the RHCC to accomplish this task is as follows:

1. Creation of an Event and posting of basic incident information to the Eastern Region Events Message Board in VHASS;
2. Create a VHASS notification to send to all primary and secondary contacts in each hospital and healthcare facility. The content of the alert will include the same basic information above (location, type, # of casualties), instructions to update Clinical Status on the Hospital Board, and instructions to login to for more information on the incident. These contacts are pre-designated, and managed, by each hospital and healthcare facility, in VHASS;
3. Tier 2 and 3 events only: Initiation of broadcast alert to Emergency Departments via Area Wide Healthcare Radio (AWHR) conveying basic incident information collected. A roll-call of Eastern healthcare entities will follow the notification. All healthcare entities not responding to the roll-call will be contacted by phone;

4. Healthcare entities will be instructed to update their immediate Clinical Bed Status information in VHASS within 15 minutes. Healthcare entities who have not updated their status in VHASS within the 15 minute window will be contacted by phone immediately.

## **B. Patient Movement**

The ability to move patients in a coordinated manner is essential for successful incident response. For the purposes of this plan, the patient movement responsibilities of the Regional Healthcare Coordinating Center (RHCC) can be divided into two core areas:

### 1. EMS / Field-Initiated Movement:

For incidents occurring in the field, the RHCC may be tasked with assisting EMS Transportation Officer with the timely and appropriate distribution of patients to healthcare entities, including both acute-care healthcare entities and freestanding emergency care centers.

The Hampton Roads Mass Casualty Incident Response Guide has been adopted by the Eastern Region EMS agencies and Healthcare entities.

**(The RHCC will be tasked with patient distribution duties only if requested by the Coordinating Emergency Department)**

### 2. Healthcare-Initiated Movement

During regional emergencies necessitating the activation of the RHCC and this plan, the RHCC is responsible for assisting with the movement / transfer of patients out of area healthcare entities. The reasons for moving patients out of Eastern Region healthcare entities and healthcare facilities could include (1) the implementation of community surge procedures, (2) the partial or full evacuation of a hospital(s) or (3) specialties services needed to care-for a patient are not available at current healthcare entities (i.e., burns, trauma, ICU, etc.).

***It should be understood that the RHCC accepts no fiduciary or legal responsibility for the movement of patients. All regulations covering transfer of patients including EMTALA and other regulatory requirements are still the responsibility of the individual healthcare entities and healthcare providers.***

## **C. Equipment and Supplies**

Each hospital maintains a cache of disaster supplies on their campus for immediate use during an event. ASPR grant purchased MMA contained in these caches may have been catalogued and inventoried and accessible through the Resource Management portal of VHASS. This inventory includes all clinical supplies; equipment and medication purchased using ASPR grant funds and may include dedicated disaster items purchased using hospital funds.

When a hospital in Eastern Region require additional equipment and supplies to support their activities during a regional emergency, the following process should be followed:

1. Determine whether the resources needed are clinical or non-clinical
  - a. **Non-Clinical:** resources required to maintain hospital operations, but not directly administer patient care, such as food, fuel, water, etc.
  - b. **Clinical:** equipment or supplies used to directly administer patient care, such as ventilators, beds, IV pumps, pharmaceuticals, etc.
2. Determine whether the resources can be acquired using pre-existing contracts with vendors.
3. If the resources cannot be acquired through a pre-existing contract with a vendor, or they cannot be acquired in the time required, hospital's should:
  - a. For **Non-Clinical** resource requests, healthcare entities should contact their local EOC. If the request cannot be supported by their local EOC, healthcare entities should contact the RHCC via VHASS.
  - b. For **Clinical** resources, healthcare entities should complete the resource request form in VHASS and post to the RHCC. If VHASS is unavailable, a paper resource request form should be completed and faxed or scanned and emailed to the RHCC that has been activated.
    - Peninsula RHCC Fax (757) 534-5037

All resource requests received by the Regional Healthcare Coordinating Center (RHCC) from a coalition member will be acknowledged and processed in the most expedient manner possible. Within the RHCC, responsibility for supporting clinical equipment and supply requests is as follows:

1. The RHCC Director is responsible for ensuring all resource requests are processed, tracked and concluded in an expedited manner
2. The RHCC Information/Planning Chief is responsible for tracking the usage and reported shortfalls and surpluses of clinical resources in Eastern healthcare entities, and developing resource needs projections for the RHCC Director.
3. The RHCC Logistics Chief is responsible for processing requests for clinical resource support from Eastern Region healthcare entities.
4. This will be achieved through:
  - a. Mobilization and deployment of Mobile Medical Caches (if any)
  - b. Exercising mutual aid with other healthcare entities
  - c. Exercising mutual aid with other Virginia healthcare entities through coordination with corresponding RHCC
  - d. Requesting mobilization of jurisdictional equipment caches (e.g., MMRS)
  - e. Requesting statewide VMI from the VHHA EOC.
  - f. Requesting mobilization of Federal equipment and supply assets (e.g., SNS)

## **D. Staffing**

All requests for staffing will be **Clinical** or **Non-Clinical**:

1. **Clinical** staff includes medical care providers and specialists i.e. pharmacists.
2. **Non-Clinical** staff may include security environmental services and other ancillary support.

Requests for **Clinical Staff** will be made through the RHCC unless the hospital or healthcare facility is requesting MRC support.

In accordance with the hospital MOU, hospital staff may be requested for:

- Other facilities
- Alternate Care Sites
- RHCC Staff

Clinical staff requested through the MRC shall be requested through the local health department or EOC.

All requests for **Non-Clinical** staff will be made through the local EOC.

## V. Information and Communications

### 1. Information

Disaster information managed by the RHCC is coordinated through Information/Planning Section. They will collect information from, analyze information with, and disseminate information to healthcare, public health and to the local jurisdiction EOC if necessary. They also disseminate and analyze information within the RHCC that can be used to develop courses of action and manage center operations.

During a disaster or emergency situation requiring the RHCC to be activated, the RHCC will coordinate messages on the Event Board in VHASS and any other forms of essential or critical information. The RHCC should also monitor the EVHC social media pages and websites such as VDEM Situation, United States Health and Human Services GeoHEALTH MedMap, emPowerMap, Healthcare Ready - Open Pharmacy and the CDC Emergency Operations Center.

Coordination of disaster intelligence may require identifying what types of information is needed, determining where the information is expected to come from including “open and closed sources”, identifying who will use the information, establishing how the information will be shared, selecting the appropriate format for providing the information, and determining specific times when the information will be needed.

### 2. Communications

The ability to communicate between healthcare facilities within the same areas and throughout the entire region will be critical. Interoperable communication strategies have been developed and purchased to allow healthcare facilities', HCC's to communicate with each other and each facility's local city and/or county EOC, as applicable.

Multiple communication systems are the backbone of HCC and RHCC. Eastern healthcare partners have implemented a number of voice and data communications systems to aid in their emergency response operations including the following order when possible:

VHASS/Event Board;

Email;

Land-Line or Cell Phones including text messages;

Healthcare Area Wide Radio System;

HEAR Radio;

Amateur (HEART) Radio;

Satellite phone;



Polycom video conference system;

Internet based conference systems.

Explanation and Instructions for the use each radio system can be found in Appendix III

## **Demobilization of the RHCC**

For all incidents, a point will be reached where the complete mobilization of the RHCC and Hospital Command Centers will no longer be necessary to manage the effects of the event. When the Director of the RHCC deems appropriate, demobilization of the RHCC will begin under their discretion. The RHCC Information/Planning Chief will be responsible for developing a Demobilization plan to reach the demobilization goals as outlined by the RHCC Director.

Reunification, facility rehabilitation, reimbursement, replacement of stock, and a host of other issues may need to be addressed during demobilization and recovery.

The timing and criteria to implement demobilization will vary incident by incident, but for all hazards, the fundamental considerations for demobilizing the RHCC will be:

1. The overall number of incoming patients is declining to a level that healthcare entities feel is manageable.
2. Public Health, Fire/EMS, Emergency Management agencies do not expect a secondary rise in patient volume seeking hospitalized care.
3. Other response agencies in (2) have begun their demobilization efforts.
4. Other critical community infrastructure (roads, electricity, water, etc) have returned to near normal operations.

Eastern healthcare entities are advised to use the same fundamental criteria, after consultation with the RHCC, their Local EOC and key internal decision makers.

Depending on the situation, not all aspects of the Healthcare Incident Management Team or RHCC, will begin demobilization at the same time. For example, the Incident Commander may demobilize the Logistics Chief and branch once vendor managed inventories and deliveries return to normal, but keep the Finance Chief and Branch active as the recovery and reimbursement process begins.

All decisions on demobilization efforts at healthcare entities should be communicated to the RHCC and their local EOC in a timely manner. Consideration should also be given to sharing information with the general public, as coordinated by the Regional PIO, or JIC if established particularly in situations where hospital operations have been curtailed and will now be returning to normal.

## 1. Demobilization Sequence

The following actions are intended to be general and not comprehensive. Each incident or request for demobilization may vary in nature.

- The Information/Planning Section of the effected healthcare entity or jurisdiction prepares the Demobilization Plan and provides a copy to the RHCC Operations Chief;
- RHCC notifies regional EVHC partners regarding tentative and final release of assets and personnel;
- The RHCC Operations Chief monitors the demobilization process of the effected healthcare command center, and requested assets and makes necessary adjustments to the process.
- The RHCC Information/Planning Chief, documents demobilization actions in logs and on situational boards.
- The RHCC Operations Chief in coordination with RHCC Director establishes incident release priorities.
- The RHCC Operations Chief reviews and approves the demobilization of the RHCC.
- The Logistics Section Chief ensures that nonexpendable MMA and RHCC items are returned or accounted for prior to release.
- The Logistics Section Chief coordinates with the Communications staff to ensure that all communications equipment is powered down and shut off or returned to a monitoring state.

All RHCC staff will be expected to participate in a Hotwash of the event and also provide feedback for the After Action Report (AAR) / Improvement Plan (IP). Depending on staffing configuration for the event the RHCC Director, Operations or Information/Planning Sections will contribute to the AAR at a minimum. The Director or Primary Call person will be responsible for the final draft, publication and distribution of the AAR/IP.

RHCC staff should also participate and or assist in the affected healthcare entities AAR/IP and contribute to a regional AAR/IP.

## **VI. Recovery and Continuity of Operations**

### **A. Recovery**

Planning for recovery should be initiated at the beginning of a response in order to facilitate an effective and efficient return to normal or, ideally, improved operations for the provision of health care delivery to the community. All healthcare entities should have Recovery as part of their Emergency Operations Plan. Continuity of Operations Plan (COOP) should also be written into an EOP as a separate COOP plan. RHCC staff through a Hospital Command Center or jurisdictional EOC may connect a healthcare entity with a community's Local Disaster Recovery Manager (LDRM), or a State Disaster Recovery Coordinator.

RHCC staff or EHVC staff, or Hospital Incident Command Staff Subject Matter Experts may also be able to assist a healthcare entity with short and long term recovery.

The EVHC assist's healthcare entities with an assessment of emergency-related structural, functional, and operational impacts to health care organizations by

- Identifying immediate needs for the delivery of essential health care services;
- Identifying long-term health care recovery priorities, and;
- Communicating short- and long-term priorities to the jurisdiction's ESF-6 and ESF-8 structures.

Individual healthcare entities should ensure that the planning and finance administration sections of the ICS structure are initiating the recovery process by

- Arranging clean-up service;
- Restoring infrastructure to functional status;
- Restoring impacted patient care services;
- Supporting the physical and behavioral health needs of affected patients, staff, and families;
- Connecting patients, staff, and families in need with case management, financial, and insurance services;
- Tracking expenditures;
- Beginning documentation necessary for state and federal assistance, and;
- Beginning the after-action learning and improvement process.

The EVHC support's effected healthcare entities in the post-emergency recovery process by assisting the health care delivery system to restore operations and repatriate patients. The EVHC, along with its government partners (local, state, and federal), may assist its members with the state and/or federal process for reimbursement, reconstitution, and resupply.

Additionally, the EVHC may also assist with re-stocking and replacement of any Mobile Medical Assets in the regional caches that are damaged or used during disaster operations.

The final recovery activity, coordinated by the RHCC Director, will be the Corrective Action Planning process. The three steps in this process are:

1. Conducting a formal debriefing or "hot wash," involving all RHCC personnel and key IMT personnel from Hospitals. The goal of this session will be to hear what happened during the disaster, share opinions on what aspects of the disaster response worked well, and what aspects need to change.
2. The collective guidance from (1) will be aggregated and formally recorded in an After Action Report (AAR). The AAR will provide a timeline of the incident response, key actions taken, major obstacles or difficulties encountered and key recommendations for what must be changed before the next disaster.
3. Based on the recommendations in (2), this plan will be re-evaluated and modified as needed, based on coordination with all relevant hospital and non- hospital agencies.

A Hospital Recovery Plan Template can be found in Appendix XI.

## **B. Continuity of Operations (COOP)**

Optimal emergency medical care relies on intact infrastructure, functioning information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records, and supply chains are compromised.

Disruptions may occur during a sudden or slow-onset emergency or in the context of daily operations. Continuity disruptions may range from an isolated cyberattack on a single hospital's information technology system to a long-term widespread infrastructure disruption impacting the entire community and all of its healthcare organizations.

Continuity of Operations (COOP) planning ensures health care operations and business continuity. The health care organization's COOP plans should be an annex to the organization's Emergency Operations Plan (EOP) and, during a response, should be addressed under the HICS.

A COOP annex should include the following:

- Activation and response functions;
- Supervisor and managerial points of contact for each department;
- Orders of succession and delegations of authority;
- Immediate actions or assessments to be performed in case of disruptions;
- Safety assessment and resource inventory to determine whether or not the health care organization can continue to operate;
- Redundant, replacement, or supplemental resources;
- External organizations to contact (e.g., utilities, HCC members, or other stakeholders);
- Strategies and priorities for addressing disruptions

## VII. Healthcare Resources

### A. Local Healthcare Resources

#### 1. Fire and EMS Departments

Fire/EMS are responsible for providing on scene stabilization and medical treatment to patients involved in a disaster, and transporting them to a definitive care facility in a timely and safe manner. Critical to these efforts is constant and clear communications and coordination between Fire/EMS and the RHCC.

#### 2. Private EMS Agencies

Within the Eastern region, there are a number of private EMS resources that could be utilized during an emergency. Private EMS resources include, those owned and operated by private companies providing Emergency Medical Services. \*see Appendix V

#### 3. Acute-Care Healthcare entities

The Eastern Region encompasses Accomack, Chesapeake City, Essex, Franklin City, Gloucester, Hampton City, Isle Of Wight, James City, King And Queen, King William, Lancaster, Mathews, Middlesex Newport News City, Norfolk City, Northampton, Northumberland, Poquoson City Portsmouth City, Richmond County, Southampton, Suffolk City, Virginia Beach City Westmoreland, Williamsburg City, York.

The Eastern Region has 19 acute-care healthcare entities, and three military healthcare entities. These facilities are capable of providing the whole spectrum of standard in-patient medical service

Of these facilities, Sentara Norfolk General, has Level 1 trauma capabilities, it is also the regional Burn Center. Riverside Regional Medical Center is a level II trauma center and Va. Beach General is a level III. Additionally, Children's Hospital of the Kings Daughters is the designated Children's Hospital.

In addition to the traditional acute-care healthcare entities, Eastern Region has 3 free standing emergency care centers – free standing emergency rooms capable of a number of emergency hospital services, such as imaging, lab testing, etc., but without the ability to provide any in-patient services. There are 3 adult mental health facilities and 1 pediatric mental health facility in Eastern Region. Collectively, the capabilities of these 29 facilities include more than 4,600 licensed, in-patients, beds. Licensed beds are the maximum number of beds for which a hospital holds a license from VDH to operate. Most healthcare entities do not operate all beds for which they are licensed.

#### 4. Long Term Care entities

In addition to the acute-care hospitals in the eastern region, there are skilled nursing facilities. Skilled nursing facilities (SNF) are places of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness. In Virginia, skilled nursing facilities are required to have a licensed nurse on duty 24 hours a day, and during at least one shift each day, one of those nurses must be a Registered Nurse. Within Eastern Virginia there are roughly a total of 67 skilled nursing facilities, with a total of roughly 6755 beds.

### **B. Regional Healthcare Resources**

Within the Eastern Virginia region, there are significant healthcare resources that can be utilized during a regional disaster. These assets include:

#### 1. Hampton Roads Metropolitan Medical Strike Team (HRMMST)

The HRMMRS supports, equips and trains a 47-member (250 member call group) Hampton Roads Metropolitan Medical Strike Team (HRMMST) that provides on-scene expertise and resources to the Incident Commander during a disaster. The HRMMST is a chemical, biological, radiological, nuclear and explosives (CBRNE) trained medical emergency response team that maintains a redundant response capability of personnel, equipment and communications on the Peninsula and Southside. The HRMMRS maintains a pharmaceutical cache of nerve antidotes, antibiotics, anti-viral and other medications that are immediately available in all EMS agencies, healthcare entities and public health departments in the Hampton Roads area. Requests for the Strike team can be made through 911 dispatch centers or the local EOC (if activated).

#### 2. Medical Reserve Corps

Medical Reserve Corps are an asset of the Local Health District(s) and their composition and capabilities may vary widely from district to district. (MRC) unit's mission is to augment and assist existing community operations during large-scale emergencies, aid in the response to pressing health care needs, and improve community emergency preparedness. Requests for MRC staffing at healthcare entities or ACS's must be made through the local Health District or EOC (if activated).

#### 3. Office of the Chief Medical Examiner (OCME)

The Office of the Chief Medical Examiner (OCME) is available to assist Eastern healthcare entities and healthcare facilities manage a mass fatality incident resulting from a chemical, biological, radiological, nuclear, or explosive (CBRNE) event or any other catastrophic event, such as a hurricane, flood, or plane crash that causes a large number of fatalities. OCME fatality management will ensure examination of the deceased, determination of the nature and extent of injury, recovery of forensic, medical and physical evidence, identification of the fatalities using scientific means and certification of the cause and manner of death.

If assets, support or resources from the OCME are deemed necessary, the Eastern RHCC will submit this request, on behalf of the healthcare entities, to the Virginia Department of Health's Emergency Communications Center (VDH-ECC)

More details on handling Mass Fatalities can be found in Appendix X - Guidelines For Reporting and Managing Mass Fatality Events With The Virginia Medical Examiner System

## **C. State Healthcare Resources**

Within the Commonwealth of Virginia there are a significant amount of statewide healthcare resources that can be utilized by the Eastern Virginia region during a regional disaster. These assets are discussed below include:

### 1. Office of Emergency Medical Services (OEMS)

The Office of Emergency Medical Services, in cooperation with EMS agencies around the state, has established EMS Disaster Task Forces to rapidly mobilize and dispatch help in a State of Emergency declared by the Governor. Task Forces could be utilized to assist in the transport and transfer of patients between healthcare facilities, including moving patients out of Eastern Virginia to acute-care healthcare entities in other regions. The activation can be initiated through a local EOC or through the VDH-ECC upon a request by the RHCC, on behalf of the healthcare entities. EMS Task Forces should not be deployed to support healthcare entities or on-scene response activities without the expressed request by either the RHCC or jurisdictional EOC.

### 2. Virginia Department of Health (VDH)

The VDH is the lead state agency for public health surveillance and response to a bioterrorist incident or other emerging threats. The primary objectives of the VDH are to determine the etiology and source of the outbreak and to identify the most effective and efficient interventions to protect the public. In order to meet this objective, VDH has published the VDH Emergency Response Plan that includes the following primary responsibilities:

- Supporting local health departments to increase awareness of personnel about biological threat agents and diseases;
- Strengthening existing disease surveillance systems;
- Directing receipt of the Strategic National Stockpile in collaboration with VDEM, local health districts, and local emergency management agencies;
- Utilizing and/or develop surveillance systems that might be useful in detecting illnesses resulting from biological threat agents;
- Providing technical assistance to local health jurisdictions;
- Implementing surveillance systems for detecting bioterrorist events;
- Coordinating expanded surveillance in the affected jurisdictions in the event of a suspected bioterrorist event or other biologic disaster;



- VDH will also work in coordination and cooperation with other involved state agencies on meeting citizen's needs during an emergency event as public health resources may be taxed beyond capacity and medical resources may be damaged, destroyed or otherwise taxed;
- Affected individuals may need food, shelter, water, and medical services;
- Biological, chemical or nuclear events, whether natural or deliberate, require early detection, investigation, and rapid response of a statewide coordinated response system;
- State resources may be limited and federal assistance may be needed following a disaster or emergency event.

#### **D. Federal Healthcare Resources**

The Federal Government has a significant amount of healthcare resources that can be utilized by Eastern Virginia during times of need.

##### 1. United States Public Health Service Corps (USPHS)

The USPHS operates under the Department of Health and Human Services (HHS), and is capable of activating medical and public health personnel during both declared and undeclared emergencies.

##### 2. National Disaster Medical System (NDMS)

The National Disaster Medical System (NDMS) is a section within the U.S. Department of Health & Human Services (HHS), Office of Preparedness & Response. NDMS is responsible for supporting Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters.

The mission of the National Disaster Medical System is to design, develop, and maintain a national capability to deliver quality medical care to the victims of and responders to, a domestic disaster.

The federal medical teams consists primarily of:

- Disaster Medical Assistance Team (DMAT)
- Disaster Mortuary Operational Response Teams (DMORT)
- Requests for DMAT assistance will be made, on the healthcare entities behalf, by the RHCC, to the VDH-ECC, who will communicate the request to VDEM.
- Requests for DMORT assistance will be made only by the Office of the Chief Medical Examiner (OCME) for deaths under the OCME jurisdiction.

\*See Appendix II Patient Surge

### 3. Strategic National Stockpile (SNS)

The Centers for Disease Control (CDC) has developed the Strategic National Stockpile for use in a mass care or CBRNE event(s). CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. Requests for the SNS will be made, on the healthcare entities behalf, by the RHCC, to the VDH-ECC, who will communicate the request to VDEM.

## **IX. Attachments / Appendices**

**I. Eastern Virginia Transportation Guide**

**II. Surge Templates**

**III. Communications Plan and Directory**

**IV. Regional Healthcare Coordinating Center (RHCC) Job Action Sheets**

**V. Hampton Roads MCI response Guide**

**VI. Regional HVA**

**VII. Forms**

**VIII. RHCC Training Matrix**

**IX. Guidelines For Reporting And Managing Mass Fatality Events With The Virginia Medical Examiner System**

**X. Hospital Recovery Template**

**XI. Virginia CHEMPACK Plan**

**XII. Emergency Communication Risk Communications For Hospitals**

**XIII. RHCC Terms and Definitions**