



Northwest Healthcare Response Network Training & Exercise Plan (TEP)

2019-2021

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Record of Changes

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Introduction/Purpose

The goal of training and exercise is to improve disaster preparedness and validate existing plans to prevent, mitigate, respond to and recover from hazards that threaten people, property or the environment.

The Northwest Healthcare Response Network (NWHRN) Training and Exercise Plan (TEP) was created to provide the NWHRN with a strategy for addressing the training gaps that exist across healthcare and establish priorities as a result of the Healthcare Response Capabilities Assessment while maintaining compliance with the healthcare preparedness and response capabilities.

TEP Development Process

The following are objectives identified for the TEP planning process:

1. Establish a baseline of capabilities to be standardized across western Washington to measure success
2. Conduct a capabilities assessment across western Washington each year to identify training gaps and guide future training and exercise plans
3. Develop a standardized process to measure improvement and validity of training being offered
4. Establish a multi-county consensus on training priorities to collaboratively focus on each year
5. Conduct training events to sustain high priority capabilities
6. Align identified priorities with existing trainings offered locally or nationally and schedule as appropriate for each district
7. Develop new training opportunities based on identified training gaps
8. Facilitate the coordination of trainings and exercises designed to test coalition plans (e.g. surge, patient movement, patient tracking, etc.).

Capabilities-Based Planning

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) sets the national standards on preparing for, responding to, and recovering from the health impacts of emergencies and disasters. ASPR's Hospital Preparedness Program (HPP) developed the Health Care Preparedness and Response Capabilities that outline the high-level objectives for the health care system. Healthcare coalitions, hospitals and emergency medical services (EMS) organizations, among others, should initiate these capabilities to prepare for, respond to, and recover from emergencies. The *2017-2022 HPP Performance Measures Implementation Guidance* defines these capabilities as:

1. Foundation for Healthcare and Medical Readiness

The community has a sustainable Health Care Coalition (HCC) comprised of members with strong relationships that can identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.



2. Health Care and Medical Response Coordination

Health Care Organizations (HCOs), the HCC, their jurisdiction(s), and the Emergency Support Function (ESF)-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

3. Continuity of Health Care Service Delivery

HCOs, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health-care workers are well trained, educated, and equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

4. Medical Surge

HCOs, including hospitals, EMS, and out-of-hospital providers, deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

These capabilities lay out the spectrum of preparedness and response activities that are the foundation of readiness for the health care system in the United States and our region. These capabilities drove the development of the baseline capabilities for the 2018 Healthcare Response Capabilities Assessment.

Methodology

Training events and exercises are used to improve current and required HPP capabilities, identify gaps, and address needs for growth. The NWHRN conducted a response capabilities assessment that identified gaps and established priorities for the training and exercise activities.

1. Capabilities Assessment

A capabilities assessment provides a gap analysis for each core capability. The four main HPP capabilities were broken down into 12 categories with specific knowledge and skills-based questions. The categories for capabilities were as follows:

- Partner Engagement
- Healthcare Emergency Management
- Personal Preparedness
- Public Information/Messaging
- Situational Awareness
- Specialty Patients
- Patient Movement/Tracking
- Trauma
- Acute Infections Disease/HazMat
- Cybersecurity
- Workplace Security
- Physical/Behavioral Health



The capabilities assessment was sent via email as a survey to all healthcare, public health, EMS, and emergency management partners in western Washington. All four districts (North, Central, Northwest and West) participated, with a total of 134 responses from the following facility types: blood center, community health center, dialysis, emergency management, EMS/patient transport, home health, hospital, long term care/skilled nursing, outpatient clinic, public health and tribal healthcare.

For healthcare partners, the capabilities assessment consisted of 56 statements describing healthcare response functions as they relate to the aforementioned capability categories. Healthcare partners were asked to assess their facility-level capabilities to conduct each of the listed statements, as well as the level to which partners prioritized the healthcare response functions, on a scale of 1 (high capability/high priority) to 4 (low capability/not a priority).

To analyze the data, capability and priority responses were averaged (weighted) and then plotted on a heat map to illustrate the relationship between the average capability v. priority of the listed response function. Data were stratified by NWHRN service area district to capture capability gaps as they applied to partners located within a closer geographic proximity. Data were also stratified by non-hospital and hospital partners to capture the varying degrees of capabilities across different healthcare provider types; non-hospital and hospital healthcare partners also prioritize various response functions differently.

Our partners in emergency management, public health/local health jurisdiction (LHJ), and emergency medical services (EMS)/patient transport were asked to respond to three Partner Engagement questions as these are the areas the Network can provide training and better understanding.

2. Results

Similarities

Among the 16 hospitals that responded, one similarity appeared in three of the four districts as a moderate priority/moderate capability: key staff can describe actions to take when confronted with an active threat. The high priority/low capability statements that appeared in at least two districts was 1) key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery, 2) key staff can perform horizontal and vertical evacuation procedures. The high priority/moderate capability that appeared in at least two districts was, 1) key staff can select effective shelter-in-place locations, 2) key staff can describe actions to take when responding law enforcement officials arrive. The conclusion of these results is that there is a need for more workplace security training across hospitals in western Washington. See the combined districts and each individual district hospital chart below for more details.

There were no common high priority/low capability statements identified among the 81 non-hospital partners. However, similarities did appear in three of the four districts. For high priority/moderate capabilities it was key staff can describe the process they would use for



requesting resources from external partners. For moderate priority/moderate capability it was key staff can disseminate message to the public. For moderate priority/low capability it was key staff can describe external and federal medical resources that might support a local response. The other two capability statements seen in at least two districts were 1) key staff can describe how local emergency management can support healthcare facility operations during an emergency, 2) key staff can conduct lock-down/restrict access procedures for clients, residents, visitors, and staff. The conclusion of these results is that there are three common areas to focus planning and training efforts across all four districts: 1) resource request process, 2) public information, and 3) external/federal support resources available. See the combined districts and each individual district non-hospital chart below for more details.

Differences

Each of the four districts had varying statements that they identified as their high priority/low or moderate capability. District Coordinators will work to identify training opportunities to meet these specific needs in their districts. See the chart below to compare differences.

District	Type	High Priority/Low or Moderate Capability
North	Hosp.	Role of the Disaster Medical Coordination Center (DMCC), personal preparedness, and evidence preservation
	Non-Hosp.	Physical/behavioral health, procedures for evacuation, patient tracking, and bleeding control techniques
Central	Hosp.	Maintain and communicate patient tracking info to partners, identify contaminated patients, conduct triage of outgoing patients, and lockdown procedures
	Non-Hosp.	Inventory/track internal resources and lockdown procedures
Northwest	Hosp.	Decontaminate patients
	Non-Hosp.	Cyber-hygiene and personal preparedness
West	Hosp.	ICS concepts, function of an Emergency Operations Center, and isolating contaminated patients
	Non-Hosp.	ICS concepts and function of an Emergency Operations Center

Districts Combined: Hospitals (16 Responses)				
Capability	HIGH	Acute Infectious Disease/HazMat 2, 3 Healthcare Emergency Management 5 Patient Movement/Tracking 3, 9 Public Information/Messaging <u>6</u> , 7 Trauma 1	Acute Infectious Disease/HazMat 1, 6 Cybersecurity 1, 2 Healthcare Emergency Management 5, 9 Public Information/Messaging 4 Workplace Security 1, <u>5</u> Specialty Patients 1	Acute Infectious Disease/HazMat <u>7</u> Public Information/Messaging 1 Workplace Security 1
	MODERATE	None	Public Information/Messaging 3 Workplace Security 2, 3, <u>6</u>	Workplace Security 4, 7
	LOW	Healthcare Emergency Management 3 Patient Movement/Tracking 8, <u>10</u>	Patient Movement/Tracking 4, 7 Public Information/Messaging 2 Situational Awareness 2 Specialty Patients 2	Physical/Behavioral Health 2 Patient Movement/Tracking 5
		LOW	MODERATE	HIGH
Priority				

Underline appear in 3 or more districts



Districts Combined: Hospitals

*** **Bold** appear in 3 or more districts***

High Priority/Low Capability	
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
High Priority/Moderate Capability	
SIP4	Key staff can select effective shelter-in-place locations.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/Moderate Capability	
PI03	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SIP6	Key staff can describe actions to take when confronted with an active threat.
Moderate Priority/Low Capability	
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PI02	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).



Districts Combined: Hospitals

*** **Bold** appear in 3 or more districts***

High Priority/High Capability	
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
SIP1	Key staff can identify potential risks to staff safety.
Moderate Priority/High Capability	
AID1	Key staff are capable of identifying infectious patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM5	Key staff can describe local hazards that may impact facility/system services.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
SIP1	Key staff can identify potential risks to staff safety.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
Low Priority/High Capability	
AID2	Key staff are capable of isolating infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
HEM5	Key staff can describe local hazards that may impact facility/system services.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Low Priority/Moderate Capability	
None	
Low Priority/Low Capability	
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.



Districts Combined: Non-Hospitals (81 Responses)				
Capability	HIGH	None	Acute Infectious Disease/HazMat 3, 8 Healthcare Emergency Management 5 Workplace Security 2	Acute Infectious Disease/HazMat 7, 8 Physical/Behavioral Health 1, 2 Healthcare Emergency Management 5 Patient Movement/Tracking <u>7</u> Public Information/Messaging <u>4, 5</u> Personal Preparedness 2 Workplace Security <u>1, 2, 4, 5, 6, 7</u>
	MODERATE	Acute Infectious Disease/HazMat 1, 6 Trauma 1	Acute Infectious Disease/HazMat 1 Healthcare Emergency Management 1, 9 Public Information/Messaging <u>1, 7</u> Situational Awareness 1	Healthcare Emergency Management 4, <u>11</u> Workplace Security 3
	LOW	Acute Infectious Disease/HazMat 4, 5, <u>9</u> Healthcare Emergency Management <u>2, 7</u> Patient Movement/Tracking 2, <u>3, 4, 8, 9, 10</u> Public Information/Messaging 2, <u>3</u> Specialty Patients <u>1, 2</u>	Acute Infectious Disease/HazMat 5 Healthcare Emergency Management <u>3</u> Patient Movement/Tracking 6 Situational Awareness 3	None
		LOW	MODERATE	HIGH
Priority				

Underline appear in 3 or more districts



Districts Combined: Non-Hospitals

*** **Bold** appear in 3 or more districts***

High Priority/Low Capability	
High Priority/Moderate Capability	
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
Moderate Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
HEM1	Key staff understand the role of the healthcare coalition during a response.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
Moderate Priority/Low Capability	
AID5	Key staff are capable of isolating contaminated patients.
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.



Districts Combined: Non-Hospitals

*** **Bold** appear in 3 or more districts***

High Priority/High Capability	
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM5	Key staff can describe local hazards that may impact facility/system services.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PP2	Key staff can describe the main components of a personal/family disaster plan.
SIP1	Key staff can identify potential risks to staff safety.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP4	Key staff can select effective shelter-in-place locations.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SIP6	Key staff can describe actions to take when confronted with an active threat.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
HEM5	Key staff can describe local hazards that may impact facility/system services.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
Low Priority/High Capability	
	NONE



Districts Combined: Non-Hospitals

*** **Bold** appear in 3 or more districts***

Low Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Low Priority/Low Capability	
AID4	Key staff are capable of identifying contaminated patients.
AID5	Key staff are capable of isolating contaminated patients.
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).



Districts Combined Partner Engagement			
	Capability Statement	Avg Cap	Avg Pri
EM1	Key staff understand the role of the healthcare coalition during a response	2.12	1.75
EM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).	2.03	1.88
EM3	Key staff can describe external and federal medical resources that might support a local response (e.g. Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc).	1.89	1.78

Across all districts the highest priority-lowest capability statement was for key staff to understand the role of the healthcare coalition during a response. The moderate priority-low capability was that key staff can describe the role of the Disaster Medical Coordination/Control Center (DMCC). The Network will work to create training opportunities with our partners to better understand our roles and integration.



Central District: Hospitals (7 Responses)

Capability	HIGH	Healthcare Emergency Management 1 Patient Movement/Tracking 3, 9 Public Information/Messaging 1, 2, 3, 5, 6, 7 Workplace Security 5 Trauma 1	Acute Infectious Disease/HazMat 1, 2, 3, 6 Cyber Security 1, 2 Healthcare Emergency Management 4, 5, 9 Public Information/Messaging 4	Acute Infectious Disease/HazMat 5, 7 Workplace Security 1, 3, 7
	MODERATE	Healthcare Emergency Management 6 Situational Awareness 1	Healthcare Emergency Management 8 Specialty Patients 1, 2	Acute Infectious Disease/HazMat 4 Physical/Behavioral Health 1 Healthcare Emergency Management 11 Patient Movement/Tracking 1 Workplace Security 2, 4, 6
	LOW	Healthcare Emergency Management 2, 3, 7 Patient Movement/Tracking 8, 10	Acute Infectious Disease/HazMat 8, 9 Patient Movement/Tracking 2, 4, 7 Personal Preparedness 1, 2 Situational Awareness 2	Physical/Behavioral Health 2 Healthcare Emergency Management 10 Patient Movement/Tracking 5, 6 Situational Awareness 3
		LOW	MODERATE	HIGH
Priority				



Central District: Hospitals

High Priority/Low Capability	
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
High Priority/Moderate Capability	
AID4	Key staff are capable of identifying contaminated patients.
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP4	Key staff can select effective shelter-in-place locations.
SIP6	Key staff can describe actions to take when confronted with an active threat.
Moderate Priority/Moderate Capability	
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).
Moderate Priority/Low Capability	
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PP1	Key staff are aware of resources available to support personal/family preparedness.
PP2	Key staff can describe the main components of a personal/family disaster plan.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.



Central District: Hospitals

High Priority/High Capability	
AID5	Key staff are capable of isolating contaminated patients.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
SIP1	Key staff can identify potential risks to staff safety.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
AID1	Key staff are capable of identifying infectious patients.
AID2	Key staff are capable of isolating infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
HEM5	Key staff can describe local hazards that may impact facility/system services.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
Low Priority/High Capability	
HEM1	Key staff understand the role of the healthcare coalition during a response.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SIP5	Key staff can select alternate routes to exit the building, if necessary.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.



Central District: Hospitals

Low Priority/Moderate Capability	
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
Low Priority/Low Capability	
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.

Central District: Non-Hospitals (36 Responses)				
Capability	HIGH	Healthcare Emergency Management 1 Patient Movement/Tracking 3, 9 Public Information/Messaging 1, 2, 3, 5, 6, 7 Workplace Security 5 Trauma 1	Acute Infectious Disease/HazMat 3 Personal Preparedness 1	Acute Infectious Disease/HazMat 8 Physical/Behavioral Health 1, 2 Healthcare Emergency Management 4, 5 Patient Movement/Tracking 7 Public Information/Messaging 4, 5 Workplace Security 1, 2, 4, 5, 6, 7
	MODERATE	Healthcare Emergency Management 6 Situational Awareness 1	Acute Infectious Disease/HazMat 1, 7 Cyber Security 2 Healthcare Emergency Management 1, 6, 8, 9 Public Information/Messaging 1, 7 Situational Awareness 1, 3	Healthcare Emergency Management 10, 11 Workplace Security 3
	LOW	Healthcare Emergency Management 2, 3, 7 Patient Movement/Tracking 8, 10	Cybersecurity 1 Healthcare Emergency Management 3 Patient Movement/Tracking 1, 6	None
		LOW	MODERATE	HIGH
Priority				

Central District: Non-Hospitals

High Priority/Low Capability	
	NONE
High Priority/Moderate Capability	
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
Moderate Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM1	Key staff understand the role of the healthcare coalition during a response.
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
Moderate Priority/Low Capability	
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.



Central District: Non-Hospitals

High Priority/High Capability	
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
HEM5	Key staff can describe local hazards that may impact facility/system services.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
SIP1	Key staff can identify potential risks to staff safety.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP4	Key staff can select effective shelter-in-place locations.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SIP6	Key staff can describe actions to take when confronted with an active threat.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
PP1	Key staff are aware of resources available to support personal/family preparedness.
Low Priority/High Capability	
	NONE
Low Priority/Moderate Capability	
AID2	Key staff are capable of isolating infectious patients.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.



Central District: Non-Hospitals

Low Priority/Low Capability	
AID4	Key staff are capable of identifying contaminated patients.
AID5	Key staff are capable of isolating contaminated patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).

Central Partner Engagement			
	Capability Statement	Avg Cap	Avg Pri
EM1	Key staff understand the role of the healthcare coalition during a response	1.71	1.83
EM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).	1.57	1.5
EM3	Key staff can describe external and federal medical resources that might support a local response (e.g. Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc).	1.71	2



North District: Hospitals (3 Responses)				
Capability	HIGH	Acute Infectious Disease/ HazMat 2, 3 Healthcare Emergency Management 3 Patient Movement/Tracking 8 Public Information/Messaging 6, 7 Situational Awareness 1, 2	Acute Infectious Disease/HazMat 5 Cybersecurity 1, 2 Healthcare Emergency Management 5, 6, 9, 10, 11 Patient Movement/Tracking 9 Workplace Security 1, 5 Specialty Patients 1 Trauma 1	Acute Infectious Disease/HazMat 4, 6, 7 Healthcare Emergency Management 7, 8 Patient Movement/Tracking 1, 2 Public Information/Messaging 1, 4
	MODERATE	None	Healthcare Emergency Management 1 Patient Movement/Tracking 3, 6 Public Information/Messaging 3 Workplace Security 2, 3, 6	Acute Infectious Disease/HazMat 1, 8 Healthcare Emergency Management 4 Public Information/Messaging 5 Personal Preparedness 1 Situational Awareness 3 Workplace Security 7 Specialty Patients 2
	LOW	None	Physical/Behavioral Health 1 Patient Movement/Tracking 7 Public Information/Messaging 2	Acute Infectious Disease/HazMat 9 Physical/Behavioral Health 2 Healthcare Emergency Management 2 Patient Movement/Tracking 4, 5, 10 Personal Preparedness 2 Workplace Security 4
		LOW	MODERATE	HIGH
Priority				



North District: Hospitals

High Priority/Low Capability	
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
PP2	Key staff can describe the main components of a personal/family disaster plan.
SIP4	Key staff can select effective shelter-in-place locations.
High Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PP1	Key staff are aware of resources available to support personal/family preparedness.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).
Moderate Priority/Moderate Capability	
HEM1	Key staff understand the role of the healthcare coalition during a response.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SIP6	Key staff can describe actions to take when confronted with an active threat.
Moderate Priority/Low Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.



North District: Hospitals

High Priority/High Capability	
AID4	Key staff are capable of identifying contaminated patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
Moderate Priority/High Capability	
AID5	Key staff are capable of isolating contaminated patients.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
HEM5	Key staff can describe local hazards that may impact facility/system services.
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
MOV9	Key staff are capable of reporting bed availability on WATrac.
SIP1	Key staff can identify potential risks to staff safety.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.



North District: Hospitals

Low Priority/High Capability	
AID2	Key staff are capable of isolating infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
Low Priority/Moderate Capability	
	NONE
Low Priority/Low Capability	
	NONE

North District: Non-Hospitals (17 Responses)				
Capability	HIGH	Acute Infectious Disease/HazMat 3	Acute Infectious Disease/HazMat 8 Cybersecurity 1 Healthcare Emergency Management 1 Workplace Security 2	Acute Infectious Disease/HazMat 7 Cybersecurity 2 Healthcare Emergency Management 5 Patient Movement/Tracking 5, 7 Public Information/Messaging 4, 5 Workplace Security 1, 4, 5, 6, 7
	MODERATE	Acute Infectious Disease/HazMat 6 Healthcare Emergency Management 10 Public Information/Messaging 7 Specialty Patients 1	Acute Infectious Disease/HazMat 1 Healthcare Emergency Management 4 Patient Movement/Tracking 1 Public Information/Messaging 1, 2, 6 Personal Preparedness 1, 2 Situational Awareness 1 Workplace Security 3	Physical/Behavioral Health 1, 2 Healthcare Emergency Management 11 Patient Movement/Tracking 4, 6 Trauma 1
	LOW	Acute Infectious Disease/HazMat 4, 9 Healthcare Emergency Management 2, 3, 6, 7, 8 Patient Movement/Tracking 2, 3, 8, 9, 10 Public Information/Messaging 3 Situational Awareness 2 Specialty Patients 2	Acute Infectious Disease/HazMat 2, 5 Healthcare Emergency Management 9 Situational Awareness 3	None
		LOW	MODERATE	HIGH
Priority				



North District: Non-Hospitals

High Priority/Low Capability	
	NONE
High Priority/Moderate Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Moderate Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
PP1	Key staff are aware of resources available to support personal/family preparedness.
PP2	Key staff can describe the main components of a personal/family disaster plan.
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
Moderate Priority/Low Capability	
AID2	Key staff are capable of isolating infectious patients.
AID5	Key staff are capable of isolating contaminated patients.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.



North District: Non-Hospitals

High Priority/High Capability	
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM5	Key staff can describe local hazards that may impact facility/system services.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV7	Key staff are capable of following patient/client evacuation procedures.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
SIP1	Key staff can identify potential risks to staff safety.
SIP4	Key staff can select effective shelter-in-place locations.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SIP6	Key staff can describe actions to take when confronted with an active threat.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
HEM1	Key staff understand the role of the healthcare coalition during a response.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
Low Priority/High Capability	
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
Low Priority/Moderate Capability	
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.



North District: Non-Hospitals

Low Priority/Low Capability	
AID4	Key staff are capable of identifying contaminated patients.
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).

North Partner Engagement			
	Capability Statement	Avg Cap	Avg Pri
EM1	Key staff understand the role of the healthcare coalition during a response	2.43	1.77
EM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).	2.33	2.01
EM3	Key staff can describe external and federal medical resources that might support a local response (e.g. Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc).	1.98	1.73



Northwest District: Hospitals (3 Responses)

Capability	HIGH	<p>Acute Infectious Disease/HazMat 1, 2, 3, 4, 5 Healthcare Emergency Management 5 Trauma 1</p>	<p>Acute Infectious Disease/HazMat 6, 7, 8 Physical/Behavioral Health 2 Healthcare Emergency Management 8 Public Information/Messaging 7 Personal Preparedness 2 Workplace Security 5 Specialty Patients 1</p>	<p>Public Information/Messaging 1 Personal Preparedness 1 Workplace Security 1</p>
	MODERATE	<p>Cybersecurity 1 Patient Movement/Tracking 4, 5</p>	<p>Physical/Behavioral Health 1 Cybersecurity 2 Healthcare Emergency Management 4, 7, 9 Patient Movement/Tracking 2 Public Information/Messaging 4, 6 Workplace Security 3, 6</p>	<p>Acute Infectious Disease/HazMat 9 Healthcare Emergency Management 10 Workplace Security 4</p>
	LOW	<p>Patient Movement/Tracking 3, 6, 7, 8, 9, 10 Public Information/Messaging 3</p>	<p>Healthcare Emergency Management 1, 2, 3 Patient Movement/Tracking 1 Public Information/Messaging 2, 5 Situational Awareness 1, 2, 3 Workplace Security 7 Specialty Patients 2</p>	<p>Healthcare Emergency Management 6, 11</p>
		LOW	MODERATE	HIGH
Priority				



Northwest District: Hospitals

High Priority/Low Capability	
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
High Priority/Moderate Capability	
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
SIP4	Key staff can select effective shelter-in-place locations.
Moderate Priority/Moderate Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SIP6	Key staff can describe actions to take when confronted with an active threat.
Moderate Priority/Low Capability	
HEM1	Key staff understand the role of the healthcare coalition during a response.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).



Northwest District: Hospitals

High Priority/High Capability	
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PP1	Key staff are aware of resources available to support personal/family preparedness.
SIP1	Key staff can identify potential risks to staff safety.
Moderate Priority/High Capability	
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
PP2	Key staff can describe the main components of a personal/family disaster plan.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.
Low Priority/High Capability	
AID1	Key staff are capable of identifying infectious patients.
AID2	Key staff are capable of isolating infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID4	Key staff are capable of identifying contaminated patients.
AID5	Key staff are capable of isolating contaminated patients.
HEM5	Key staff can describe local hazards that may impact facility/system services.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Low Priority/Moderate Capability	
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
Low Priority/Low Capability	
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
MOV7	Key staff are capable of following patient/client evacuation procedures.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.



Northwest District: Non-Hospitals (21 Responses)

Capability	HIGH	None	Acute Infectious Disease/HazMat 3, 6, 7, 8 Healthcare Emergency Management 5 Public Information/Messaging 4 Situational Awareness 1 Workplace Security 5	Physical/Behavioral Health 1, 2 Patient Movement/Tracking 7 Personal Preparedness 2 Workplace Security 1, 2, 3, 6, 7
	MODERATE	Acute Infectious Disease/HazMat 1, 2 Healthcare Emergency Management 8 Trauma 1	Healthcare Emergency Management, 10 Patient Movement/Tracking 4 Public Information/Messaging 1, 6, 7 Situational Awareness 2	Cybersecurity 1, 2 Healthcare Emergency Management 4, 11 Patient Movement/Tracking 1 Public Information/Messaging 5 Personal Preparedness 1 Workplace Security 4
	LOW	Acute Infectious Disease/HazMat 5, 9 Healthcare Emergency Management 1, 2, 7 Patient Movement/Tracking 3, 8, 9, 10 Public Information/Messaging 2, 3 Specialty Patients 1, 2	Acute Infectious Disease/HazMat 4 Healthcare Emergency Management 3 Patient Movement/Tracking 2, 5, 6	Healthcare Emergency Management 6 Situational Awareness 3
		LOW	MODERATE	HIGH
Priority				



Northwest District: Non-Hospitals

High Priority/Low Capability	
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
High Priority/Moderate Capability	
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PP1	Key staff are aware of resources available to support personal/family preparedness.
SIP4	Key staff can select effective shelter-in-place locations.
Moderate Priority/Moderate Capability	
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
Moderate Priority/Low Capability	
AID4	Key staff are capable of identifying contaminated patients.
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.



Northwest District: Non-Hospitals

High Priority/High Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PP2	Key staff can describe the main components of a personal/family disaster plan.
SIP1	Key staff can identify potential risks to staff safety.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SIP6	Key staff can describe actions to take when confronted with an active threat.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
HEM5	Key staff can describe local hazards that may impact facility/system services.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
Low Priority/High Capability	
	NONE

Northwest Partner Engagement			
	Capability Statement	Avg Cap	Avg Pri
EM1	Key staff understand the role of the healthcare coalition during a response	2.21	1.86
EM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).	2.29	2
EM3	Key staff can describe external and federal medical resources that might support a local response (e.g. Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc).	2.07	1.79

West District: Hospitals (3 Responses)

Capability	HIGH	Physical/Behavioral Health 1 Cybersecurity 1, 2 Healthcare Emergency Management 5 Patient Movement/Tracking 7, 9 Public Information/Messaging 6	Acute Infectious Disease/HazMat 1 Patient Movement/Tracking 1, 2 Public Information/Messaging 1, 4 Situational Awareness 3 Workplace Security 1, 5	Acute Infectious Disease/HazMat 2, 3, 7, 8, 9 Healthcare Emergency Management 2 Specialty Patients 1 Trauma 1
	MODERATE	Physical/Behavioral Health 2 Healthcare Emergency Management 10 Patient Movement/Tracking 6, 8 Public Information/Messaging 2	Acute Infectious Disease/HazMat 4 Patient Movement/Tracking 5 Public Information/Messaging 3, 7 Situational Awareness 2 Workplace Security 4, 6	Acute Infectious Disease/HazMat 5 Healthcare Emergency Management 8, 9 Situational Awareness 1 Workplace Security 7
	LOW	Healthcare Emergency Management 1, 3, 4 Patient Movement/Tracking 10 Public Information/Messaging 5 Personal Preparedness 1, 2	Acute Infectious Disease/HazMat 6 Healthcare Emergency Management 6, 11 Patient Movement/Tracking 4 Workplace Security 3 Specialty Patients 2	Healthcare Emergency Management 7 Workplace Security 2
		LOW	MODERATE	HIGH
Priority				



West District: Hospitals

High Priority/Low Capability	
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
High Priority/Moderate Capability	
AID5	Key staff are capable of isolating contaminated patients.
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/Moderate Capability	
AID4	Key staff are capable of identifying contaminated patients.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
SIP4	Key staff can select effective shelter-in-place locations.
SIP6	Key staff can describe actions to take when confronted with an active threat.
Moderate Priority/Low Capability	
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).

West District: Hospitals

High Priority/High Capability	
AID2	Key staff are capable of isolating infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Moderate Priority/High Capability	
AID1	Key staff are capable of identifying infectious patients.
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
SIP1	Key staff can identify potential risks to staff safety.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
Low Priority/High Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
CYB2	Key staff practice effective cyber-hygiene procedures.
HEM5	Key staff can describe local hazards that may impact facility/system services.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV7	Key staff are capable of following patient/client evacuation procedures.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.



West District: Hospitals

Low Priority/Moderate Capability	
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
Low Priority/Moderate Capability	
HEM1	Key staff understand the role of the healthcare coalition during a response.
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PP1	Key staff are aware of resources available to support personal/family preparedness.
PP2	Key staff can describe the main components of a personal/family disaster plan.

			West District: Non-Hospitals (7 Responses)		
Capability	HIGH				
		MODERATE			
			LOW		
			LOW	MODERATE	HIGH
			Priority		
		Public Information/Messaging 6	Physical/Behavioral Health 1, 2 Healthcare Emergency Management 5 Workplace Security 1, 2 Trauma 1	Acute Infectious Disease/HazMat 7, 8 Healthcare Emergency Management 10 Patient Movement/Tracking 1, 7 Public Information/Messaging 4, 5 Personal Preparedness 1, 2 Situational Awareness 1 Workplace Security 4, 5, 6, 7	
		Acute Infectious Disease/HazMat 1, 3, 4, 6 Cybersecurity 2	Acute Infectious Disease/HazMat 2 Healthcare Emergency Management 1 Patient Movement/Tracking 2, 6	Healthcare Emergency Management 4, 6, 8, 9 Public Information/Messaging 7 Workplace Security 3	
		Acute Infectious Disease/HazMat 9 Cybersecurity 1 Healthcare Emergency Management 2 Patient Movement/Tracking 3, 4, 5, 8, 9, 10 Public Information/Messaging 1, 3 Specialty Patients 1	Acute Infectious Disease/HazMat 5 Healthcare Emergency Management 3, 7 Public Information/Messaging 2 Situational Awareness 2, 3 Specialty Patients 2	Healthcare Emergency Management 11	



West District: Non-Hospitals

High Priority/Low Capability	
HEM11	Key staff can describe the process they would use for requesting resources from external partners.
High Priority/Moderate Capability	
HEM4	Key staff can describe how local emergency management can support healthcare facility operations during an emergency.
HEM6	Key staff can describe the healthcare emergency management roles and responsibilities in the disaster life-cycle process - mitigation, preparedness, response, and recovery - for all-hazards disasters.
HEM8	Key staff can describe the basic concepts of the Incident Command System (ICS) or Hospital Incident Command System (HICS).
HEM9	Key staff can describe the role and function of an Emergency Operations Center (EOC) (also known as an emergency coordination center, hospital command center, facility command center, facility operations center, etc.).
PIO7	Key staff are capable of coordinating public information messaging with response partners (e.g., local emergency management, local first responders, etc.).
SIP3	Key staff can conduct lock-down/restricted access procedures for clients, residents, visitors, and staff.
Moderate Priority/Moderate Capability	
AID2	Key staff are capable of isolating infectious patients.
HEM1	Key staff understand the role of the healthcare coalition during a response.
MOV2	Key staff are capable of conducting triage when receiving a surge of patients/residents/clients transported to your facility from another facility or a mass casualty incident.
MOV6	Key staff are capable of maintaining patient tracking information and communicating patient tracking information to partners appropriately during a disaster according to procedures.
Moderate Priority/Low Capability	
AID5	Key staff are capable of isolating contaminated patients.
HEM3	Key staff can describe external and federal medical resources that might support a local response (e.g., Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc.).
HEM7	Key staff can describe the basic concepts of the National Incident Management System (NIMS).
PIO2	Key staff are capable of disseminating messages to people with visual impairments and/or hearing impairments.
SA2	Key staff can demonstrate use of situational awareness tools and procedures to share response information with external partners.
SA3	Key staff are capable of using back-up communications systems (e.g., satellite phones, 800 MHz radio, etc.) to communicate outside of facilities.
SPE2	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat specialty care patients (e.g., burn, bariatric, etc.).

West District: Non-Hospitals

High Priority/High Capability	
AID7	Key staff are proficient in identifying the appropriate level of Personal Protective Equipment (PPE) required to provide care to potentially infectious/contaminated patients.
AID8	Key staff are proficient in donning/doffing appropriate Personal Protective Equipment (PPE) when working with potentially infectious/contaminated patients.
HEM10	Key staff can describe systems for inventorying and tracking internal resources.
MOV1	Key staff are capable of conducting triage of outgoing patients/residents/clients for emergency evacuation.
MOV7	Key staff are capable of following patient/client evacuation procedures.
PIO4	Key staff are capable of sharing facility status with response partners (e.g., fire departments, EMS, the Healthcare Emergency Coordination Center [HECC], etc.) following facility disruptions of service.
PIO5	Key staff are capable of sharing facility status with patients and patient families following facility disruptions of service.
PP1	Key staff are aware of resources available to support personal/family preparedness.
PP2	Key staff can describe the main components of a personal/family disaster plan.
SA1	Key staff can describe the importance of gathering/sharing critical information with external partners (i.e., situational awareness) during an emergency.
SIP4	Key staff can select effective shelter-in-place locations.
SIP5	Key staff can select alternate routes to exit the building, if necessary.
SIP6	Key staff can describe actions to take when confronted with an active threat.
SIP7	Key staff can describe actions to take when responding law enforcement officials arrive.
Moderate Priority/High Capability	
BEH1	Key staff can describe how to engage resources to actively support their own physical and behavioral health following response to a disaster.
BEH2	Key staff can monitor ongoing overall personnel physical and behavioral health and safety during response and recovery.
HEM5	Key staff can describe local hazards that may impact facility/system services.
SIP1	Key staff can identify potential risks to staff safety.
SIP2	Key staff can describe their facility lock-down/restricted access procedures.
TRA1	Key staff are capable of applying bleeding control techniques (i.e., applying tourniquets, packing wounds, etc.) on hemorrhaging patients.
Low Priority/High Capability	
PIO6	Key staff are capable of sharing facility status with the public following facility disruptions of service.

West District: Non-Hospitals

Low Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID4	Key staff are capable of identifying contaminated patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
CYB2	Key staff practice effective cyber-hygiene procedures.
Low Priority/Moderate Capability	
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.

West District: Non-Hospitals

Low Priority/Moderate Capability	
AID1	Key staff are capable of identifying infectious patients.
AID3	Key staff are capable of informing partners of an infectious patient present in your facility.
AID4	Key staff are capable of identifying contaminated patients.
AID6	Key staff are capable of informing partners of a contaminated patient present in your facility.
CYB2	Key staff practice effective cyber-hygiene procedures.
Low Priority/Moderate Capability	
AID9	Key staff can effectively decontaminate patients of all ages, ambulatory and non-ambulatory.
CYB1	Key staff can describe effective cyber-hygiene practices (i.e., following daily routines, checks, and behaviors required to maintain a user's cyber "health").
HEM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).
MOV10	Key staff can describe evidence preservation procedures when processing and treating patients originating from a mass casualty incident.
MOV3	Key staff are capable of receiving a surge of patients transferred from another facility or a mass casualty incident.
MOV4	Key staff are familiar with appropriate patient carry methods, equipment, and transportation assignment procedures necessary for a facility evacuation.
MOV5	Key staff can perform horizontal and vertical patient evacuation procedures (i.e., using appropriate equipment and/or carries, identifying routes and locations of evacuation staging areas).
MOV8	Key staff are capable of using WATrac to input and update patient tracking information.
MOV9	Key staff are capable of reporting bed availability on WATrac.
PIO1	Key staff are capable of disseminating messages to the public via sources such as social media, local news, websites, internal messaging systems and radio.
PIO3	Key staff are capable of disseminating messages to Limited English Proficiency (LEP) audiences.
SPE1	During surge or mass casualty incidents (a large influx of patients at one time), key staff can appropriately treat children.

West Partner Engagement			
	Capability Statement	Avg Cap	Avg Pri
EM1	Key staff understand the role of the healthcare coalition during a response	1.67	1.5
EM2	Key staff can describe the role of a Disaster Medical Coordination/Control Center (DMCC).	1.5	1.83
EM3	Key staff can describe external and federal medical resources that might support a local response (e.g. Medical Reserve Corps, Disaster Medical Assistance Team [DMAT], Disaster Mortuary Operational Response Teams [DMORT], etc).	1.67	1.66



Findings

1. Prioritization

Based on the results of the capabilities assessment it was determined that the NWHRN will focus efforts on developing one new training in 2019 – Business Resiliency Workshop and How to Build Your Own Exercise – to accompany the others already being offered. The NWHRN will additionally facilitate bringing in external training opportunities to address training gaps that were identified at the facility level.

Hospitals: behavioral health, workplace security, and evacuation procedures

Non-hospitals: public information officer & situational awareness, patient tracking, and acute infectious disease

2. Planning and Action

The capabilities assessment identified the best course of action to address the identified training needs and puts a plan in place.

A. Identified Gap: General Healthcare Emergency Management – This is a key training gap among our non-hospital partners for understanding emergency management principles and how organizations should collaborate with external partners in response and communication.

Action: The NWHRN will develop a new training course to address this gap. This will be a two-hour, in-person training that will cover: the phases of emergency management, role of an Emergency Operations Center, the role of the healthcare coalition, what a DMCC is, how local emergency management can support healthcare facilities, understanding your local hazards, general situational awareness and sharing critical information with external partners. Estimated date of delivery Summer 2019.

B. Identified Gap: Resource Request – This was identified as a gap across western Washington in how facilities request resources from their local emergency management department and/or from the NWHRN. Detailed processes are being developed following the change in coalition services area.

Action: The NWHRN will work to update the current resource request processes to reflect the incorporation of all 15 counties. Once finalized, training opportunities will be provided as well as exercises to test the processes.

C. Identified Gap: Patient Movement/Tracking – There is no standardized patient movement plan or process across all of western Washington thus some confusion exists with moving patients between counties during mass casualty incidents. Additionally, individual facilities' ability to receive a surge of patients from another facility and the ability to maintain patient tracking information, and communicating patient tracking information to partners was identified as a gap.

Action: The NWHRN is in the process of developing a Multi-County Patient Movement Plan to incorporate all 15 counties. Once the plan has been finalized, the NWHRN will provide training and then ultimately test these plans during an exercise. The ASPR requirement to conduct a coalition surge test (CST) is an opportunity to test the patient movement plans and surge abilities.

Training

The NWHRN will offer four in-person training topics in 2019, each delivered twice a year in each of the four districts in the NWHRN service area:

- The Business Resiliency Workshop (BRW) is designed to assist healthcare emergency managers and leaders in preparing their organization's Business Resiliency plans that will help support healthcare operations, employees and patients in the event of a disruption.
- The Exercise Design (EX) training will assist healthcare emergency managers design and conduct their own internal exercises to meet the CMS Preparedness Rule requirements.
- The Triage and Treatment (TT) training provides a foundational training and framework that enables any type of healthcare facility to respond to an emergency and bolster surge capabilities in their facility and community during an incident. It allows the broad range facilities to have a common operating plan, basic triage skill set, response capabilities, and an understanding of emergency management.
- The Basics of Healthcare Emergency Management (HCEM) is a new training being developed to provide non-hospital partners a better understanding of emergency management principles and how facilities should collaborate with external partners in response and communication. This training need was derived directly from the 2019 Healthcare Response Capabilities Assessment analysis as a prioritized capability need for our partners.

Projected In-Person Training NWHRN Will Provide

2019	North	Central	Northwest	West
January				
February	BRW & EX	BRW & EX		
March			BRW & EX	BRW & EX
April	BRW & EX	BRW & EX		
May			BRW & EX	BRW & EX
June				
July	HCEM & TT	HCEM & TT		
August			HCEM & TT	HCEM & TT
September	HCEM & TT	HCEM & TT		
October			HCEM & TT	HCEM & TT
November	<i>Annual Capabilities Assessment</i>			
December				

2020	North	Central	Northwest	West
January				
February			BRW & EX	BRW & EX
March	BRW & EX	BRW & EX		
April			HCEM & TT	HCEM & TT
May	HCEM & TT	HCEM & TT		
June				
July			BRW & EX	BRW & EX
August	BRW & EX	BRW & EX		
September			HCEM & TT	HCEM & TT
October	HCEM & TT	HCEM & TT		
November	<i>Annual Capabilities Assessment</i>			
December				

2021	North	Central	Northwest	West
January				
February	BRW & EX	BRW & EX		
March			BRW & EX	BRW & EX
April	HCEM & TT	HCEM & TT		
May			HCEM & TT	HCEM & TT
June				
July	HCEM & TT	HCEM & TT		
August			HCEM & TT	HCEM & TT
September	BRW & EX	BRW & EX		
October			BRW & EX	BRW & EX
November	<i>Annual Capabilities Assessment</i>			
December				

The NWHRN will also provide training on the various plans they maintain. These will be delivered via webinar and online video trainings.

2019	Acute Infectious Disease	Patient Tracking	Patient Movement	Situational Awareness	WATrac (once a quarter)
January	X				X
February		X			
March					
April				X	X
May			X		
June					
July					X
August					
September					
October					X
November					
December					

Exercises

NWHRN conducts exercises guided by the following priorities:

- Testing the regional plans developed by the coalition
- Providing opportunities for hospital and non-hospital healthcare partners to participate in community-wide exercises
- Planning, conducting, and evaluating exercises consistent with the guiding principles of the Homeland Security Exercise and Evaluation Program (HSEEP)

Coalition-Wide Exercises: The NWHRN will conduct one functional exercise annually in which all healthcare partners located in the coalition’s 15-county service area may participate. This functional exercise will be conducted to meet federal Department of Health and Human Services (HHS) Assistant Secretary of Preparedness and Response (ASPR) Coalition Surge Test requirements.

District Exercises: The NWHRN will also conduct 1-2 district-level discussions- and/or operations-based exercise(s), each year per district, at the city, county, or district level. These exercises will be jointly identified with healthcare partners.

Exercise Forecasts

NOTE: Exercise forecasts will be updated continually through early 2019 as the Network works with partners to include information from healthcare partner exercise calendars and the Training and Exercise Plans (TEPs) of city/county emergency management and local health jurisdiction partners.

This forecast is designed to identify exercise activities that include a healthcare scope conducted by NWHRN and/or partners throughout the coalition service area. Please contact the Network for more information regarding participation in these exercises.

This forecast is organized monthly for calendar year (CY) 2019 and quarterly for calendar years 2020 and 2021.

2019 Exercise Forecast

Level (County, District, Coalition-Wide)	Lead	Type	Month	Exercise
Coalition-Wide	NWHRN	Drill	January	Communications Capabilities Demonstration & Evaluation Exercise
Coalition-Wide	DOH	Table-Top	April	Acute Infectious Disease
Coalition-Wide	NWHRN	Functional	June	Coalition Surge Test I
Coalition-Wide	NWHRN	Functional	June	Coalition Surge Test II
Coalition-Wide	NWHRN	Drill	July	Communications Drill
County (Pierce)	Puget Sound Federal Coordination Center	Full-Scale	November	National Disaster Medical System (NDMS) Patient Reception Area (PRA) Revalidation

2020 Exercise Forecast

Level (County, District, Coalition-Wide)	Lead	Type	CY Quarter	Exercise
Coalition-Wide	NWHRN	Drill	1 st	Communications Drill
Coalition-Wide	NWHRN	TBD	2 nd	Acute Infectious Disease
Coalition-Wide	NWHRN	Functional	2 nd	Coalition Surge Test I
Coalition-Wide	NWHRN	Functional	2 nd	Coalition Surge Test II
Coalition-Wide	NWHRN	Drill	3 rd	Communications Drill
County (King)	Puget Sound Federal Coordination Center	Full-Scale	3 rd /4 th	NDMS PRA Revalidation

2021 Exercise Forecast

Level (County, District, Coalition-Wide)	Lead	Type	CY Quarter	Exercise
Coalition-Wide	NWHRN	Drill	1 st	Communications Drill
Coalition-Wide	NWHRN	Functional	2 nd	Coalition Surge Test I
Coalition-Wide	NWHRN	Functional	2 nd	Coalition Surge Test II
Coalition-Wide	NWHRN	Drill	3 rd	Communications Drill
County (Pierce)	Puget Sound Federal Coordination Center	Full-Scale	3 rd /4 th	NDMS PRA Revalidation

Authorities

A. Plan Update and Review Process

1. The Healthcare Response Capabilities Assessment will be conducted on an annual basis.
2. Sections of this plan will be updated based on the outcomes of annual Healthcare Response Capabilities Assessments and in coordination with the Regional Improvement Plan after exercises and/or real-world events.
3. Reviews and updates to this plan will be conducted in coordination with coalition partners.

B. Maintenance

The plan will be reviewed annually following the process outlined above.