REGIONAL HEALTHCARE SYSTEM EMERGENCY RESPONSE PLAN ANNEX

Regional Healthcare Situational Awareness Procedure

Version 2, June 2018

Healthcare Situational Awareness
Planning Committee

Regions 1, 2, 3, 5 & 6 Healthcare Coalition Partner Organizations

Katie Curtis
PHEPR Supervisor/Regional Coordinator
Region 1 Emergency Preparedness and Response

Ellen Whitely
Response Operational Readiness Coordinator
Northwest Healthcare Response Network

Jessica Guidry
Manager Public Health Emergency Preparedness & Response
Kitsap Public Health District

Nicholas Solari
Response Planning Manager
Public Health – Seattle & King County

Herakles Li
Healthcare Preparedness Planning Coordinator
Northwest Healthcare Response Network

Cindy Miron
Program Manager - Public Health Emergency Preparedness
Tacoma Pierce County Health Department

Sue Poyner
Emergency Response Coordinator
Thurston County Public Health & Social Services

Record of Changes

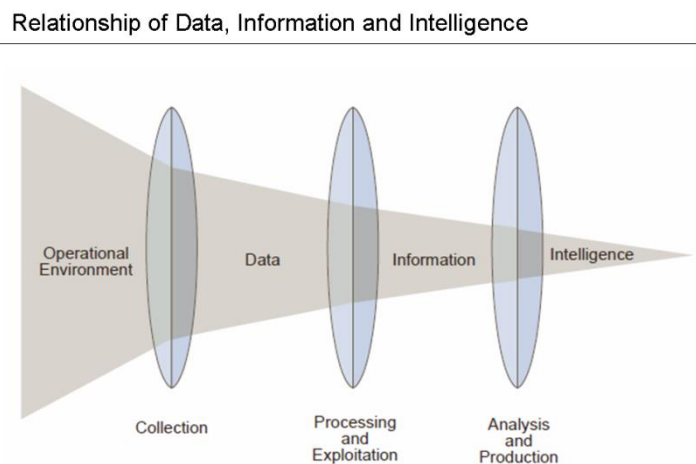| Version No.	Description of Change	Date Entered	Posted By
1.	Development of Procedure	April 2016	Cory Fairbanks Rebecca Lis
2.	Updating Procedure to incorporate Kitsap County	December 2017	Aaron Resnick Elya Baltazar
3.	Updates for Kitsap County and LTC	June 2018	Herakles Li Ellen Whitely Elya Baltazar

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Introduction

The Washington State Department of Health (DOH) requires that Healthcare Coalitions in the state have a defined situational awareness process. This Regional Healthcare Situational Awareness Procedure fulfills the requirement for the Northwest Healthcare Response Network (NWHRN), and its healthcare partners in the region. The following procedure is meant to provide a standard process and expectation about the type and frequency of information sharing with regard to healthcare situational awareness.

Purpose

Effective emergency response and coordination is dependent on accurate situational awareness. To achieve the level of situational awareness needed to ensure a coordinated response, intelligence must be accurate, current, and relevant. It is understood that requests for information may come from many sources, including city/county/state leadership and elected officials. In addition, situational awareness must be shared in a timely manner with appropriate response partners and stakeholders. The purpose of this procedure is to outline the process for gathering, analyzing, and distributing critical situational awareness intelligence for healthcare situational awareness.

Background

Based upon homeland security foundational standards[1], the terms data, information and intelligence represent a continuum with data at the far left and intelligence at the far right with additional value and context added at each step to provide enhanced meaning. Information is assumed to be "raw" until combined or corroborated, and it is analyzed to understand its value; a lack of analysis can lead to flawed intelligence[2].

Relationship of Data, Information and Intelligence

Operational Environment — Data — Information — Intelligence

Collection — Processing and Exploitation — Analysis and Production

Source: Joint Intelligence / Joint Publication 2-0 (Joint Chiefs of Staff)

These guidelines seek to balance the need for sharing meaningful intelligence and situational awareness within the healthcare and emergency management community to facilitate an effective,

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[1] Randol, Mark A. *Homeland Security Intelligence: Perceptions, Statutory Definitions, and Approaches*. January 14, 2009

[2] Ibid

coordinated response to incidents and events while respecting the autonomy of individual healthcare organizations to manage sensitive organizational information.

Scope

This procedure provides a standardized situational awareness process for healthcare during an incident or event. It outlines the key questions and data elements necessary for local decision making to support healthcare in an incident or event.

This procedure applies to the roles and responsibilities of the NWHRN and coalition partners, such as healthcare organizations, public health jurisdictions, Emergency Medical Services, Emergency Management departments, etc.

The plan is a component of a standardized process for healthcare organizations in the Western Washington region. This information may also be applicable to other organizations, such as non-governmental, and local, state, federal, and tribal government partners.

Planning Assumptions

Planning assumptions include:

1. Healthcare organizations may not be able to provide all requested data immediately following an incident.
2. Healthcare organizations will provide data and information that is available at that time (even if it is none) and will update their status as appropriate throughout the response.
3. Healthcare organizations are autonomous entities that maintain control over the dissemination of organizational data and information.
4. The most critical data and information needs of healthcare and the NWHRN should be prioritized early in the response; additional queries will be gathered as time progresses.
5. All organizations will make a good faith effort to ensure the accuracy of data and information. However, it is understood there will be instances of miscommunication that will need to be addressed and corrected as they arise.
6. Transparency is essential for accurate situational awareness and maintaining trust among response partners and the community.
7. Early in response, prioritization should be given to sharing the most critical data and information between healthcare and the NWHRN; additional queries will be gathered as the incident progresses and time allows.
8. Any data or information shared with the NWHRN by a healthcare organization and/or response partner may be disseminated to other healthcare organizations, response partners, and/or stakeholders, unless specifically directed by the organization not to disseminate.
9. The NWHRN will provide a roll-up the gathered intelligence to healthcare and partner organizations.
10. The NWHRN will not make public statements on behalf of a healthcare organization unless specifically asked by the organization, and will work with healthcare partners to give unified statements.

Concept of Operations

A. Healthcare Operational Objectives

Before an incident (if there is notice), immediately following an incident, and at the beginning of each operational period   the NWHRN, in coordination with appropriate partners as time permits, will establish regional healthcare response objectives which describe what will be done to resolve the challenges posed by the incident. These objectives may be slightly different than the internal objectives of the NWHRN in their coordination effort.

These objectives are vital to informing the situational awareness data and information needs of the moment. Objectives are tied to groups of potential questions to inform decision making. Once objectives are established, the NWHRN will identify the questions and essential elements of information required to inform regional coordination and decision-making to support healthcare.

Healthcare operational objectives will be created using the following guidelines:

1. Where time permits, the NWHRN works with our healthcare organizations, Local Health Jurisdictions (LHJs), and other appropriate partners to develop a set of common objectives. The partners consulted may be situation dependent
2. The NWHRN will create and use a standard list of generic objectives, which may be customized in the incident
3. The NWHRN will create and use standard, impact based objectives to guide our initial response and customize further as needed. Impact objectives are included in Attachment A

As the situation stabilizes, NWHRN will work with healthcare to transition to a more collaborative approach to review and set continued objectives.

B. Time-Tiered Approach

Data and information sharing between healthcare organizations and response partners is critical for a successful response to an incident, but not all information is available immediately following an incident. Critical data and information for the regional situational awareness will be phased in over time following an incident to provide sufficient intelligence to responders and policy makers to support healthcare organizations, but not cause undue burden during the busiest parts of a response. Additionally, requested data and information may not be readily known by healthcare organizations. The NWHRN recognizes that information may not be available to all organizations within the same timeframe.

Generally, in the first 0-4hrs. data requested will be targeted and concise. In the 4-8hrs. following the incident data and information requested will be expanded to provide more detail and inform specific operational objectives. Longer than 8hrs. into the incident, the amount and complexity of the data and information requested will be expanded to provide maximum detail to inform operational objectives. As operational objectives change throughout an incident so might the data and information requested from organizations.

C. Situational Awareness Procedures

1. Healthcare organizations will report to the NWHRN incidents and planned events that have the potential to create, cause, a disparate impact on the local or regional healthcare system. If the local/county EOC and/or LHJ is aware of impacts to healthcare organizations they are encouraged to contact the NWHRN. It is understood that healthcare organizations may or may not elect to notify NWHRN and/or that notification may be delayed, depending on the situation.

2. The NWHRN will define initial healthcare-community level operational objectives to inform situational awareness needs.

3. The NWHRN will quickly deploy the 0-4 hr. situational awareness questions to gather from healthcare. Additionally, healthcare organizations are encouraged to self-report their status using the 0-4 hr. questions template (Attachment B).

4. Using the master bank of situational awareness questions and the operational objectives the NWHRN will develop the next round(s) situational awareness survey.

5. The NWHRN will collect, analyze, and compile the intelligence into a Healthcare Impact Report and summarize intelligence in the Snapshot or Situation Report.

6. Intelligence will be distributed to partners as outlined in the "distribution of information" section below.

D. Expectations

1. Healthcare Organizations

   - Healthcare organizations will share data and information transparently about their organization's status and response to the incident(s). See Attachment C for more details.

   - Healthcare organizations will be prepared to provide the data and information requested with as little delay as practical.

   - If an organization does not wish a portion or all of the data or information provided to be further disseminated to the larger healthcare network, the organization must specifically state so when communicating the information to the NWHRN.

   - Communication with healthcare organizations will occur through organizations' emergency command centers. If an organization's emergency command center is not activated, communication will flow through the organization's emergency point(s) of contact which are on file with NWHRN.

   - Healthcare organizations will provide NWHRN with a three-deep list of their emergency contacts and notify NWHRN when changes to these contacts occur.

   - Healthcare organizations should notify NWHRN during any of the following situations:
     - Emergency command center activation
     - Emergency operations plan activation
     - Current or potential impact to essential patient care services

2. NWHRN

- The NWHRN will share information and intelligence transparently about healthcare's status and response to the incident(s).
- The NWHRN will make a good faith effort to ensure that all disseminated situational awareness is accurate based on the information received from healthcare organizations and other sources. Once identified, any misinformation will be corrected as soon as possible.
- The NWHRN will also review information for HIPAA compliance and make a good faith effort to protect identifying patient information when responding to information requests.
- Communication with the NWHRN will flow through its Healthcare Emergency Coordination Center (HECC). If the HECC is not activated, communication will flow through the NWHRN Duty Officer.

E. Alerting for Situational Awareness

Alerts may be distributed to healthcare and other relevant regional partners via several methods. Multiple methods may be used simultaneously to ensure the appropriate people are notified, including methods such as: WATrac, AlertSense, Flash Reports (email), FAX, phone, or radio.

1. WATrac - For situational awareness WATRac is a tool used for notifying healthcare organizations of incidents or events. A request for situational awareness (0-4hrs) may be sent as a WATrac alert. Subsequent requests for data and information will be sent as updates to the initial WATrac alert.
2. CodeRed - is an alerting tool used to notify individuals of an incident or event. CodeRed is also used to notify healthcare response teams (e.g. DCAC, HERC, LTC Response Team).
3. Flash Report (see Types of Communications and Reports for full description) – are a email communication used to alert partners of an incident. Flash reports will be sent immediately following an incident to provide preliminary information about what is known and may request data and information gathering from healthcare and relevant partners.

F. Data and Information Gathering

Data and information to support healthcare situational awareness and inform decision making will primarily be gathered from the following sources: healthcare organizations (hospitals, long-term care, ambulatory care, etc.), LHJs, medical vendors, and the Disaster Clinical Advisory Committee (DCAC). Additional information and data may be needed from other regional partners such as emergency management, the Washington State Fusion Center, EMS, and other state/federal/national organizations.

Data and/or information may be gathered by the NWHRN from organizations in active or passive ways. The NWHRN may actively solicit specific information and data elements from organizations to support situational awareness. What data or information will be gathered will be based on the regional healthcare objectives that are established for the incident. The

healthcare objectives will directly determine the data and information needed, who it will be gathered from, and the timetable for collection, analysis and dissemination. Additional information and clinical guidance from the DCAC will be gathered through the process outlined in the Clinical and Policy Advisory Preparedness and Response Plan (in development).

Passive information gathering may also be done through situation reports, incident action plans (IAPs), news briefings, press releases, etc. from many other partners and sources. This information will also be analyzed and included in communications and decision making. It is important to be aware of the timeline for dissemination from other partner agencies to appropriately allow for incorporation into the healthcare situational awareness reports.

Below are two examples of event timelines for data and information gathering and intelligence dissemination. These examples are based on a "fast moving event" such as an earthquake (Figure 1) and a "slow moving event" such as a snow storm or a prolonged disease outbreak (Figure 2). Data and information from healthcare organizations and LHJs will be gathered on a regular schedule, on average 1-2 hours before snapshot, situation, or healthcare impact reports are disseminated to partners.

**Figure 1 Fast Moving Event**: Example information gathering/dissemination schedule
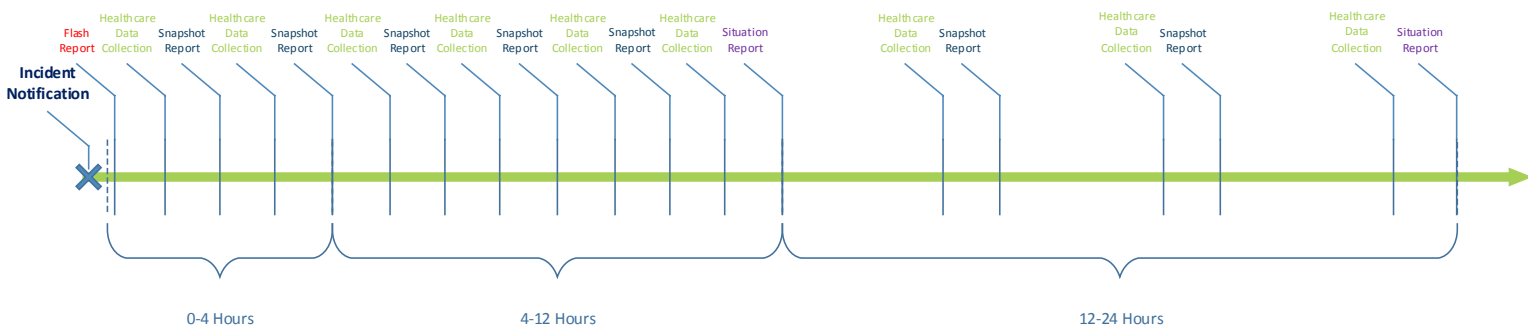
Key
Flash Report = Immediately following notification of an incident
Snapshot Report = Every 2 hrs. for first 12 hrs. every 4 hours after first 12hrs.
Situation Report = At the end of each operational period (12 or 24hrs.)
Healthcare Data Collection = Every 2 hrs. for first 12 hrs. every 4 hours after first 12hrs.

Figure 2 Slow Moving Event: Example information gathering/dissemination schedule
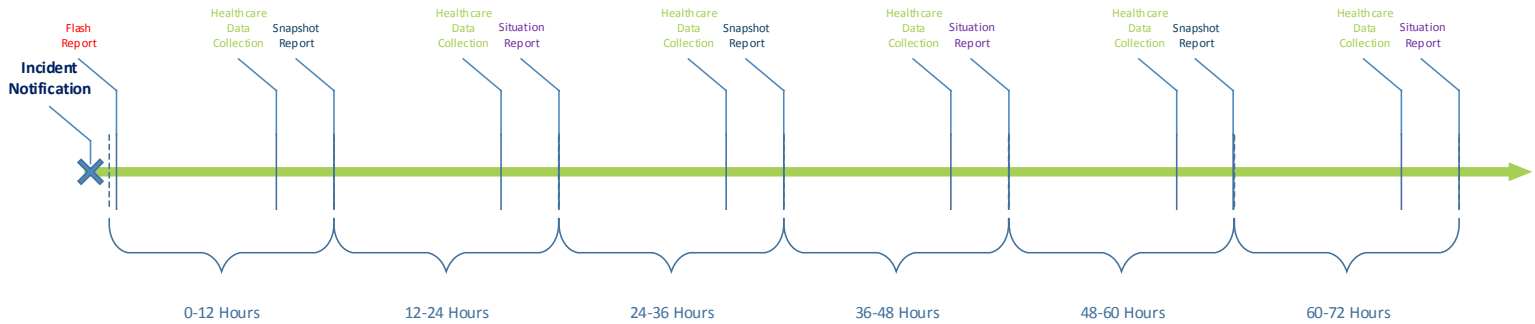
Key
Flash Report = Immediately following notification of an incident
Snapshot Report = Mid-way through each operational period
Situation Report = At the end of each operational period (24hrs.)
Healthcare Data Collection = Every 12 hrs.

The primary method for actively gathering data and information from healthcare organizations, LHJs, and medical vendors will be through a web-based survey tool (Currently SurveyMonkey). Additional information may be gathered through other tools or reports, including WATrac. Prior to the launch of the tool, all relevant parties will be trained and exercised on the tool, the process for providing data, and the timetable to expect intelligence back from the NWHRN. A just in time one-page information sheet is provided in Attachment D for organizational staff trained on the healthcare situational awareness procedure. If internet is not available during an incident, the NWHRN will establish a regular reporting process using FAX, phone, conference call, or radio. In the event data and information is gathered through a non-web-based method, requests and the data gathered will be minimized to streamline the gathering, analysis and dissemination efforts.

G. Types of Communications/Reports

1. Informational Communications

   In anticipation of a response or potential issue, the NWHRN may issue advisories to healthcare organizations and other regional partners on current information known to be of concern. For informational advisories, immediate action may not be required. See Attachment E: Example Communications Templates for a sample of each of the following advisories.

   a. Preparedness Advisory
      Preparedness Advisories are issued for a known event or knowledge of the potential for an incident to occur. Multiple preparedness advisories may be issued preceding an event. The advisory shall include: background information on the event, the current status, current mitigation activities, a forecast of the event, and recommended actions.

b. Resource Advisory

A Resource Advisory will be issued for a known resource issue that may impact healthcare organizations around the region. Resource advisories will be issued on an as needed basis and may or may not be issued with other advisories listed above. The advisory shall include: background on issue, a detailed description of the resource problem/shortage, and recommended actions (if any).

2. Response Communications

During a response to an incident that may have direct or indirect impacts on healthcare organizations or the healthcare delivery system, the NWHRN will issue reports to inform healthcare organizations and regional partners about the current state of the event, the information known, and any follow-up actions being pursued or required. The reports below are outlined to provide a comprehensive communications repertoire that may be employed in an incident. The types of reports created, their frequencies, and content may be situation dependent but will follow as closely as possible a predictable strategy. See Attachment E: Example Communications Templates for a sample of each of the following reports.

a. Flash Report

Flash Reports are issued at the onset of an incident to quickly alert stakeholders. The NWHRN will work to send Flash Reports as efficiently as possible following an incident, therefore, some information contained in a Flash Report may not be fully verified. If information is found to be inaccurate a correction will be sent as soon as possible. The report shall include: a short description of the incident and should be followed up with a more detailed report (e.g. Snapshot, Situation Report). Further information and possible action items will be contained in further reports/communication outlined below.

b. Snapshot Report

Snapshot Reports are issued during the response period of an incident or event. They provide information on the current status of the incident and represent a 'snapshot' of it at a single point in time and are not as comprehensive as a situation report and assumes the reader has some awareness of the situation. Snapshot Reports are often used to synthesize information from various sources into a single, concise document and may include a digestion of the current intelligence from the healthcare impact report. Snapshot Reports will be issued on a regular basis and will only include new information to report (see above example timelines). The reports shall include: an update of the current situation, key actions by the NWHRN, key actions by regional response partners, any relevant national/international situational awareness, upcoming meetings or events, and any recommended action.

c. Situation Report

A Situation Report is issued at the end of each operational period, or as needed, with a summary of the response activities over the most recent operational period. The

report shall include: incident name, operational period, current description of the incident, incident objectives and priorities, any key actions, weather forecast, and current operational status.

d. Healthcare Impact Report

Healthcare Impact Reports contain a roll-up of information gathered through situational awareness questions of healthcare organizations, LHJs, and other regional partners. The report will provide a comprehensive picture of the regional impacts to healthcare operations during the incident. Although healthcare impact reports are standalone documents they will be issued with a snapshot or situation report to streamline information dissemination to partner agencies. Healthcare impact reports will be issued on an intermittent basis as information is available. The report shall include: incident name, period for which the data is from, organizations/entities that contributed to the information, a detailed description and presentation of relevant data, any next steps or further actions (if appropriate). Data within these reports will not be attributed to any specific individual or organization.

e. Twitter
Tweets will be sent throughout a response to communicate widely actions by the NWHRN and our community partners. Tweets may be sent to inform followers and the public about the activation or demobilization of the NWHRN, updates from healthcare and relevant partners, and/or if new information has been posted to our website (such as snapshots, situation reports, etc.).

f. Resource Request

Resource Requests are issued when the NWHRN receives a request for mutual aid assistance with a resource need from another healthcare organization. Resource Requests require immediate action from healthcare organizations to attempt to fulfill any requests. Resource requests will be issued on an as needed basis and may or may not be issued with other reports listed above. The report shall include: background on the situation, statement of responsibility of the requesting and fulfilling agencies, a detailed description of the resource requested (requesting facility, type/model/size, quantity requested, reason for request), any further actions requested. See Resource Request Procedure for more detail [to be created].

H. Distribution of Intelligence

The NWHRN will establish regular schedules for the release of reports during an incident. The schedule may depend on the operational tempo of the incident (fast vs. slow) and the availability of new information. Reports may not be issued if there is no new or additional information to provide during a period. The below table outlines an example report distribution schedule for a fast or slow-moving event.

Report	Fast Moving Event	Slow Moving Event
Flash Report	Immediately following an incident	Immediately following notification of an incident, if applicable
Snapshot Report	Every two hours	Every four hours
Situation Report	At the end of the operational period (12 hrs.)	At the end of the operational period (24 hrs.)
Healthcare Impact Report	With a snapshot or situation report, when information is available	With a snapshot or situation report, when information is available
Resource Request	As needed	As needed

All relevant partners can receive the standard reports including: Flash, Snapshot, Situation, and Healthcare Impact Report. Partners may include:

- Healthcare organizations
- LHJs
- Emergency management
- EMS
- Law enforcement
- Other government entities
- Medical examiners
- WA State Department of Health (DOH)
- State and Federal response partners

Resource requests will only be issued to relevant healthcare organizations that may be able to provide mutual aid. LHJs and/or local emergency management agencies may also receive notification of some healthcare resource requests if they may need to provide assistance in filling the request.

A more detailed overview of the healthcare impact report that may connect specific organizational information and names may be shared with LHJs for coordination of healthcare response and decision making.

Primarily, reports will be distributed to partners via email. Additionally, relevant reports will be posted in WATrac command center rooms that are activated for the incident. If the internet is unavailable during the response, intelligence will be shared via conference calls or the radio. In some cases, a liaison from the NWHRN may be assigned to a healthcare organization or local Emergency Operations Center to relay intelligence. Efforts will be made to coordinate the distribution of intelligence among the NWHRN and LHJs early in an incident.

Methods of Communications

1. WATrac/CodeRed

   Alerting (see alerting section) may be used to alert healthcare organizations and regional partners of the need for situational awareness data and information. Requests for data and information may be made through WATrac/AlertSense even if data is collected through another means (survey mechanism). Additional communications requesting information or distributing intelligence may be sent through email or a WATrac command center room. WATrac will also be used to supplement data gathering and distribution when available, and all reports will be posted in relevant command center rooms associated with the incident.

2. Email

   Email may be used for alerting healthcare organizations of the need for situational awareness data and information, and may be a primary method for continued communications concerning healthcare situational awareness. Requests for data and information may be made through email even if data is collected through another means (survey mechanism). All reports created by the NWHRN will also be distributed through email.

3. Phone/Conference Call/Video Conference

   Additionally, the NWHRN may communicate directly with healthcare organizations and LHJs via phone, conference calls, and video conference. The NWHRN will host regular conference calls with relevant partners to report on healthcare situational awareness. If NWHRN is participating in conference calls or regular briefings at local EOCs, intelligence concerning healthcare situational awareness will be reported out there as well.

4. Radio

   As a redundancy, the NWHRN may utilize 800 MHz radio, amateur radio, and/or satellite phones to communicate with healthcare organizations, LHJs, and other partners. As soon as possible communications will be switched back to one of the above outline mechanisms for communications.

5. Public Communications

   The NWHRN will coordinate through the Public Information Officers (PIOs) at LHJs and healthcare organizations on public information concerning healthcare community information and intelligence during a disaster. The NWHRN will participate in a Joint Information System (JIS), if established, to provide information on healthcare intelligence.

Situational Awareness Information Questions

The use of situational awareness intelligence to inform a common operating picture for healthcare during an incident or event requires targeted and strategic data and information gathering from healthcare organizations, LHJs, vendors (situation dependent), and other partners. This vital data and information may be collected through several methods but the majority will come directly from healthcare organizations in responses to targeted questions concerning healthcare's capacity during a

response. The questions developed for the situational awareness information are developed directly from the key decisions that may have to be addressed during an incident or event and the clear triggers and indicators that will inform these decisions. Each question is tied to one or more vital triggers or indicators to aid in decision making. Questions will not be asked that are not clearly tied to healthcare operational objectives during a response.

Figure 3: Overview of Situational Awareness Process
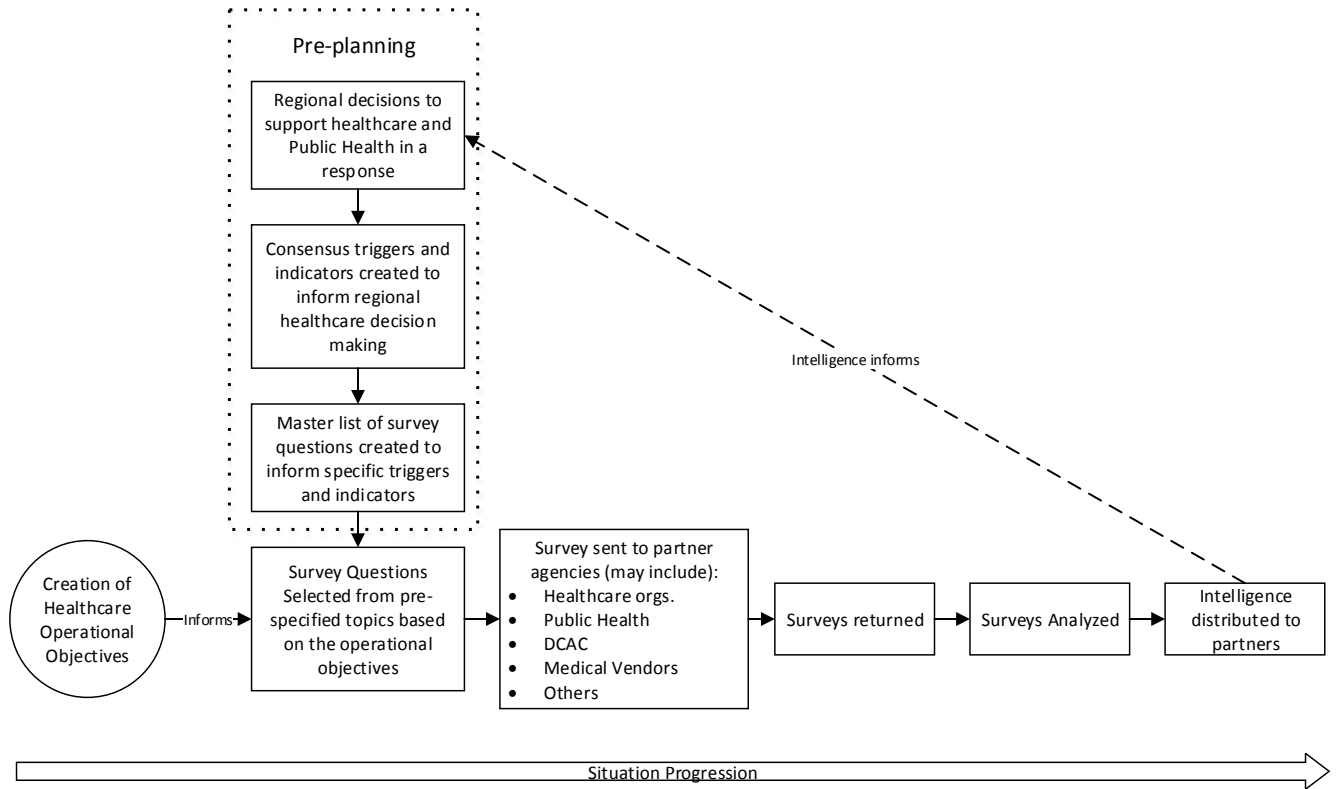
A comprehensive list of questions for each type of partner agency are listed in Attachment F. These questions represent the anticipated scope of types of data and information that may be collected, but which questions and on what frequency may be situation dependent. Not all questions will be applicable for every situation. Once, identified from operational objectives, the questions and timetable for requested data and information is identified, explicit communications to relevant partners will be sent to establish expectations of data collection and dissemination (see healthcare impact report and example timelines for data collection and dissemination above).

Responsibilities

A. Primary Agencies

1. Northwest Healthcare Response Network (NWHRN)
   - Activates healthcare situational awareness process
   - Notifies all healthcare organizations, LHJs, and other relevant partners of the information gathering and distribution schedule for the incident
   - Coordinates regional healthcare information gathering, analysis and dissemination on a regional level
   - Shares healthcare situation awareness reports and intelligence with relevant partners
   - Acts as a point of contact for the WA State Fusion Center to share intelligence with healthcare
   - Participates in a Joint Information System center if established
   - Will attempt to synchronize planning cycles with regional response partners

2. Healthcare Organizations
   - Collaborate with the NWHRN to develop healthcare operational objectives needed to drive information gathering process
   - Alerts and provides healthcare situational awareness data and information to the NWHRN
   - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate
   - May coordinate public information with the NWHRN Public Information Officer

3. Local Health Jurisdictions (Public Health)
   - Activates and leads ESF-8
   - Alerts and provides situational awareness data and information to the NWHRN
   - Collaborate with NWHRN to develop healthcare operational objectives needed to drive information gathering process
   - Will attempt to synchronize planning cycles with regional response partners
   - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate

4. Emergency Medical Services
   - Alerts and provides situational awareness data and information to the NWHRN
   - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate

5. Local Emergency Management
   - Serves as conduit with State Emergency Management Division
   - Alerts and provides situational awareness data and information to the NWHRN

- Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate
- Supports coordinated public information and messaging in partnership with the NWHRN and LHJs through a Joint Information System/Center, if established

B. Support Agencies

1. Washington State Department of Health
   - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status
   - Coordinates centralized healthcare situational awareness gathering, analysis and dissemination on a state level
   - Shares healthcare situation awareness reports and intelligence with relevant response partners

2. Other Partner Agencies
   - **Washington State Fusion Center** – Shares intelligence about criminal activity and incidents of relevance to law enforcement. Provides threat assessments and warnings about criminal hazards.
   - **Washington State Military Department, Emergency Management Division** – Acts as the State of Washington Alert and Warning Center

Authorities and References

A. Review Process and Procedure Update
1. Sections of this procedure will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real-world events.
2. The procedure will be provided to the healthcare organizations and regional partners for review and input.
3. Following review, modifications will be made and a copy will be provided to regional partners. Healthcare organizations are expected to share the updated procedure internally within their appropriate committees and with their leadership.
4. The NWHRN Board of Directors will be briefed when updates to this procedure are completed.

B. Maintenance
The procedure will be reviewed every three years or as needed following the process outlined above.

C. Training and Exercise
Training on this procedure will be conducted regularly with local partners and will consist of an overview of roles and responsibilities and process for information sharing, analysis and dissemination. As appropriate the Regional Healthcare Situational Awareness Procedure will be incorporated into and exercised during local, regional or state-level exercises.

D. **References**

King and Pierce County Healthcare System Emergency Response Plan
King County Emergency Support Function 8 – Health, Medical, and Mortuary Services
Pierce County Emergency Support Function 8 – Health, Medical, and Mortuary Services
Regional Disaster Coordination Framework
Clinical and Policy Advisory Preparedness and Response Plan
Kitsap County Comprehensive Emergency Management Plan

Definitions & Acronyms

A. **Definitions**

Northwest Healthcare Response Network (NWHRN) – Is the regional Healthcare Coalition, encompassing King, Kitsap, and Pierce counties, that leads a regional effort to build a disaster-resilient healthcare system through collaboration with healthcare providers, LHJs and the community partners they depend on. NWHRN works to keep hospitals and other healthcare facilities open and operating during and after disasters, enabling them to continue serving the community.

Healthcare Emergency Coordination Center (HECC) – In the event of an incident or event, the NWHRN will activate the Healthcare Emergency Coordination Center (HECC) to facilitate situational awareness, resource matching, communications, and coordination among regional healthcare providers and partner agencies.

Disaster Clinical Advisory Committee (DCAC) - Is an integral component of an ethical, responsive, transparent and clinically responsible health emergency decision-making structure for King and Pierce counties. This multi-disciplinary committee meets quarterly and as necessary in an incident or event to provide expert clinical advice on issues such as regional medical surge and crisis standards of care. The DCAC also advises the local health officers and other policymakers during health incidents and events.

Healthcare Executive Response Committee (HERC) – Is the committee that advises the LHO on healthcare related policy issues during an incident or event. The committee is made up of members of the NWHRN Board of Directors, additional healthcare executives, and representatives from the LHJ. The Healthcare Executive Response Committee meets as needed in an incident or event.

B. **Acronyms**

DCAC – Disaster Clinical Advisory Committee
DOH – Washington State Department of Health
HECC – Healthcare Emergency Coordination Center
HERC – Healthcare Executive Response Committee
IAP – Incident Action Plan
JIS – Joint Information Systems
LHJ – Local Health Jurisdiction
LTC – Long-term Care

NWHRN – Northwest Healthcare Response Network
PIO – Public Information Officer
ESF-8 – Emergency Support Function 8

Attachments

A. Attachment A: Standard Impact Based Healthcare Operations Objectives

B. Attachment B: Healthcare Situational Awareness – 0-4hr. Assessment Template

C. Attachment C: Northwest Healthcare Response Network Information Sharing Guidelines

D. Attachment D: Just-in-time Healthcare Situational Awareness Guide

E. Attachment E: Example Communications Templates

F. Attachment F: Situational Awareness Questions and Scenarios – Full