



Healthcare System Emergency Response Plan

Situational Awareness Annex

Version 3, June 2019

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
1.	Development of Procedure	April 2016	Cory Fairbanks Rebecca Lis
2.	Updating to incorporate Kitsap County	December 2017	Aaron Resnick Elya Baltazar
3.	Update to incorporate new coalition service area	June 2019	Herakles Li

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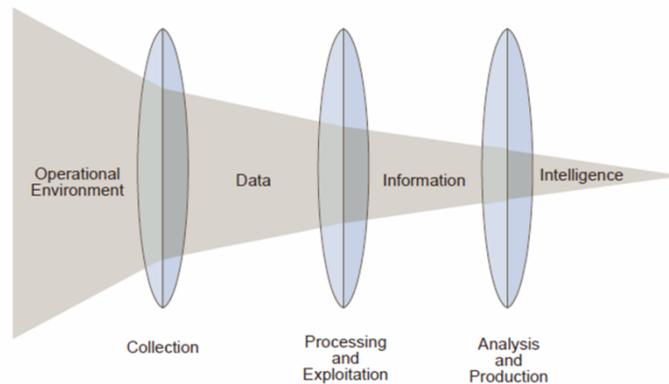
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Introduction/Purpose

Effective emergency response and coordination is dependent on developing an accurate shared common operating picture through situational awareness. The National Response Framework defines situational awareness as the ability to identify, process, and comprehend the critical information about an incident. The Northwest Healthcare Response Network (NWHRN) provides information management by collecting, analyzing, and disseminating incident or related information. The following procedure is meant to provide a standard process and expectation about the type and frequency of information sharing concerning healthcare situational awareness.

To achieve the level of situational awareness needed to affect a coordinated response, information must be accurate, current, and relevant. In addition, situational awareness must be shared in a timely manner with appropriate response partners and stakeholders. For the purposes of this document, in line with Homeland Security standards, the terms data, information and intelligence represent a continuum with data at the far left and intelligence at the far right with additional value and context added at each step to provide enhanced meaning¹. Information is assumed to be “raw” until combined or corroborated, and it is analyzed to understand its value; a lack of analysis can lead to flawed intelligence².

Relationship of Data, Information and Intelligence



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

These guidelines seek to balance the need for sharing meaningful intelligence and situational awareness within the healthcare and emergency management community to facilitate an effective, coordinated response to incidents and events while respecting the autonomy of individual healthcare organizations to manage sensitive organizational information.

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

² Randol, Mark A. *Homeland Security Intelligence: Perceptions, Statutory Definitions, and Approaches*. January 14, 2009

Scope

This procedure provides a standard process and mechanism for the efficient gathering, analysis, and distribution of critical situational awareness intelligence to coalition partners during an incident or event with healthcare impacts or potential impacts. It outlines the key questions and data elements necessary for local decision making to support healthcare in an incident or event. This plan is applicable for a standard situational awareness process for healthcare organizations from within the NWHRN coalition service area which is composed of 25 Sovereign Tribal Nations and 15 counties.

Planning Assumptions

Planning assumptions include:

1. The type of information and data collected, as well as the type of intelligence distributed will vary based upon the incident.
2. Healthcare organizations may not be able to provide detailed data prior to, during, or immediately following an incident.
3. The most critical data and information needs of healthcare and the NWHRN should be prioritized early in the response; additional queries will be gathered as time progresses.
4. Healthcare organizations will provide data and information that is available at that time (even if it is none) and will update their status as appropriate.
5. The NWHRN will provide a roll-up of the data gathered and analyzed as intelligence to healthcare organizations and partner organizations.
6. Healthcare organizations are autonomous entities that maintain control over the dissemination of organizational data and information.
7. During rapidly evolving incidents data or information may be inaccurate, incomplete, or may be missing.
8. All organizations will make a good faith effort to ensure the accuracy of data and information.
9. Transparency is essential for accurate situational awareness and maintaining trust among response partners and the public.
10. Any data or information shared with the NWHRN by a healthcare organization and/or response partner may be disseminated to other healthcare organizations, response partners, and/or stakeholders, unless specifically directed by the organization to not disseminate.
11. The NWHRN will not make any public statements on behalf of a healthcare organization unless specifically asked by the organization to do so.

Concept of Operations

A. Healthcare Operational Objectives

Before an incident (if there is notice), immediately following an incident, and at the beginning of each operational period, the NWHRN's Healthcare Emergency Coordination Center (HECC), in coordination with appropriate partners, as time permits, will establish regional healthcare response objectives which describe what will be done to resolve the challenges posed by the incident. It is understood that each organization will develop individual goals and objectives, within the context of the regional response efforts.

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

Healthcare operational objectives will be created using the following guidelines:

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

As the situation stabilizes, the HECC will work with healthcare organizations and partner organizations to transition to a more collaborative approach for objective setting.

B. Time-Tiered Approach

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

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

C. Situational Awareness Procedures

1. Healthcare organizations will report incidents to the NWHRN that have the potential to create a disparate impact on local or regional healthcare delivery and/or the greater healthcare system. If the local/county EOC and/or LHJ is aware of impacts to healthcare organizations, they should notify the NWHRN. It is understood that healthcare organizations may or may not elect to notify NWHRN and/or that notification may be delayed, depending on the situation. Typically, the NWHRN expects to receive reports on potential incidents or events through its 24/7 Duty Officer as the

- primary contact. If the HECC is activated the Duty Officer line may be transferred to the HECC during the activation and will become the new primary contact.
2. The NWHRN will, in coordination with LHJs and healthcare organizations, define initial healthcare community objectives to inform situational awareness needs.
 3. The NWHRN will quickly deploy the 0-4 hour questions to gather detailed information and intelligence from healthcare organizations. Healthcare organizations are also encouraged to continually self-report their status using the 0-4 hour questions template (Attachment A).
 4. Using the master bank of situational awareness questions and having defined the regional operational objectives, the NWHRN will develop an extended situational awareness survey.
 5. The NWHRN will collect, analyze, and compile the information into a Healthcare Impact Report and summarize the intelligence for a Snapshot or a Situation Report.
 6. Intelligence will be disseminated to partners as outlined in the “distribution of information” section below.

D. Expectations

1. Healthcare Organizations
 - Healthcare organizations will share data and information about their organizations' status and response to an incident or event. See Attachment B for more details.
 - Healthcare organizations will be prepared to provide the data and information requested with as little delay as practical.
 - If an organization does not wish some or all of the data or information provided to be further disseminated to the larger healthcare network, the organization must specifically state so when communicating the information to the NWHRN.
 - Communication with healthcare organizations will occur through organizations' emergency command centers. If an organization's emergency command center is not activated, communication will flow through the organization's emergency point(s) of contact which are on file with the NWHRN.
 - Healthcare organizations will notify the NWHRN of any of the following situations:
 - Emergency command center activation
 - Emergency operations plan activation
 - Current or potential impact to essential patient care services
2. Local Health Jurisdictions/ Emergency Management
 - LHJs and Emergency Management will review communications and reports sent by the NWHRN.
 - Notify the NWHRN of any of the following situations:
 - Emergency command center activation
 - Emergency operations plan activation
 - Current or potential impact to essential patient care services

3. NWHRN

- The NWHRN will share information and intelligence about the region's healthcare status and any responses to an incident(s) or event.
- Notify and coordinate with the ESF-8 lead on situational awareness activities within their jurisdiction if the activities were not initiated at their request.
- Information shared by the NWHRN is generally compiled into high level reports but agencies and healthcare organizations may ask for specific or more detailed information be provided to them either directly or in the reports.
- The NWHRN will make a good faith effort to ensure that all disseminated intelligence is accurate and complete based on the data and information received from healthcare organizations and other sources. Once identified, any misinformation will be corrected as soon as possible.
- Communication with the NWHRN will flow through its Healthcare Emergency Coordination Center (HECC) structure. If the HECC is not activated, communication will flow through the NWHRN Duty Officer.

E. Alerting for Situational Awareness

Alerts requesting and providing situational awareness data and information will be sent to healthcare and relevant regional partners via several methods. Multiple methods may be used simultaneously to ensure the appropriate people are notified including WATrac, Flash Reports (email), fax, phone or radio.

1. WATrac - is an alerting tool for notifying healthcare organizations of incidents or events. A request for situational awareness (0-4 hours) may be sent as a WATrac alert. Subsequent requests for data and information will be sent as updates to the initial WATrac alert.
2. Flash Report (see Types of Communications and Reports for full description) – will be sent immediately following an incident to provide preliminary information about what is known and may request data and information-gathering from healthcare and relevant partners.

F. Data and Information Gathering

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

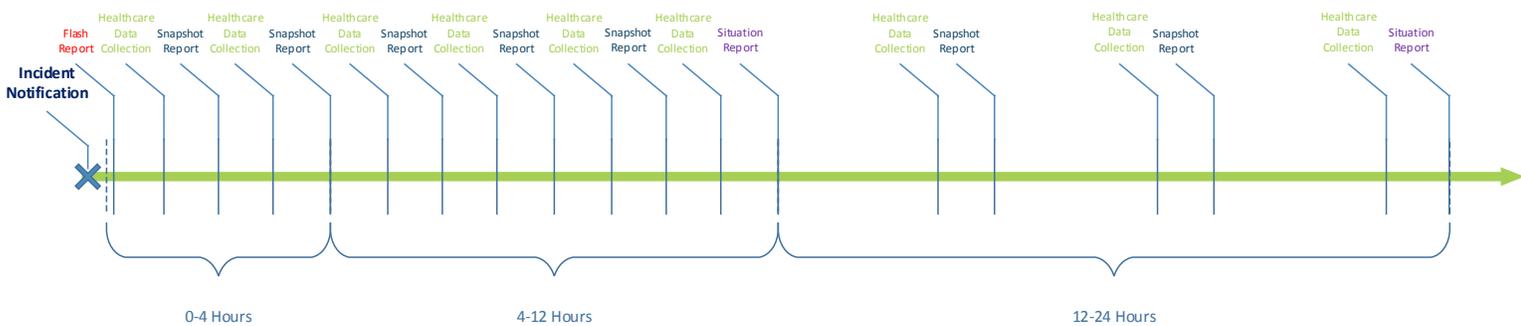
Data and/or information may be gathered by the NWHRN from organizations in active or passive ways. The NWHRN may actively solicit specific information and data elements from organizations to support situational awareness. Data and intelligence gathered will be focused on the regional objectives necessary to predict, manage, and respond to events and incidents. The healthcare objectives will directly determine the data and information needed, who it will be gathered from, and the timetable for collection, analysis and dissemination.

Additional information and clinical guidance from the DCAC will be gathered through the process outlined in the Clinical and Policy Advisory Preparedness and Response Plan (in development).

Passive information-gathering may be gathered through situation reports, incident action plans (IAPs), news briefings, press releases, etc., from partners and other sources. This information will also be analyzed, and pertinent intelligence will be communicated to the responding organizations. It is important to be aware of the timeline for dissemination from other partner agencies to appropriately allow for incorporation into the healthcare situational awareness reports.

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

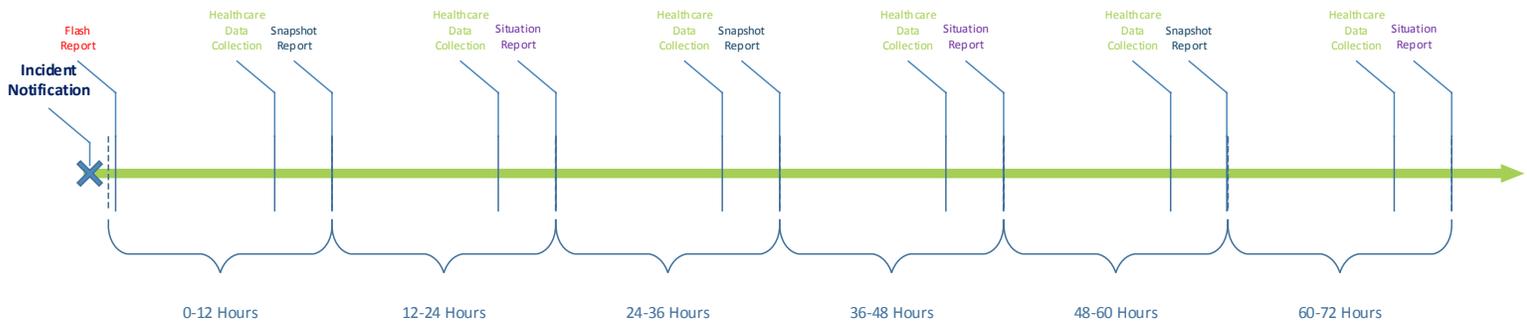
Figure 1 Fast Moving Event: Example information gathering/dissemination schedule. Note: The following timeline is only meant to provide an illustrative example of how the NWHRN will collect and distribute situational awareness. There is no expectation that healthcare partners will provide all requested information on schedule during a fast-moving event.



Key

- Flash Report** = Immediately following notification of an incident
- Snapshot Report** = Every 2 hrs. for first 12 hrs. every 4 hours after first 12hrs.
- Situation Report** = At the end of each operational period (12 or 24hrs.)
- Healthcare Data Collection** = Every 2 hrs. for first 12 hrs. every 4 hours after first 12hrs.

Figure 2 Slow Moving Event: Example information gathering/dissemination schedule



Key

Flash Report = Immediately following notification of an incident

Snapshot Report = Mid-way through each operational period

Situation Report = At the end of each operational period (24hrs.)

Healthcare Data Collection = Every 12 hrs.

The primary method for actively gathering data and information from healthcare organizations, LHJs, and medical vendors will be through a web-based survey tool: Qualtrics. Additional information may be gathered through other tools or reports, including WATrac. Prior to roll-out of the tool, all relevant parties will be trained and exercised on the tool, the process for providing data, and the timetable to expect intelligence back from the NWHRN. If internet is not available during an incident, the NWHRN will establish a regular reporting process using fax, phone, conference call, or radio. In the event data and information is gathered through a non-web-based method, requests and the data gathered will be minimized to streamline the gathering, analysis and dissemination efforts.

G. Information Sharing Guidelines

The NWHRN follows a set of guidelines for the sharing of information gathered during its situational awareness process. This guideline provides further context on the differences between identified vs. de-identified information and how the NWHRN balances between coordinated response and respecting the autonomy and needs of healthcare organizations. The full set of guidelines are available in NWHRN Information Sharing Guidelines (Attachment B). Major guiding principles include the understanding that:

- Healthcare facilities may or may not elect to notify NWHRN and/or that notification may be delayed, depending on the situation.
- If an organization does not wish to have some or all of the information provided to the NWHRN to be further disseminated to the larger healthcare network, the organization must specifically state so when communicating the information.
- The NWHRN will make a good faith effort to ensure that all disseminated situational awareness is accurate based on the information received from healthcare organizations and other sources. Once identified, any misinformation will be corrected as soon possible.

- The NWHRN will not make any public statements on behalf of a healthcare organization unless specifically asked by the organization to do so.
- Communication with the Network will flow through the Healthcare Emergency Coordination Center (HECC) following the incident command system. If the HECC is not activated, communication will flow through the Network Duty Officer.
- Communication with healthcare organizations will occur through the organizations' emergency command centers following the incident command system. If an organization's emergency command center is not activated, communication will flow through the organization's emergency point(s) of contact.

H. Types of Communications/Reports

1. Informational Communications

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

a. Preparedness Advisory

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

b. Resource Advisory

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

2. Response Communications

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

- a. **Flash Report**

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

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

A Situation Report is issued at the end of each operational period, or as needed, with a summary of the response activities over the most recent operational period. The report shall include: incident name, operational period, description of the incident, incident objectives and priorities of the closing operational period, any key actions taken by the NWHRN, weather forecast, and current operational status.
- d. **Healthcare Impact Report**

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

e. Twitter

Tweets may be sent during a response to communicate widely to our community partners. Tweets may be sent to inform followers and the public about the activation or demobilization of the NWHRN, updates from healthcare and relevant partners, and/or if new information has been posted to our website (such as snapshots, situation reports, etc.). The NWHRN will not use this method to communicate any information that partner agencies and healthcare organizations do not wish to have communicated.

I. Distribution of Intelligence

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

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

All relevant partners can receive the standard reports including: flash, snapshot, situation, and healthcare impact report. Partners may include:

- Healthcare organizations
- LHJs
- Emergency management
- Fire/EMS
- Law enforcement
- Other government entities
- Medical examiners or coroners
- Sovereign Tribal Nations
- WA State Department of Health (DOH)
- State and Federal response partners

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

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

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

Communications

1. WATrac

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

2. Email

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

3. Phone/Conference Call/Video Conference

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

4. Radio

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

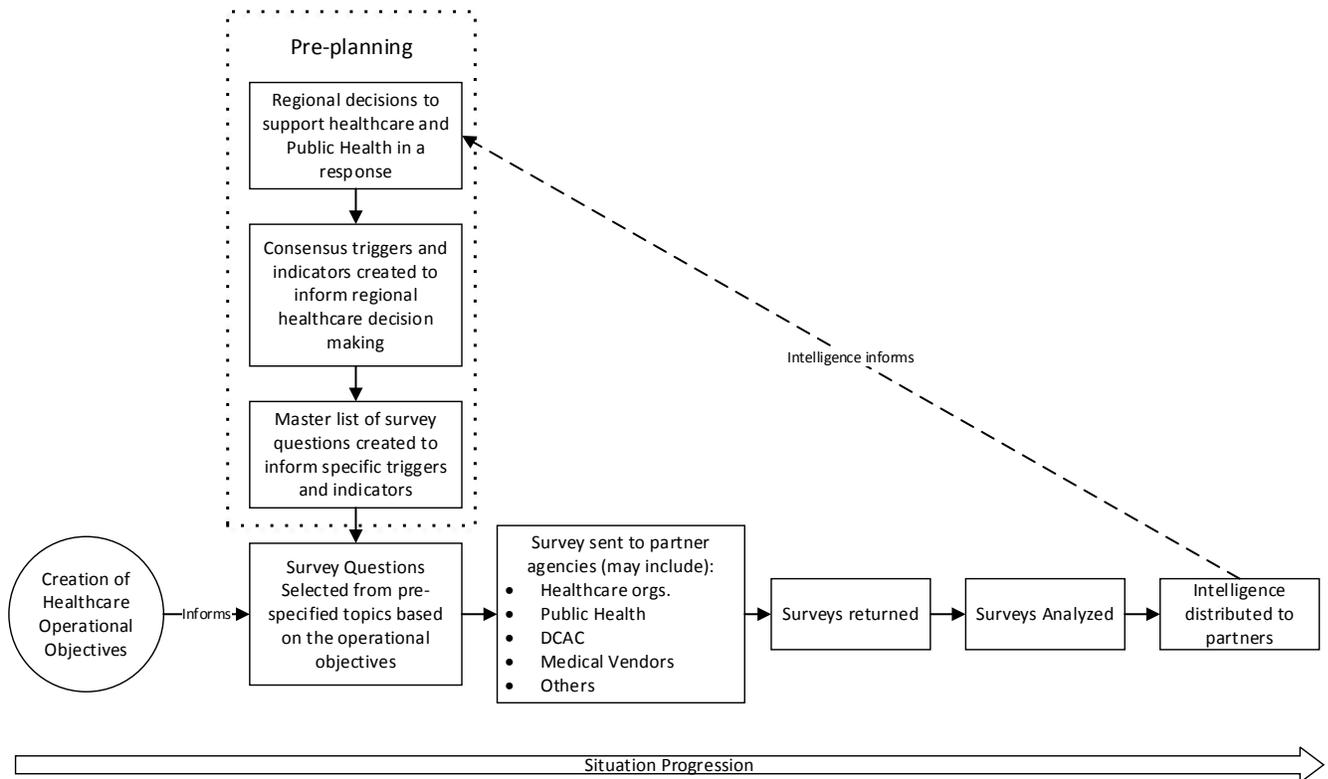
5. Public Communications

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

Situational Awareness/Essential Elements of Information Questions

The use of situational awareness intelligence to inform a common operating picture for healthcare during an incident or event requires targeted and strategic data and information gathering from healthcare organizations, LHJs, vendors (situation dependent), and other partners. This vital data and information may be collected through several methods, but the majority will come directly from healthcare organizations in responses to targeted questions concerning healthcare’s capacity during a response. The questions developed for the situational awareness/essential elements of information are developed directly from the key decisions that may have to be addressed during an incident or event and the clear triggers and indicators that will inform these decisions. Each question is tied to one or more vital triggers or indicators to aid in decision making. (See Attachment D: Situational Awareness Questions and Scenarios – Full) Questions will not be asked that are not clearly tied to healthcare operational objectives during a response.

Figure 3: Overview of Situational Awareness Process



A comprehensive list of questions for each type of partner agency are listed in Attachment D. These questions represent the anticipated scope of types of data and information that may be collected, but which questions and on what frequency may be situation dependent. Not all questions will be

applicable for every situation. Once the questions and timetable for requested data and information have been identified from operational objectives, explicit communications to relevant partners will be sent to establish expectations of data collection and dissemination (see healthcare impact report and example timelines for data collection and dissemination above).

Responsibilities

A. Primary Agencies

1. Northwest Healthcare Response Network (NWHRN)
 - Activates healthcare situational awareness process.
 - Notifies all healthcare organizations, LHJs, and other relevant parties on the information gathering and distribution schedule for the incident.
 - Coordinates centralized healthcare information-gathering, analysis and dissemination on a regional level.
 - Shares healthcare situation awareness reports and information with relevant response partners to develop the common operating picture.
 - Acts as the point of contact for the Washington State Fusion Center to share intelligence with healthcare.
 - Participates in the Joint Information System to establish healthcare situation awareness.
 - Coordinates healthcare organization resource requests.
 - Will attempt to synchronize planning cycles with regional response partners.
2. Healthcare Organizations
 - Collaborate with NWHRN to develop healthcare operational objectives and regional decisions needed to drive information-gathering process.
 - Provides healthcare situational awareness data and information to the NWHRN on the schedule outlined for the incident.
 - Receives reports and intelligence information from the NWHRN to develop the healthcare situational awareness status and disseminate as appropriate.
 - May coordinate public information with the NWHRN PIO.
3. Local Health Jurisdictions (Public Health)
 - Collaborate with NWHRN to develop healthcare operational objectives and regional decisions needed to drive information-gathering process.
 - Will attempt to synchronize planning cycles with regional response partners.
 - Provides situational awareness data, information, and intelligence to the NWHRN on the schedule outlined for the incident.
 - Receives reports and event/incident information from the NWHRN to develop the healthcare common operating picture and disseminates as appropriate.

- Supports coordinated public information and messaging in partnership with the NWHRN and emergency management through a Joint Information System/Center, if established
4. Fire/Emergency Medical Services
 - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate.
 5. Sovereign Tribal Nations
 - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate.
 - Provides healthcare situational awareness data and information to the NWHRN on the schedule outlined for the incident.
 6. Local Emergency Management
 - Serves as the local jurisdictional agency for managing the mitigation, preparedness, and response efforts during natural, man-made, and technological disasters; and to serve as the conduit for expanding coordination to higher level jurisdictions.
 - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates as appropriate.
 - Supports coordinated public information and messaging in partnership with the NWHRN and LHJs through a Joint Information System/Center, if established.

B. Support Agencies

1. Washington State Department of Health
 - Receives reports and intelligence information from the NWHRN concerning healthcare situational awareness status.
 - Coordinates centralized healthcare situational awareness gathering, analysis and dissemination on a state level.
 - Shares healthcare situation awareness reports and intelligence with relevant response partners.
2. Other Partner Agencies
 - Washington State Fusion Center – Serves as the central hub for the gathering and sharing of intelligence, including developing law enforcement and military response, and the protection of critical infrastructure from man-made threats.
 - Washington State Military Department, Emergency Management Division –Serves as the State’s authority in the development and management of statewide emergency preparedness and response activities. Includes developing standards across local and sub-jurisdictions within the State of Washington.

Authorities and References

A. Review Process and Update Procedure

1. Sections of this procedure will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real-world events/incidents.
2. The annex will be provided to the healthcare organizations and regional partners for review and input.
3. Following review, modifications will be made, and a copy will be provided to regional partners. Healthcare organizations are expected to share the updated procedure internally within their appropriate committees and with their leadership.
4. This annex will be tested through exercises and drills to determine changes needed, adjustments, or additional training to support annex implementation.
5. The NWHRN Board of Directors will be briefed when updates to this annex are completed.

B. Maintenance

The Situational Awareness Annex will be reviewed every three years or as needed following the process outlined above.

C. Training and Exercise

Training on this annex will be conducted regularly with local partners and will consist of an overview of roles and responsibilities and the process for information sharing, analysis and dissemination. The Situational Awareness Annex will be incorporated into and exercised during local, regional or state-level exercises as appropriate.

D. References

This plan annex is designed to be supportive of local, state, and tribal plans and procedures. Situational awareness coordination is recognized to be an ongoing process. For a complete list of references please refer to the full Healthcare System Emergency Response Plan.

Definitions & Acronyms

A. Definitions

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

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

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

B. Acronyms

DCAC – Disaster Clinical Advisory Committee

DOH – Washington State Department of Health

HECC – Healthcare Emergency Coordination Center

IAP – Incident Action Plan

JIS – Joint Information Systems

LHJ – Local Health Jurisdiction

LTC – Long-term Care

NWHRN – Northwest Healthcare Response Network

PIO – Public Information Officer

Attachments

- A.** Attachment A: Healthcare Situational Awareness – 0-4 hour. Assessment Template
- B.** Attachment B: Northwest Healthcare Response Network Information-Sharing Guidelines
- C.** Attachment C: Example Communications Templates
- D.** Attachment D: Situational Awareness Questions and Scenarios