

PREPARE.

RESPOND.

Regional Healthcare Systems Emergency Response Plan

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RECOVER.

Objectives

- Describe key components of the Regional Healthcare Systems Emergency Response Plan
- Outline processes for healthcare, Coalition, and local health jurisdiction coordination during a response
- Define roles and responsibilities of key partners in response



The Network

We lead regional healthcare collaboration to effectively respond to and recover from emergencies and disasters.



The State's Medical Epicenter

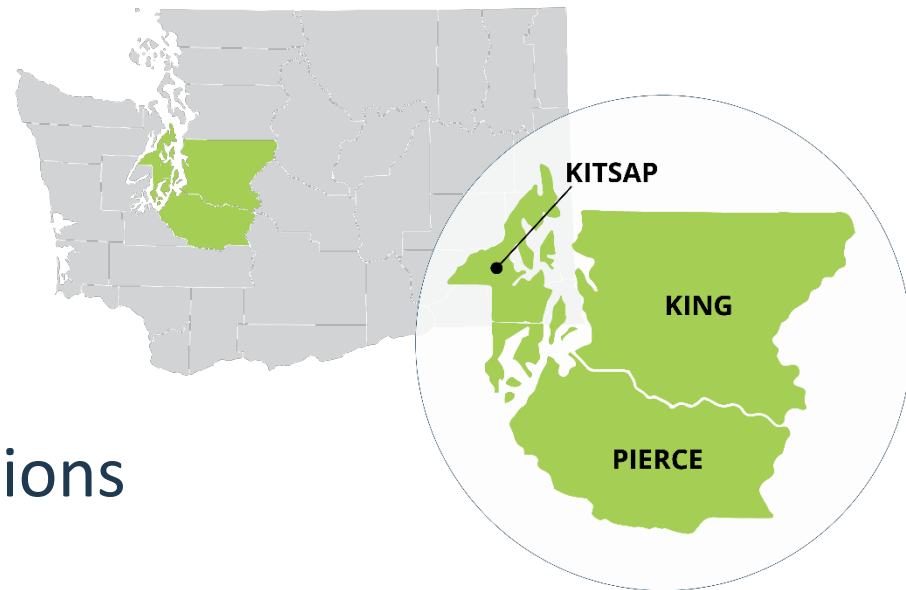
3.2 million residents

public-private partnership

almost 50% of the state's
hospital beds

> 2,000 healthcare organizations

140,000 healthcare workers

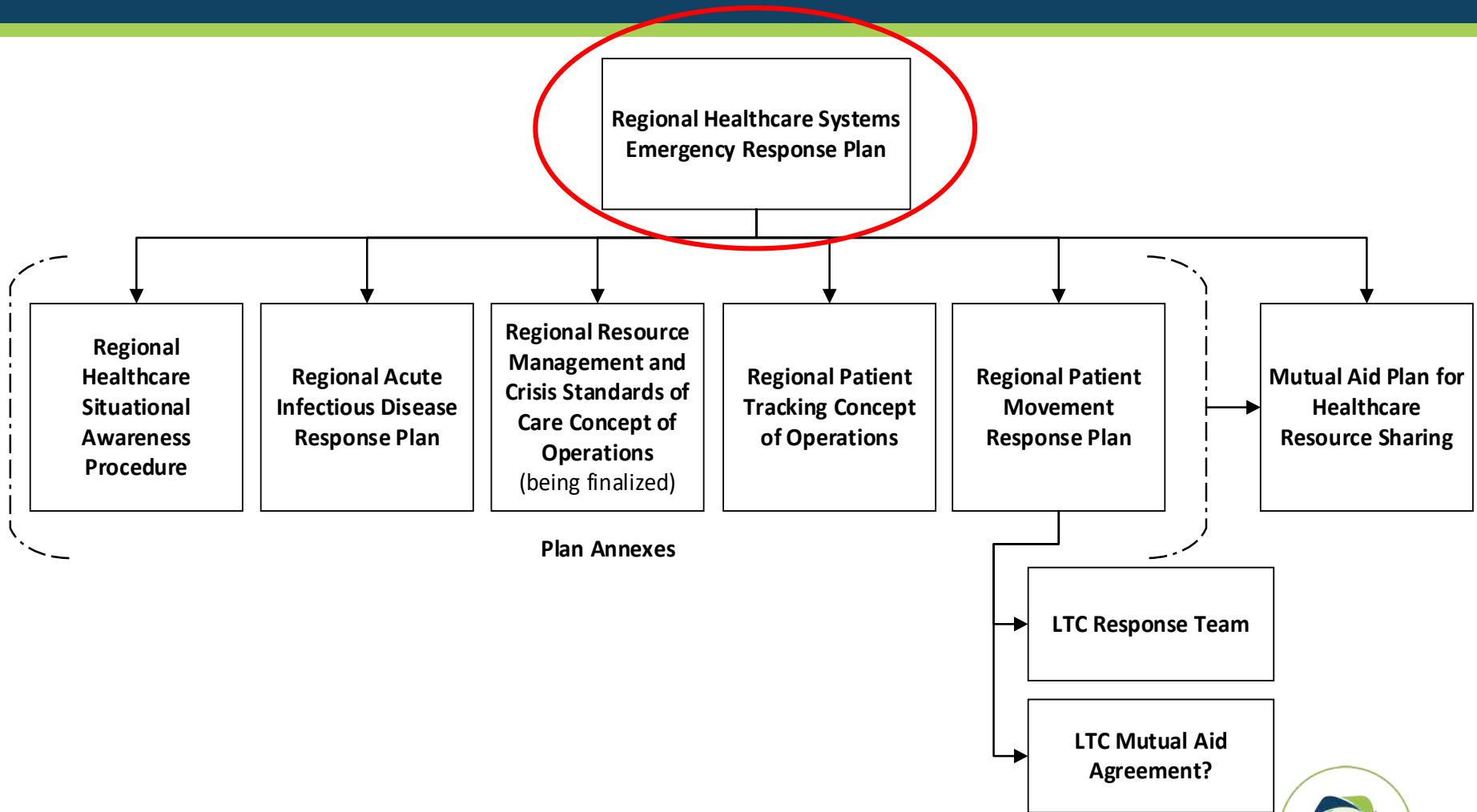


How it Connects

- This is the Network's base plan, all other plans are annexes to this plan
- This plan currently serves King, Pierce, and Kitsap counties.
 - It is a grant deliverable to update this plan every year. Will incorporate additional counties in the next fiscal year.
- Will connect to a Multi-County Healthcare Response Coordination Plan



Current King/Pierce/Kitsap Plans Structure



Hazard Vulnerability Assessment

To ensure preparedness and response activities align with identified healthcare and regional vulnerabilities

- Earthquake
- Geomagnetic Storm
- Health (epidemic, pandemic)
- Power Outage (Regional)
- Severe Weather (Storm)
- Technology Threats
- Terrorism (Small)
- Terrorism (Large)
- Volcano



Purpose and Scope

Purpose

- Concept of operations for a coordinated healthcare response to a natural, technological, or human caused disaster
- Planning and prioritizing for such incidents is based on the Regional Healthcare HVA

Scope

- Applicable for events necessitating local and/or regional healthcare response coordination
- General concept of operations for healthcare activities during disaster response operations
- Support ESF-8 operations



Planning Assumptions

- May require the triage and treatment of large numbers of individuals.
- Response resources and personnel could be limited in disasters while injuries, illnesses, and the need for medical resources may increase.
- Public need for health information will likely increase during disasters.
- Healthcare organizations will commit their internal organizational and/or system resources to address their own internal challenges prior to releasing or requesting.
- Critically ill and pediatric may present to any facility.
- Transfer of patients to specialized hospitals might not be immediately feasible.
- Infrastructure impacts may affect staff, patient, and supply transport
- Essential goods and services may be in short supply or unavailable.
- May impact communications.



Activation

Activated during any incident that warrants coordination between one or more healthcare organizations and other emergency response partners

- The Network can activate the plan at the request of:
 - Any healthcare organization
 - Local or state DMCCs
 - Local Health Jurisdictions
 - Emergency Management
- Request through:
 - 24/7 Duty Officer
 - NWHRN leadership

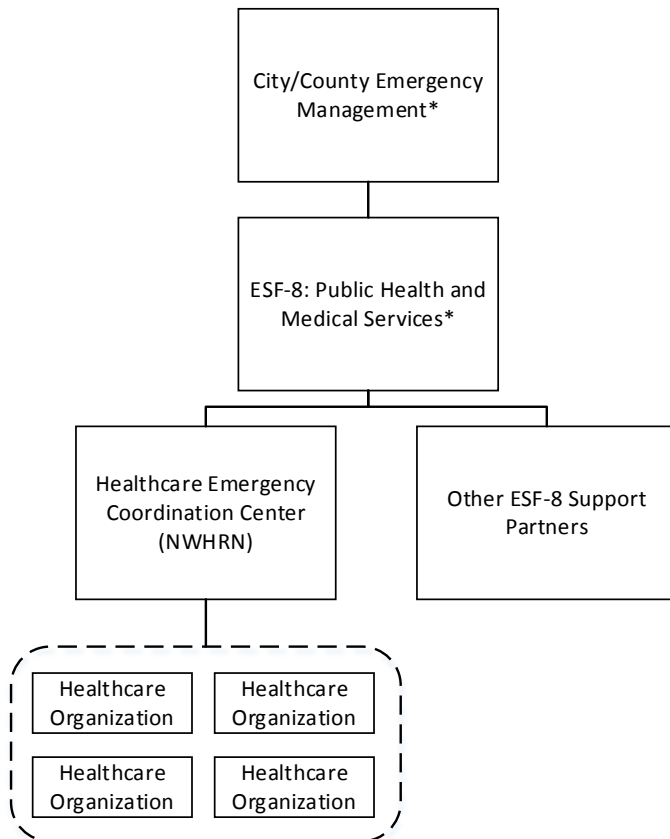


HECC/Notification

- NWHRN will activate the Healthcare Emergency Coordination Center (HECC)
- HECC will notify partners via email, WATrac, or phone:
 - Healthcare Organizations
 - LHJs
 - Emergency Management
 - EMS
 - DMCCs
 - State DOH



Command, Control, and Coordination



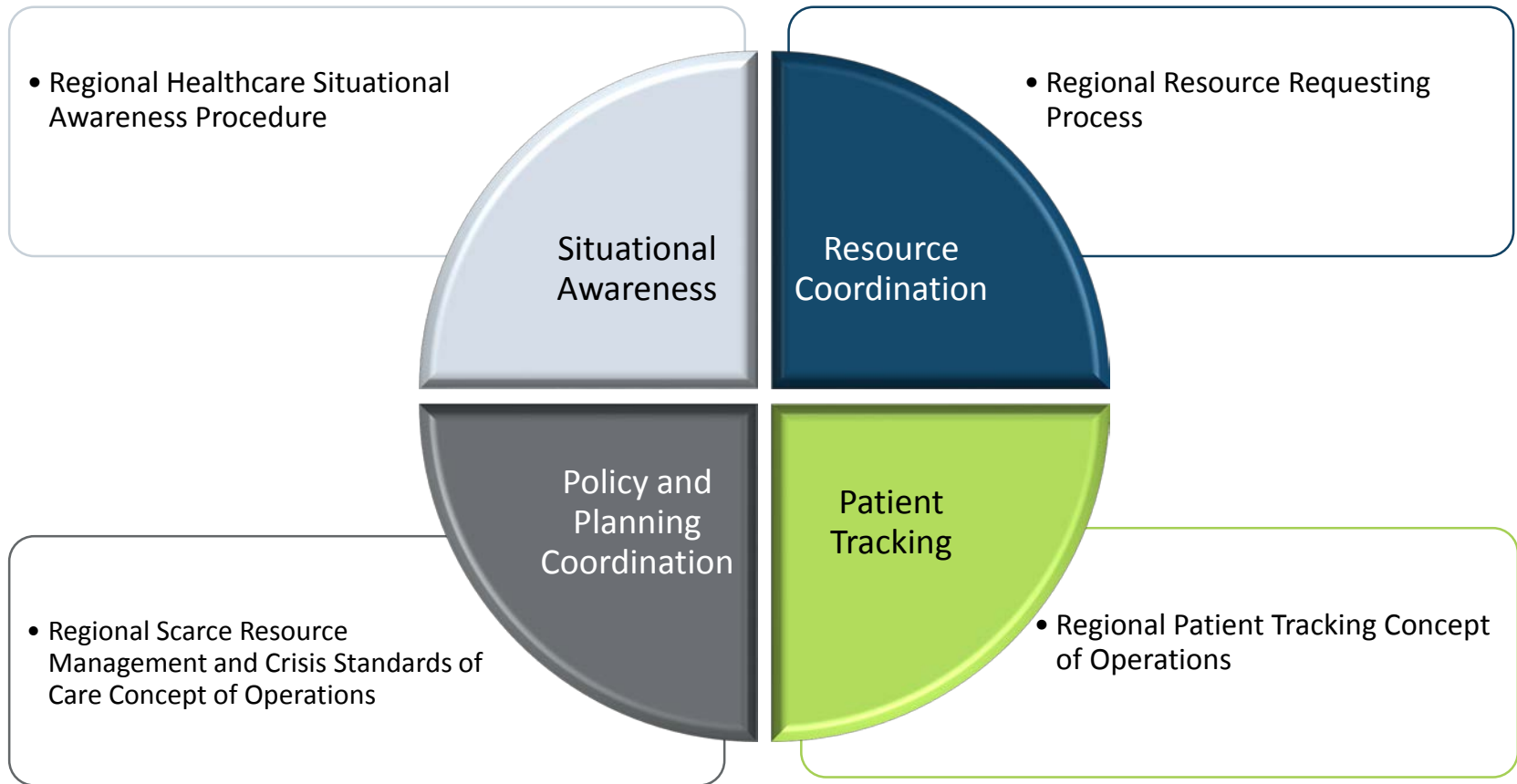
*NWHRN supports and represents for all counties activated in a response

The Network:

- Serves as the lead for healthcare coordination
- Supports the greater ESF-8 response
- Response roles:
 - Situational awareness
 - Resource coordination
 - Patient tracking
 - Policy and planning coordination



HECC Operations



Partner Operations

Healthcare Organizations

- will activate emergency procedures, plans, and/or command and control centers as needed
- may request resources
- may receive a surge of patients due to an incident
- may be called upon to support local alternate care systems response efforts by the LHJs, according to county-specific plans

DMCC/LTC Response Team

- Identify patient placement needs in an MCI or healthcare facility evacuation
- Local and State level DMCCs

Local Health Jurisdictions

- Lead for ESF-8 and several health-related response operations
- Coordinate with city, local, county, or state emergency management and state DOH

Emergency Management

- Support resource requests
- Coordinate with other local and state emergency management

EMS

- EMS and private ambulance provide key response roles
- May coordinate patient movement with DMCC or the LTC Response Team



Medical Surge and Patient Movement

Types:

- ✓ Acute: MCI, facility evacuation
- ✓ Long-term: infectious disease incident, patient surge

- Coordinated internally using plans and protocols for surge, evacuation, and sub-specialty placement
- Coordinated regionally using patient movement, situational awareness, and resource requesting processes
 - Regional Patient Movement Response Plan
 - Multi-County Patient Movement Response Plan (in development)
 - National Planning: NDMS Patient Reception Plans, and NDMS Outbound Aeromedical Adult Patient Evacuation Toolkit



Acute Infectious Disease

Represent a potential threat to the healthcare, public health, and EMS systems from a novel or unknown pathogen, a known pathogen, or a common disease such as influenza

Regional Acute Infectious Disease Response Plan: describes the coordination of

- Decision making
- Operations
- Communication
- Works in coordination with LHJ planning



Scarce Resource Management and Crisis Standards of Care

Vital to the continued operations of our healthcare system to plan for possible changes in protocols, guidelines, and standards of care

Could be secondary impact due to:

- Extremely scarce resources.
- Impacts to healthcare infrastructure.
- Impacts to staffing levels.
- Shortage of care due to a large-scale surge in patients.

Regional Scarce Resource Management and Crisis Standards of Care Concept of Operations (in development)

- Coordinated decision making
- Tools:
 - scarce resource cards
 - algorithms and worksheets
 - triage team guidelines



Medical Countermeasures

- LHJs and/or DOH will lead the distribution of mass vaccine and/or pharmaceuticals
- Healthcare systems may assist in the dispensing/vaccination through Private Medication Centers (MC)
- *CHEMPACK*:
 - established by the CDC
 - creates forward placement of sustainable repositories of nerve agent antidotes
 - Hospital-level units are housed in hospitals and EMS units throughout the counties



Pediatrics

Pediatric patients may present to any hospital and not be possible to transfer patients to traditional pediatric receiving facilities

All hospitals must be prepared to receive and care for pediatric patients.

Hospital Guideline for the Management of Pediatric Patients in Disasters Toolkit

- basic information and guidelines for the short-term acute care and definitive management of pediatric patients
- step-by-step processes and tools to support the development of pediatric care capabilities within non-pediatric facilities



Mass Fatality and Family Assistance

Mass Fatality

- healthcare facilities should enact facility plans and processes to appropriately care for, manage, and track the remains of decedents
- Guidelines and Plan Template (King) for healthcare facility management

Family Reception Services

- healthcare facilities may have family members contacting or appearing at their facility requesting information on their loved ones
- Family reception Services Guidelines for Hospitals (King)



Coordination Communications

- **Email**
 - All activation information
 - All appropriate partners
 - Will use radio, fax, satellite phone in addition or in the absence of email
- **WATrac**
 - Web-based application for communications, bed tracking and patient tracking
 - Main alert tool for healthcare
- **Conference call/webinar/video conference**
 - Coordinate discussions or information sharing
 - Participants incident specific
 - Gather response committees (DCAC and HERC)



Demobilization

Indicators

- healthcare impact from the incident is at a low level for ending response coordination
- Partner agencies have deactivated any EOC/ECC and/or emergency response plans
- The threat of a reoccurrence of the incident or similar events is sufficiently low

Communications

- Communicate deactivation
- After-action process and report



Responsibilities

The Network

- Establish the HECC
- Coordinate healthcare response
- Situational awareness
- Resource coordination
- Patient tracking
- Planning and policy coordination
- Convene DCAC and HERC
- Convene DMAC on behalf of DOH

Healthcare Organizations

- Provide medical care
- Activate internal EOP
- Develop surge capacity
- Contact NWHRN for regional coordination
- Provide mutual aid
- Coordinate with LHJ on infectious disease
- Coordinate public information with NWHRN and LHJ



Responsibilities Cont.

DMCCs

- Coordinate patient distribution in MCI and hospital evacuation, with EMS and evacuating facility
- Coordinate with and LHJ, EOC, the HECC and Fire/EMS
- Request assistance of NWHRN, LHJ, neighboring DMCCs, or State DMCC
- Activate notifications in WATrac, as appropriate

Local Health Jurisdictions

- Coordinate with state and federal agencies
- Coordinate with city/county EM and NWHRN
- Public and risk communications concerning health response
- Lead ESF-8
- Receive reports and intelligence from NWHRN



Responsibilities Cont.

Emergency Management

- Support resource requests
- Support EMS as appropriate
- Serve as conduit to WA EMD
- Received intelligence from NWHRN
- Support JIS/JIC

EMS

- Pre-hospital triage, treatment, and transport
- Coordinate with healthcare and DMCCs
- Receive intelligence from NWHRN
- Activate internal patient tracking, participate in regional patient tracking



Responsibilities Cont.

State DOH

- Coordinate multi-jurisdictional response
- Coordinate with federal and neighboring states
- Support patient movement
- Support resource coordination
- Provide legal and statutory direction
- Activate DMAC
- Administer WATrac

Federal Government

- Coordinate with DOH
- Provide standard AID guidance nationally
- Coordinate federal resources
- Coordinate federal response capabilities
- Military partners may support regional medical response



Mutual Aid Agreements

- Mutual Aid Plan: coordination and sharing among hospitals [King and Pierce, Kitsap integration ongoing]
- State-wide Mutual Aid Agreement: agreement for hospitals to facilitate sharing



Attachments

- Attachment A: Emergency Contact Information
- Attachment B: Regional Healthcare Hazard Vulnerability Assessment
- Attachment C: Clinical Guidance for NDMS outbound aeromedical adult patient evacuation: a toolkit for civilian hospitals
- Attachment D: King, Pierce & Kitsap County Trauma and NDMS Hospital Designations
- Attachment E: Hospital guidelines for Management of Pediatric Patients
- Attachment F: Healthcare Mass Fatality Management Guidelines/Healthcare Mass Fatality Plan Template
- Attachment G: Family Reception Services Guidelines for Hospitals
- Attachment H: Healthcare Resource Sharing Memorandum of Understanding



Annexes

- Regional Acute Infectious Disease Response Plan
- Regional Healthcare Situational Awareness Procedure
- Regional Patient Movement Plan
- Regional Patient Tracking Concept of Operations
- Regional Scarce Resource Management and Crisis Standards of Care Concept of Operations
- Puget Sound Patient Reception Areas Operations Plan



Multi-County Plans

- Multi-Regional Healthcare Coalition Response Coordination Plan (in development)
- Multi-Regional Patient Movement Coordination Plan (in development)
- Northwest Healthcare Response Network Healthcare Emergency Coordination Center Operations Plan



Thank You

CONTACT US:



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