



Central Maine Healthcare Preparedness Coalition

Emergency Operations Plan Seminar

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Purpose

The CMHPC All Hazards Emergency Operations Plan (EOP) establishes and describes the emergency response framework which will guide the CMHPC as it activates to protect the health, safety and well-being of Maine residents and visitors in areas impacted by a natural or manmade health emergency or disaster.

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Bob reading through Kara's Ops Plan.



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Roles and Responsibilities



Central Maine Healthcare Preparedness Coalition

- Facilitating information sharing among participating healthcare organizations and with jurisdictional authorities to promote common situational awareness.
- Facilitating resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.

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Roles and Responsibilities

Central Maine Healthcare Preparedness Coalition

- Facilitating the coordination of incident response actions for the participating healthcare organizations so incident objectives, strategy, and tactics are consistent for the healthcare response.
- Facilitating the interface between the Healthcare Coalition (HCC) and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.

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R&R - CMRRC

- CMRRC is responsible for coordinating and leading the CMHPC in planning for, responding to and recovering from a regional healthcare disaster.
- The CMRRC is the primary hub for facilitating regional HCC response and recovery operations including facilitating communications, providing medical surge support, coordinating regional medical equipment and supplies, and providing and receiving healthcare situational awareness and information with the Maine CDC during a disaster or emergency.


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Concept of Operations



6 Stages of an Incident


- Incident Recognition
- Notification & Activation
- Mobilization
- Incident Operations
- Demobilization
- Transition to Recovery


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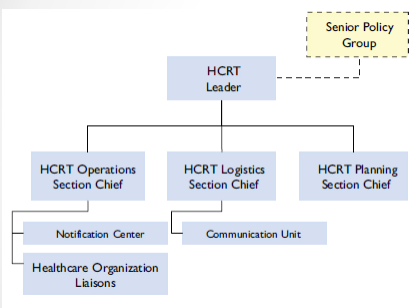
Healthcare Coalition Response Team

- Incident Command System based models have been validated in the management of many types of complex activities under emergency and non-emergency conditions
- National Incident Management System does not specify any one structure for managing Multiagency Coordination System (MAC) activities; therefore, the CMHPC has chosen to manage a complex coalition response with the use of an Healthcare Coalition Response Team (HCRT)


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HCRT




- While the ICS-based model employs the traditional IMT structure, the responsibilities and processes addressed in the HCRT may be somewhat simplified.
- Ex. Administration/ Finance Section may have minimal responsibility in a Healthcare Coalition response, it may be subsumed as a supporting function within the Planning or Logistics Sections (this is consistent with NIMS guidance).

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HCRT

- Depending on the level of activation, positions will be filled with members of the CMRRC and volunteers of member organizations that are not directly affected by an emergency, essentially forming a healthcare specific incident management team.
- If a Senior Policy Group is required it will be comprised of the members of the current Coalition Steering Committee (CSC) as provided for in the CMHPC bylaws.
- During emergency response, personnel staffing HCRT are still employed by their "home" organization and often are responsible for some element of their home organization's response

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Incident Recognition

- The CMHPC developed the following conditions that are reportable to the Central Maine Regional Resource Center:
 - Healthcare organizations reporting lack of necessary care resources
 - Healthcare organizations reporting high rates of absenteeism for essential staff members to the point that it is impacting normal operations
 - National vendors reporting that they are unable to fill supply request/resource request on back order
 - Healthcare organizations reporting lack of surge capacity
 - An organizational emergency causing a change in normal operations (ex. diversion)
 - An organizational or geographical area emergency causing the need to evacuate or initiate the organization's disaster plan (emergent notification required)

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Incident Recognition

Type of Information Collected	Timeframe for Reporting	Method of Information Collection	Target Audience	Method of Information Dissemination
Healthcare organizations reporting lack of necessary care resources	Within 8 hours	Email, phone	CMHPC, Maine CDC if resources cannot be supplied locally	Email, phone
Healthcare organizations reporting high rates of absenteeism for essential staff members to the point that it is impacting normal operations	Within 48 hours	Email, phone	CMHPC, Maine CDC if absenteeism is occurring at multiple facilities concurrently	Email, phone, conference call, meeting
National vendors reporting that they are unable to fill supply request / resource request on back order	Within 48 hours	Email, phone	CMHPC, Maine CDC if resources constraints are occurring at multiple facilities concurrently	Email, phone, conference call, meeting

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Incident Recognition

Type of Information Collected	Timeframe for Reporting	Method of Information Collection	Target Audience	Method of Information Dissemination
Healthcare organizations reporting lack of surge capacity	Within 8 hours	Email, phone	CMHPC	Email, phone, conference call, meeting, HAN if need is urgent
An organizational emergency causing a change in normal operations (ex. diversion)	Within 24 hours	Email, phone	CMHPC if it will be a prolonged event	Email, phone, conference call, meeting
An organizational or geographical area emergency causing the need to evacuate or initiate the organization's disaster plan	Immediately	Phone	CMHPC, Maine CDC	HAN notification to all coalition members by all available modalities

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Initial notification/activation

- Provides urgent information about a hazard occurrence or threat of a hazard occurrence
- Commonly suggests actionable guidance for the notified entity for protective and initial response actions
- Conveys the activation decision regarding the HCRT

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Initial notification/activation

- **Advisory:** Provides urgent information about an unusual occurrence or threat of an occurrence, but no action by the message recipient is expected. An advisory may include actionable information for individual personnel at Coalition member organizations even though the organizations may not need to take emergency action (e.g., a weather advisory that includes travel precautions for individuals).
- **Alert:** Provides urgent information and indicates that some response action on the part of the message recipient may be necessary. An alert may also be used to notify Coalition member organizations that the HCRT has been activated. This category may also be used for ongoing notification during an emergency to convey urgent information and recommended actions from the HCRT or incident command authorities.
- **Update:** Provides non-urgent incident information and suggests no urgent actions. This category is used in both emergency and non-emergency times (e.g., notification of a response action taking place at a member facility that does not require coalition support.)

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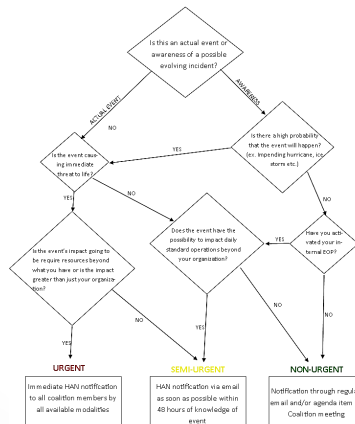


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Initial notification/activation


Central Maine Healthcare Preparedness Coalition Notification Algorithm



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Initial notification/ activation


Level 3: Monitoring & Assessment	This level is a monitoring and assessment phase where a specific threat, unusual event, or developing situation is actively monitored. Notification will be made to those who will need to take action as part of their everyday responsibilities. Activities will take place during working hours and will primarily be the responsibility of the CMRRC.
Level 2: Partial Activation	Partial activation is typically limited activation of the HCRT to include the CMRRC staff. Section Chiefs with a role in the incident response are activated and required to report virtually as part of the HCRT. Notifications will be made to the CMHPC member organizations via the notification algorithm and conference calls will be scheduled to provide situational awareness.
Level 1: Full Activation	HCRT member organization volunteers will be notified regarding the HCRT full activation and a conference call will be established to assign roles and discuss incident objectives.

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Mobilization

- This refers to the transition of the HCRT from a state of inactivity or baseline operations to the designated response level.
- Coalition member organization mobilizes its own response (based on its EOP) independent of the HCRT activation.
- Coalition members are only required to make available an Organizational Liaison to interface with the HCRT and this activity may be performed by each member organization's Liaison Officer in their activated IMT. ICS-205 FORM

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Incident Operations

- The HCRT Leader provides oversight and maintenance of the HCRT. *Even during minimal HCRT activation, it is mandatory to designate an HCRT Leader.*
- Important initial management actions
- Incident (Control) Objectives
- Operational Period Objectives
- Address safety issues for the Healthcare Coalition
- Address public information issues for the Healthcare Coalition
- Conduct liaison activities (Maine CDC, other HCCs)

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Demobilization

- The ultimate decision as to when to move from response mode to demobilization will be made by the HCRT Leader based on achievement of response objectives.
- Fundamental criteria for demobilization:
 - The request for disaster support is declining to a manageable level using normal personnel and resources
 - There is no secondary rise in demand for disaster support expected
 - Other responders are beginning their demobilization process
 - Other critical community infrastructure are returning to normal operations

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Transition to Recovery Return to Readiness

Managing the Healthcare Coalition through Recovery

- The HCRT Leader and the Planning Section Chief (if this position is staffed) should be the last positions to demobilize.
- If the HCRT needs to support the recovery of member organizations or the jurisdiction.
- Coalition may find it useful to address mitigation or improvement in its response capabilities during recovery in case funding becomes available.
- The HCRT may assign personnel to assist with the Coalition's AAR process or other organizational learning activities. When the HCRT demobilizes, the supervision of the AAR process transitions to the CMRRC.

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Transition to Recovery Return to Readiness

Resource and Personnel Rehabilitation for the Healthcare Coalition

- Establishing a formal process for "out-processing" personnel and returning any issued equipment (e.g., radios)
- Debriefing personnel as they are out-processed and use their feedback to inform the AAR process
- Recognizing the efforts of personnel who staffed the HCRT and consider giving them personal time to recover before returning to their regular duties
- Conducting performance evaluations for personnel who staffed HCRT positions during emergency operations.

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Transition to Recovery Return to Readiness

Reimbursement for Healthcare Coalition Response

- The primary cost for operating the HCRT and Senior Policy Group is usually personnel time, which is often donated by the Coalition member organizations.
- Important to keep records of personnel time (or other Coalition expenses), since reimbursement mechanisms may be available.

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Organization & Assignment of Responsibilities

- This section goes into detail regarding the following HCRT roles:
 - Leader (Equivalent to Command in traditional ICS)
 - Operations Section
 - Planning Section
 - Logistics Section
 - Administration/Finance Section (as needed)

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Operations Section

- **Information management:** Provide an information “clearinghouse” to promote enhanced situational awareness.
- **Resource coordination and support:** Facilitate the ability of member organizations to obtain resource support under the time urgency, uncertainty, and logistical constraints of emergency response. It provides a platform for disseminating resource requests from impacted organizations. In addition, the HCRT may facilitate communications between requesting organizations and those willing to provide resource support.
- **Response coordination:** Promote comprehensive and consistent incident action planning by Coalition member organizations through the sharing of response objectives, strategy, and major tactics.
- **Community response integration:** Facilitate the integration of the healthcare response into the general community response by promoting exchange of information between member organizations and responding agencies.

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Planning Section

- Aggregate, analyze, format, and document relevant incident information in standard reports. For example, the Planning Section may document incident details or the resource status of member organizations, such as available patient beds.
- Facilitate internal HCRT meetings. The Planning Section can facilitate meetings or teleconferences for internal HCRT planning.
- Oversee action planning for the HCRT. The Planning Section could be tasked with assembling and completing the action plan for the Healthcare Coalition. If created, the HCRT action plan should be shared with Coalition member organizations and jurisdictional authorities. The plan itself may be shared or it may be discussed in an operations briefing (often conducted virtually) with relevant organizations.

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Logistics Section

- Provides logistical support to the HCRT and is distinguished from support that is provided to Coalition members, which is a function of the HCRT Operations Section. Staff scheduling for HCRT positions during prolonged incidents
- Resource support to the HCRT and the Coalition's Notification Center, including facilities, transportation, and other resources
- Services support, such as food and drinks, communications and information technology support, sleeping quarters, etc.

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Administration/Finance Section

- This Section focuses on administrative and finance support to the HCRT and is staffed only as needed
- Important if there is an expectation for reimbursement for some of the distributed HCRT activities, such as reimbursing member organizations for employee time devoted to HCRT positions staffed during an emergency.
- This function is expected to be rarely staffed as a separate HCRT Section.

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Roster

- HCRT will be staffed by the CMRRC and volunteers of member organizations that are not directly affected by an emergency
- Persons that may potentially function in the HCRT have received a baseline of NIMS training and have a basic understanding of NIMS and ICS.
- Mobilization of the HCRT roster will be via the Health Alert Network Central Maine HCRT group.

Any Volunteers?

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Resources

- HCRT ICS Form 207
- Resource Request Form
- Volunteer Request Form
- Important Contact Information
 - 24/7 Central Maine Regional Resource Center
Phone Number: 207-558-5999
 - CMHPC Conference Line
Phone Number: 1-888-585-9008
Conference Room Number: 451-297-237

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Situation #1

It's a particularly difficult influenza season with hospitals being near full capacity (lacking surge capability) and several outbreaks are occurring in our region's long-term care facilities. Many healthcare organizations are seeing high absenteeism rates which are on the cusp of impacting operations.

- What would you do if you were one of the organizations? (hint: what does the EOP say)



Situation #2

The influenza season continues to see a high hospitalization and out break rate. Central Maine hospitals continue to be near capacity. Due to high census, your hospital went on diversion with the exception of trauma and ST elevation myocardial infarction (STEMI) patients.

- What would you do if you were that hospital? (hint: what does the EOP say)



Situation #3

Facilities that have seen frequent influenza outbreaks are running low on personal protective equipment. In particular, N95 masks are either on back order or vendors are not able to fulfill supply requests at all.

- What would you do if you were one of the organizations? (hint: what does the EOP say)



Situation #4

Your organization is overrun with influenza patients causing a complete failure of your sewage system due to the burden on the system. Estimates have the system potentially non-operational for at least a week. Your organization has implemented its disaster plan and is contemplating evacuation.

- What would you do if this was your organization? (hint: what does the EOP say)

