Healthcare System Emergency Response Plan

Version 2, June 2019

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
1.	Created Coalition-wide Healthcare System Emergency Response Plan	May 2018	Rebecca Lis & Aaron Resnick
2.	Updated to include additional counties in NWHRN service are	June 2019	Aaron Resnick

Table of Contents

Annexes and Appendices to this Plan

- Functional Annexes
  - Situational Awareness
  - Patient Movement
  - Healthcare Resource Sharing

- Hazard Annexes
  - Acute Infectious Disease
  - Resource Management and Crisis Standards of Care

- Appendices
  - Patient Tracking
  - Inbound Patient Movement
  - Long-Term Care Response

Introduction

The Washington state healthcare preparedness region of Western Washington comprise three of the most populous counties in the state. The combined population is 5,200,000, representing almost 70 percent of Washington's population.[1] The region is also one of the most racially and ethnically diverse in the state, and is home to several Tribal Nations. According to the 2010 U.S. Census, the city of Seattle, Washington's largest city, has the highest population density in Washington State with over 7,200 people per square mile, and has the highest concentration of medical services in the region and state. Tacoma, in Pierce County, is Washington's third largest city with over 200,000 residents.

The healthcare system in the three-county region is a vast network of providers of hospital, ambulatory care, in-home services, long-term care, behavioral health, and ancillary care services. Healthcare services across the region are organized into systems, medical groups, pubic services, and individual providers. King County hosts the only adult and pediatric Level 1 trauma and regional burn center for a four-state region (Washington, Alaska, Idaho, and Montana) and serves as a major tertiary referral area in the Pacific Northwest, providing specialties including burn, transplant, trauma and bone marrow. The region also hosts military, federal, civilian, and state acute care and specialty hospitals and other healthcare facilities.

Geographically, the region is bordered by Puget Sound, which connects to numerous inland lakes, rivers, and other waterways. The region is bordered to the west and east by the Olympic and Cascade Mountains, respectively. The geographic and demographic diversity and size of the region contribute challenges and opportunities for the healthcare system to prepare for, respond to and recover from disasters and other regional incidents.

The Northwest Healthcare Response Network (NWHRN) is an independent 501(c)(3) organization that leads the Healthcare Coalition in 15 counties and 25 sovereign tribal nations. A Healthcare Coalition is "a collaborative network of healthcare organizations and their respective public and private sector response partners within a defined region"[2]. In preparedness and response, the NWHRN coordinates healthcare emergency response with regional partners for: situational awareness, patient tracking, resource coordination, and coordinates healthcare policy and operational response.

Disasters and incidents can strike communities of any size at any moment. While at least some warning may precede certain disasters, others come with little to no forewarning, thereby maximizing their impact. Furthermore, some disaster scenarios are judged to be of an extremely low likelihood, while others occur at regular intervals. The geographic, human, and other impact factors of a given incident may also vary widely across different disaster scenarios.

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[1] State of Washington Office of Financial Management, June 2017:
http://www.ofm.wa.gov/pop/april1/ofm_april1_press_release.pdf
[2] Office of the Assistant Secretary for Preparedness and Response. Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness [Internet]. [cited 2016 Feb 4]. Available from:
http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

Healthcare Hazard Vulnerability Assessment

Many healthcare organizations are required to assess facility and community hazards annually and following significant real-world events and exercises. These assessments form the basis of healthcare emergency management programs and assist in prioritizing program activities and resources.

To help ensure preparedness and response activities align with identified healthcare and regional vulnerabilities, the NWHRN has worked with healthcare, public health, and emergency management partners to assess hazards across the Coalition. Through this process, hazards were identified and prioritized based on expert input from healthcare emergency preparedness leaders. The Regional Healthcare Hazard Vulnerability Assessment (HVA) was developed in 2017 and refined in 2018 as a tool to benchmark emergency management activities between and within the NWHRN and its partners (Attachment B). Of the 28 assessed hazards, the following 9 hazards were identified as the most important for regional healthcare preparedness planning: (presented in alphabetical order)

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

Purpose

The purpose of this plan is to provide a concept of operations for a coordinated healthcare response to a natural, technological, or human caused disaster in the NWHRN service area. Planning and prioritizing for such incidents is based on the Regional Healthcare HVA reviewed annually by the NWHRN.

Scope

The Regional Healthcare System Emergency Response Plan (the Plan) is applicable for events necessitating local and/or regional healthcare response coordination among partners within jurisdictions encompassed by the NWHRN.

The information in this plan applies to the roles and responsibilities of the NWHRN and coalition partners such as healthcare organizations, public health jurisdictions, Emergency Medical Services, Emergency Management departments, etc. Plan information may also be applicable to other organizations such non-governmental and local, state, federal, and tribal partners. It includes a general concept of operations for healthcare activities during disaster response operations. Broader health, medical and mortuary response activities are covered in county Emergency Support Function (ESF)-8 (Health, Medical, and Mortuary) plans or in relevant functional response plans. This plan is compatible with federal and state emergency response plans, promotes the coordination of an efficient and effective response by utilizing the concepts outlined in the National Incident Management System, and establishes common goals, strategies and terminology with other regional and local plans.

Planning Assumptions

This Plan outlines the activities necessary to manage events requiring coordination of resources among regional partners. Planning assumptions for the purposes of this plan include:

1. Public need for health information and health and medical services will likely increase during disasters.
2. A disaster may require the triage and treatment of large numbers of individuals, which will have a direct impact on healthcare facilities and workers.
3. Incident response resources and personnel could be limited in disasters while injuries, illnesses, and the need for medical resources may increase.
4. Healthcare organizations will commit their internal organizational and/or system resources to address their own internal challenges prior to releasing resources to other healthcare organizations.
5. Healthcare organizations will commit their internal resources and contracts to address issues within their organizations before requesting resources and support from other healthcare organizations or partners.
6. Pediatric and other specialty care patients, including those that are critically ill, may present to any hospital, closest urgent care, or other healthcare facility during a disaster, including those that do not normally treat those specialty or pediatric populations.
7. Healthcare organizations will incorporate and address the unique needs and circumstances of vulnerable and specialized populations in emergency response planning.
8. During a disaster that results in critical infrastructure disruption and/or a patient surge, transport and transfer of patients to specialized hospitals might not be immediately feasible.
9. Infrastructure impacts, such as damage to bridges or road closures, may affect staff, patient, and supply transport through the region.
10. Essential goods and services, such as food, water, and medical supplies may be in short supply or unavailable during or following a disaster.
11. Healthcare organizations will rely on existing emergency service contracts with medical suppliers and other key vendors to sustain essential patient care services for the maximum extent possible, and will have plans in place to manage, as much as possible, critical functions for a minimum of 96 hours.
12. A disaster or similar event may impact communications within a healthcare organization as well as between healthcare organizations and response partners, thereby creating additional challenges during the response.
13. Healthcare organizations will likely be a priority for critical infrastructure service restoration, such as power, water, communication and transportation systems, when impacted during or following a disaster.
14. Healthcare organizations that are a part of this Plan will follow the National Incident Management System (NIMS) using Incident Command System (ICS).

Concept of Operations

A. Activation of the Plan

- This plan, in part or in its entirety, will be activated during any incident that warrants coordination between one or more healthcare organizations and other emergency response partners. When activated, the NWHRN supports healthcare response coordination as part of the ESF-8 response led by the Local Health Jurisdictions(s) (LHJs). Upon activation of local emergency management, the NWHRN will activate to support ESF-8 operations, in coordinated with the LHJ. This activation may occur concurrently with activation of other plans within and/or outside the region.
- A request for activation of this Plan may originate from any local healthcare organization, local and/or state Disaster Medical Control/Coordination Center (DMCC), LHJ, or emergency management agency, or similar organization, as well as the NWHRN leadership and Duty Officer. An activation request will be communicated to the NWHRN.
  - The NWHRN leadership or Duty Officer will receive requests for Plan activation and alert partners
  - Any of the organizations listed above can activate the Plan in part or in its entirety.
- The NWHRN Healthcare Emergency Coordination Center (HECC) will activate prior to or immediately following activation of this Plan.
  - Partner emergency coordination centers may activate prior to or following activation of this Plan. The HECC will operate in coordination with any other activated local/regional/state coordination centers.

B. Notification and Warning

- The HECC will notify partners as quickly as possible via email, WATrac, or phone upon activation of this Plan.
  - Partners that may be notified by the HECC include healthcare organizations, LHJs, emergency management departments, emergency medical services (EMS) agencies, and DMCCs among others.
- If other partners activate the Plan due to a communications interruption, the activating organization(s) will notify the NWHRN as soon as possible following service restoration.

C. Command, Control and Coordination – Healthcare Emergency Coordination Center

Upon activation of the local EOC, the NWHRN will support ESF-8: Public Health and Medical Services operations lead by the LHJs. The NWHRN may support healthcare response coordination under ESF-8 even if the local EOC/ECC is not fully activated (Figure 1)

Figure 1: Command, Control, and Coordination of Healthcare Response Coordination
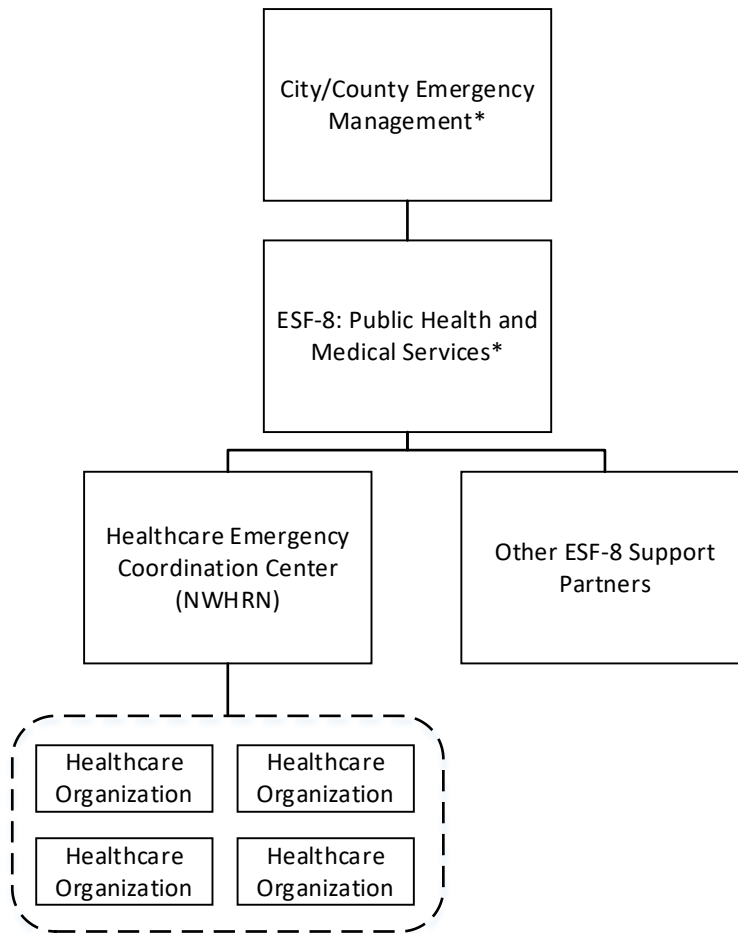
*NWHRN supports and represents for all counties activated in a response

The NWHRN, via its Healthcare Emergency Coordination Center (HECC), serves as the lead for healthcare preparedness, response and recovery coordination within the Coalition's service area. The HECC supports the greater ESF-8 response through the primary roles of:

1. Developing and disseminating healthcare situational awareness.
2. Coordinating healthcare resource requests
3. Initiating and administering regional patient tracking.
4. Coordinating healthcare policy and operational response (includes healthcare executive and clinical coordination).

HECC operations may include any combination of these roles, and other secondary responsibilities, tasks, operations, etc.

- **Duty Officer:** The NWHRN maintains a rotating 24/7 duty officer available to field incident notifications, assess initial impact(s), and begin the process of activating the

HECC, as necessary. The duty officer phone number remains constant at all times. When activated, the duty officer phone line will be transferred to the HECC.

- **HECC:** To fulfill its mission of supporting healthcare organizations and coordinating the regional healthcare response, the HECC will:
  o Maintain healthcare situational awareness of the incident and disseminate information to partner organizations as necessary. This information may include incident reporting/updating, regional healthcare objectives, requests for information, etc. Information gathering may include surveys to healthcare and other partner organizations, as well as other reporting efforts.
  o Coordinate requests for healthcare information from external agencies and organizations. These may include requests from local, regional, state, and federal partners such as public safety agencies, non-governmental organizations, and trade groups.
  o Establish coordination relationships with relevant organizational, local, regional and/or state emergency operations/coordination centers (EOC/ECC). This coordination may include providing a liaison to an individual EOC/ECC.
  o Administer WATrac Western WA to include emergency alerting, patient tacking, chat room coordination, and other features and resources.
  o Lead patient tracking in coordination with healthcare organizations and other response partners.

- **Healthcare Situational Awareness:** Effective response and coordination is dependent on accurate situational awareness. To achieve the level of situational awareness needed to ensure a coordinated response, intelligence must be accurate, current, and relevant. In addition, situational awareness must be shared in a timely manner with appropriate response partners and stakeholders. It is understood requests for information may come from many sources, including city/county/state leadership and elected officials. The NWHRN administers the Regional Healthcare Situational Awareness Procedure (Annex) that outlines the process for gathering, analyzing, and distributing of critical situational awareness intelligence for healthcare during an incident and is a pillar of the HECC operations. The healthcare situational awareness process is rooted in healthcare operational objectives; the NWHRN takes a time-tiered and targeted approach to gathering data to provide a comprehensive picture of the impacts to healthcare. Products and information are distributed on a regular schedule with appropriate partners to guide regional response decision making.

- **Resource Requesting[3]:** The NWHRN is responsible for supporting healthcare facility resource requests and coordinating the prioritization of scarce resources prior to, during, and/or following an incident. The NWHRN initially supports resource requests by forwarding requests to the larger healthcare community on behalf of the requesting

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[3] For more on Resource Requesting, see Northwest Healthcare Response Network Healthcare Emergency Coordination Center Operations Plan, February 2017

healthcare facility. The requesting healthcare facility remains the primary point of contact (POC) for any offers of support. If a request is unable to be filled within the healthcare community, the NWHRN will forward the request to the appropriate LHJ and/or Emergency Management agency according to local procedures. The requesting healthcare care facility remains the primary POC.

In the event of a scarce resource situation (i.e. supply of resources cannot meet the need), the NWHRN may activate its Disaster Clinical Advisory Committee(s) (DCAC) and the Healthcare Executive Response Committee (HERC) to make recommendations on resource prioritization to the Local Health Officer(s) (LHO). The LHO(s) may then provide guidance on resource prioritization. Once guidance has been given for resource prioritization, the NWHRN becomes the broker of the scare resource(s). Any requests for scarce resources are made through the NWHRN and the NWHRN becomes the primary POC for any offers of assistance. The NWHRN forwards appropriate offers of assistance to requesting healthcare facilities to manage final approval and logistical coordination.

Additionally, the NWHRN is developing a healthcare resource tracking plan and/or process (in development) to support healthcare resource response efforts.

- **Patient Tracking:** Accurate and timely tracking of patients in a mass casualty incident or healthcare facility evacuation is vital to avoid adverse consequences for the patients, their families, responding organizations, and community recovery. Patient Tracking is the process for documenting and following information about a patient including the patient's physical location and other limited information, such as condition, disposition, and patient identifying information. The NWHRN administers a Regional Patient Tracking Concept of Operations (Annex) that provides a framework for accurate patient tracking through an online system (WATrac) and paper-based backup. Patient tracking is a vital element of healthcare situational awareness, operations, and family reunification regionally. The NWHRN has identified core data elements vital for tracking; processes and protocols to maintain tracking; and critical partners that may need patient tracking information to support operations and family reunification.

- **Clinical and Healthcare Policy Recommendations:** During response operations, the LHO(s) may seek recommendations to support decision-making during an incident. The LHO(s) may seek guidance to provide evidence to identify a crisis situation, to determine what guidance to provide to healthcare organizations around the region, and on how to implement change to standards or care, etc. The NWHRN administers and may activate a DCAC and/or the HERC to support the need for clinical and/or healthcare policy guidance and recommendations. The DCACs and the HERC may be activated individually or together to respond to an incident.
  - o *Disaster Clinical Advisory Committee (DCAC):* DCAC will provide independent clinical guidance and expertise to the LHO(s), to support healthcare system planning and response on key issues, such as medical surge, allocation of limited resources (conservation or rationing), and clinical care strategies, including altering the

standards of care in a response. DCACs will be activated to provide input on a clinical issue of importance, and may be used to support clinical decision-making during major events if needed. Membership includes specialists in areas relevant to clinical management during all types of disasters.

- o *Healthcare Executive Response Committee (HERC):* The HERC is comprised of designated executive representatives from the NWHRN healthcare member organizations and LHJs. The HERC is an advisory body of executive-level healthcare representatives that:
  - o Provides guidance on incident response-related healthcare policy issues during preparedness and response.
  - o Provides healthcare executive endorsement/approval of the NWHRN response plans and strategies.
  - o Provides healthcare executive outreach and coordination with peers during preparedness and response.

  The HERC will be activated when there are issues requiring healthcare executive input and may be used to support decision making concerning healthcare response in a major event.

D. Command, Control and Coordination – Partner Organizations, Agencies, & Departments

- **Healthcare Organizations:** Healthcare organizations could include any of the following categories of partners: hospitals, long-term care (skilled nursing facilities, assisted living facilities, home health, etc.), outpatient facilities (clinics, urgent care, ambulatory surgery centers, tribal health, dialysis, etc.), and blood providers. Healthcare facilities/systems will attempt to manage incidents within their organizations as best as possible. Healthcare will activate emergency procedures, plans, and/or command and control centers as needed to prepare for, respond to, and/or recover from any incident. If additional external resources are necessary for healthcare to respond, healthcare organizations may request resources from any of the following avenues: health or medical vendor; the HECC; local Emergency Management or EOC/ECC; LHJs; and other partner organizations. If healthcare organizations request resources via the HECC, the regional Healthcare Resource Sharing Memorandum of Understanding (MOU) will be activated, and procedures outlined in the MOU will be followed (Attachment H).

  Healthcare facilities may receive a surge of patients due to an incident. Healthcare will follow internal procedures for managing a surge as much as possible. Healthcare may request support from local partners for resources, staff, and coordination at any time.

  If the HECC is activated to support healthcare operations, healthcare facilities/systems will support those operations in the following ways:
  - Situational Awareness: provide requested information in a timely manner as feasible prior to, during, and/or following the incident. Receive situational awareness and share within their organization.

- Resource Coordination: request support for resources through the HECC or local emergency management. Support requests for mutual aid if able.
- Patient Tracking: support patient tracking operations by sharing patient information with the HECC (as applicable).
- Clinical/Policy coordination: support request for guidance and feedback on clinical or policy coordination efforts.

To the best of their ability, healthcare organizations will respond to requests for information from the HECC and any other partner organizations. Additionally, healthcare organizations may be called upon to support local alternate care systems response efforts by the LHJs, according to county-specific plans (see county-level plans for more information).

- **Disaster Medical Control/Coordination Centers (DMCCs):** The DMCCs contained in the NWHRN's geographic region will serve as focal points for healthcare alerting and patient distribution prior to, during, and/or following an actual or possible mass casualty or hospital evacuation. DMCCs are one volunteering hospital per county within the healthcare coalition (with a backup facility identified), that have their own policies and procedures in additional to hospital operation procedures. Specific duties of the DMCCs, upon activation of this plan, are:
  - Notify the NWHRN duty officer and/or HECC of an incident leading to possible or actual DMCC activation.
  - Distribute alerts, or request distribution via the NWHRN duty officer/HECC, to area healthcare organizations with information pertaining to an incident.
  - Request hospital bed availability information from area hospitals.
  - Advise public safety agencies and healthcare organizations on appropriate mass casualty patient destination.
  - Seek assistance as necessary from public safety agencies, the HECC, neighboring local DMCCs, and/or state DMCCs.

  Primary DMCCs in the NWHRN's service area are the following:
  - <u>King County (Central District)</u>: Harborview Medical Center
  - <u>Kitsap County (NW District)</u>: Harrison Medical Center – Bremerton
  - <u>Pierce County (Central District)</u>: MultiCare Good Samaritan Hospital
  - <u>West District</u>: Providence St. Peter Hospital
  - <u>North District</u>: Providence Regional Medical Center - Everett

  In addition to county-level DMCCs, the Washington State Department of Health (DOH) has established two statewide DMCCs covering western and eastern portions of the state. Harborview Medical Center (West) and Providence Sacred Heart Medical Center & Children's Hospitals in Spokane (East) serve as the state DMCCs. State DMCCs can be requested to activate in an incident where local DMCCs have exhausted their resources to management patient placement.

Distribution of patients for a long-term care (LTC) facility evacuation will be coordinated by the Long-Term Care Response Team trained and supported by the NWHRN to support these distribution operations.

- **Health Departments/Jurisdictions**: Upon receiving notification of activation of this plan, health departments/jurisdictions at the local, state, and/or federal level may seek information regarding the incident from the HECC and/or healthcare partners. Health departments/jurisdictions will lead the ESF-8 role for public health and medical services preparedness and response, and may activate and/or staff emergency operations, or similar centers. If activated, health departments/jurisdictions will inform the HECC.

  LHJs are the lead entities for several health-related response operations. These may include:
  o Epidemiological investigations.
  o Alternate care systems operations.
  o Coordination with partners for family assistance plans
  o Fatality management operations.
  o Medical countermeasures operations.
  o Environmental health operations.
  o Medical Reserve Corp coordination.
  o Public and risk communications regarding a health-related incident.

  Any of the above-mentioned or similar activities may be performed in coordination with partners such the DOH, local/state emergency management agencies, HECC, EMS agencies, and healthcare organizations.

- **Emergency Management Departments**: Upon receiving notification of activation of this plan, emergency management departments at the local, state and/or federal level may seek information regarding the incident from the HECC and/or healthcare partners. Healthcare organizations may request resources through the HECC (for medical and non-medical resources) which may then be forwarded along to relevant emergency management partners. Healthcare organizations may also go directly to their local emergency management partners (for non-medical resources). In this instance, either the requesting healthcare organization or emergency management agency may inform the HECC of the request.

  Emergency management departments will lead response coordination, which may include serving as a conduit to state and/or federal emergency management partners, and may activate EOCs/ECCs. If activated, emergency management departments will inform the HECC, and may request a HECC representative/liaison.

- **Emergency Medical Services**: EMS and private ambulance partners play key response roles in both the pre-hospital and inter-facility transfer environments. Upon activation of

this plan, EMS agencies may coordinate patient movement with any activated DMCC and/or the HECC (for LTC evacuations). EMS agencies may also fulfill other response roles such as having representation at an EOC/ECC. EMS will coordinate with the HECC to provide and receive situational awareness information concerning the response.

E. Specialized Incidents

The NWHRN maintains plans, procedures, and similar documents for specialized scenarios that may be activated in coordination with this plan. These specialized incidents include:

- **Medical Surge and Patient Movement**: Medical surge events can be acute, such as a mass casualty incident (MCI) or longer-term, such as a months-long infectious disease incident. Either scenario would likely result in a surge of patients impacting the healthcare, public health, and EMS systems, locally or across county lines. Medical surge is coordinated by individual healthcare facilities using internal protocols and tools such as the medical surge, evacuation, and sub-specialty data for hospitals. Medical surge is coordinated using patient movement plans, situational awareness, and resource requesting.

  The NWHRN administers a Patient Movement Annex to support the coordinated movement of patients due to a MCI, hospital evacuation, or long-term care facility evacuation. Additionally, the NWHRN maintains the following resources to support surge and patient movement operations:
  o Patient tracking processes.
  o Situational awareness procedures.
  o Resource requesting protocols.
  o Coordinates alternate care systems planning with public health partners.

  In a large-scale patient movement operation, patients may need to be moved outside of the county or state to accommodate their care needs. The NWHRN administers a Multi-Regional Patient Movement Response Plan (under development) that outlines the process and responsibilities associated with patient movement operations in Western Washington. DOH administers a catastrophic patient movement plans as well. Additionally, the NWHRN has created a Clinical Guidance for NDMS Outbound Aeromedical Adult Patient Evacuation: A Toolkit for Civilian Hospitals that provides guidance for healthcare facilities about the appropriate patient selection and preparation for aeromedical movement through the National Disaster Medical System (NDMS), the federal patient movement system Attachment C. Attachment D also provides a list of all the regional hospital NDMS designation. NDMS maintains plans for patient reception areas in both King and Pierce counties, in the Puget Sound Patient Reception Areas Operations Plan.

- **Acute Infectious Disease**: Acute infectious diseases represent a potential threat to the healthcare, public health, and EMS systems, among others. These threats could emanate from a novel or unknown pathogen, a known pathogen, or a common disease such as

influenza impacting a much greater number of people than normal levels. To respond to these incidents, the NWHRN administers a Regional Acute Infectious Disease Response Plan (Annex) to provide a concept of operations for a coordinated regional response related to the potential consequences of an acute infectious disease outbreak. The plan describes the coordination of decision making, operations, and communication for an acute infectious disease response. This plan works in close coordination with LHJ planning for infectious disease response.

- **Scarce Resource Management and Crisis Standards of Care**: As shown in previous responses to large scale disasters, it is vital to the continued operations of our healthcare system to plan for possible changes in protocols, guidelines, and standards of care that may occur during this type of incident. Crisis standards of care may be a secondary impact due to a wide range of potential disruptions to the healthcare delivery system including:
  - Extremely scarce resources.
  - Impacts to healthcare infrastructure.
  - Impacts to staffing levels.
  - Shortage of care due to a large-scale surge in patients.

  The Institute of Medicine outlines a framework to define surge capacity within the healthcare systems as a continuum: from conventional to contingency and, finally, crisis. The NWHRN administers a Regional Scarce Resource Management and Crisis Standards of Care Concept of Operations (Annex) (in development) to provide a coordinated decision making and healthcare response to mitigate and respond to a crisis situation. This concept also includes scarce resource management tools including: scarce resource cards, algorithms and worksheets, and triage team guidelines.

- **Medical Countermeasures**: LHJs and/or DOH will lead the coordination and execution of the distribution of mass vaccine and/or pharmaceutical distribution and dispensing/vaccination. Healthcare systems may assist in the distribution and dispensing/vaccination through Private Medication Centers (MC). Resource allocations will be established based on criteria developed at the time of the incident, and consistent with the needs of the incident. The NWHRN will coordinate with the LHJs and healthcare system as appropriate to support medical countermeasures operations. For more information, see the specific LHJ medical countermeasures plans.
  - *CHEMPACK:* The CHEMPACK program, established by the Centers for Disease Control and Prevention (CDC), creates forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States so that they can be immediately accessible for the treatment of affected persons. Hospital-level units are housed in hospitals and EMS units throughout the counties with the aim of providing geographical availability of antidotes.

- **Pediatrics:** In incidents, pediatric patients may present to any hospital. It may not be possible to transfer patients to traditional pediatric receiving facilities immediately following an incident; therefore, all hospitals must be prepared to receive and care for

pediatric patients. The NWHRN administers a Hospital Guideline for the Management of Pediatric Patients in Disasters Toolkit with basic information and guidelines for the short-term acute care and definitive management of pediatric patients. This toolkit provides step-by-step processes and tools to support the development of pediatric care capabilities within non-pediatric facilities (Attachment E).

- **Mass Fatality and Family Assistance:** In the event an incident requires management of a large number of fatalities, healthcare facilities should enact facility plans and processes to appropriately care for, manage, and track the remains of decedents. The NWHRN maintains guidelines and a plan template (King County specific) for healthcare facilities on the care and tracking of human remains if the medical examiner or coroner's operations are delayed (Attachment F). Additionally, healthcare facilities may have family members contacting or appearing at their facility requesting information on their loved ones. Healthcare facilities should coordinate their needs and processes with the appropriate county agencies (medical examiner/coroner and/LHJ/emergency management) for mass fatality management and family reunification operations. The NWHRN maintains additional guidelines to support Family Reception Services Guidelines for Hospitals (Attachment G).

Communications

Healthcare organizations, LHJs, HECC, and other regional partners may use multiple modes of communications during a response, these may include: email, phone, radio (800MHz, amateur radio, etc.), conference call, WATrac, WA Secures, CodeRed, satellite phone, etc.

A. Coordination Communications

The HECC will use three primary communications means to inform partners of the plan's activation and subsequent response activities: email, WATrac, and conference call. Additionally, the HECC maintains a redundant alerting application called CodeRed that can be used to alert partners or activate response committees. The HECC will participate in local, regional, or multi-regional joint information systems/centers, as appropriate.

- **Email**: The HECC will disseminate activation information and any subsequent incident updates via email. Key partners outlined in this plan (e.g. healthcare organizations, public health agencies/jurisdictions, emergency management departments, EMS agencies, etc.) will always receive HECC email communications assuming intact communications infrastructure. The HECC may also use other communication devices such as radios, fax, satellite phone in addition to, or in the absence of, email functionality.

- **WATrac**: WATrac is a web-based application supplying healthcare organizations communications and resource tools to assist in preparing for and coordinating emergency response operations. WATrac serves two primary roles: daily tracking of facility status and bed availability; and incident management and situational awareness

during an emergency or disaster response. WATrac use following activation of this plan may include:

- o Alert partners of the plans activation.
- o Activate and administer patient tracking.
- o Initiate a chat room to assist in response coordination.
- o Post response documents.

- **Conference call/webinar/video conference**: The HECC may use conference calls/webinar/video conference to coordinate discussions or information sharing to seek input, guidance, or consensus on operational components. Participants will be incident specific and may include a variety of individuals and organizations. Conference calls may be used to coordinate the gathering of response committees such as a DCAC and the HERC for the purposes of gathering clinical and/or policy recommendations.

Demobilization

A. Demobilization Indicators

Throughout the plan's activation, the HECC, in consultation with applicable partners, will determine the appropriate conditions to partially or fully demobilize and deactivate the plan. Demobilization indicators may include:

- The healthcare impact from the incident is at a low level sufficient for ending response coordination.
- Partner agencies have deactivated any EOC/ECC and/or emergency response plans.
- The threat of a reoccurrence of the incident or similar events is sufficiently low to not require response coordination.

B. Demobilization Communications

The HECC, in consultation with any applicable partners, will communicate deactivation of the plan to the same partners that received the activation notice. Plan deactivation will likely be communicated by, at a minimum, email or WATrac alerting tools.

Depending on the severity or scope of the incident, the NWHRN will lead and/or participate in an after-action process. If the NWHRN leads an after-action process, results will be communicated and distributed to partners following completion of the after-action report.

Responsibilities

A. Primary Agencies

1. Northwest Healthcare Response Network (NWHRN)
   - Establish the HECC to support the healthcare response.
   - Coordinate healthcare, LHJs, EMS, and emergency management for healthcare response.

- Distribute situational awareness information to and from healthcare organizations, LHJs, emergency management, and regional partners.
- Coordinate medical and non-medical resource requests from healthcare organizations.
- Coordinate centralized patient tracking. Activate patient tracking in the centralized database (WATrac), if available. Support family reunifications through patient tracking.
- Support planning coordination for healthcare in a response.
- Convene a DCAC and the HERC to support clinical/healthcare guidance and policy decisions, respectively.
- Convene the Washington State Disaster Medical Advisory Committee (WA State DMAC) on behalf of the DOH, as appropriate.

2. Healthcare Organizations
- Provide medical care for their patients.
- Maintain and activate their internal Emergency Operations Plans and coordinate with parent systems (if applicable).
- Develop surge capacity capabilities to accommodate an increased volume of patients that may be seen as a result of the incident.
- Contact and provide information to the NWHRN for regional coordination and response on issues such as:
  o Healthcare situational awareness.
  o Patient tracking.
  o Resource coordination.
  o Planning and response coordination.
- Provide assistance to other healthcare organizations during a response in line with mutual aid agreements.
- Coordinate with LHJs on infectious disease reporting and investigation and alternate care system activation.
- May coordinate public information with the NWHRN and/or LHJs.

3. Disaster Medical Control/Coordination Centers (DMCCs)
- Coordinate patient distribution for patients during a Mass Casualty Incident (MCI) or hospital evacuation.
- Coordinate with LHJs, local EOCs, the HECC, and local Fire/EMS as appropriate.
- Coordinate patient distribution with EMS and evacuating hospitals.
- Request assistance from the NWHRN, LHJs, neighboring DMCCs or the State DMCC, as appropriate.
- Activate notifications through WATrac, as appropriate.

4. Local Health Jurisdictions (LHJs)
- Coordinate efforts with state and federal health agencies.

- Coordinate with city/county emergency management and NWHRN to support healthcare response needs.
- Coordinate public and risk communication concerning health response.
- Manage communicable disease outbreaks response and investigation.
- Lead ESF-8 – Public Health and Medical Services response in their county: community response for alternate care systems, isolation and quarantine, medical countermeasures, family assistance, epidemiological and environmental health investigation, and fatality management.
- Receive reports and intelligence information from the NWHRN concerning healthcare situational awareness status.

5. Emergency Management Agencies
- Support resource requesting from healthcare organizations.
- Support requests for EMS support as appropriate.
- Serve as conduit with Washington State Emergency Management for coordination of resources, as applicable.
- Receive reports and intelligence information from the NWHRN concerning healthcare situational awareness status.
- Support coordinated public information and messaging in partnership with the NWHRN and LHJs through a Joint Information System/Center, if established.

6. Emergency Medical Services (EMS)
- Provide pre-hospital triage, treatment, and transport of patients to hospitals or points of care during a disaster.
- Coordinate with healthcare facilities and DMCCs during hospital evacuation and mass casualty incidents.
- Receive reports and intelligence information from the NWHRN concerning healthcare situational awareness status and disseminates, as appropriate.
- Activate internal patient tracking; may request activation of regional patient tracking, as needed.

B. Support Agencies

1. Washington State Department of Health (DOH)
- Coordinate multi-jurisdictional response.
- Coordinate with federal and neighboring state partners if the response exceeds local and state resources.
- Provide support for patient movement, as necessary.
- Provide support for medical and non-medical resource needs of local healthcare providers, including the coordination of state and national stockpiles of resources.
- Provide direction on legal and statutory regulations and modifications.
- Activate the Washington State Disaster Medical Advisory Committee to support recommendations concerning healthcare operations in a response.

- Administer WATrac statewide.

2. Federal Government
   - Coordinate with DOH when a response exceeds local and state resources.
   - Provide standardized infectious disease guidance throughout the nation as warranted.
   - Coordinate federal level resources, requests, and any national stockpiles of resources.
   - Coordinate federal level response capabilities including: National Disaster Medical System, Federal Medical Stations, Disaster Medical Assistance Teams, Disaster Mortuary Response Team, Urban Search and Recues, CHEMPACK, Strategic National Stockpiles, etc.
   - Military partners may support regional medical and non-medical response with resources, personnel, and coordination. There are several major military installations within NWHRN's service aera with numerous resources that could support response efforts.

Administration, Finance, and Maintenance

A. Mutual Aid Agreements

In an incident, resources and trained staff may be in short supply. In an effort to provide a structure for coordination and sharing, area hospitals have signed a Mutual Aid Agreement (MAA) to share resources across facilities in an incident; including staff and durable and disposable resources. This MAA is applicable for resource sharing between all . signatories It is assumed all healthcare organizations will exhaust internal resources and normal channels for resupply before activating the MAA agreement. Medical and non-medical resource requests will be handled by the NWHRN in coordination with LHJs and emergency management partners..

Authorities and References

A. Review Process and Plan Update

1. Sections of this plan will be updated as-needed following exercises or real-world events in coordination with regional partners.
2. The plan will be provided to 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 plan internally with appropriate colleagues, leadership, etc.

B. Maintenance

The plan will be reviewed every year or more as needed following the process outlined above.

C. Training and Exercise

Training on roles and responsibilities for all relevant partner agencies will occur following the adoption of the finalized Regional Healthcare Systems Emergency Response Plan. The

NWHRN assesses yearly the training and exercise needs of all coalition partners using a capabilities assessment, which informs the goals and objectives for training and exercising in the years to come. Exercises of portions of this plan, annexes or attachments, including tabletops and functional will occur with healthcare organization, LHJs, DCACs, HERC, and other relevant stakeholders. Plan annexes maintain their own training and exercise plans.

Annexes and Appendices to this Plan
- Functional Annexes
    - Situational Awareness
    - Patient Movement
    - Healthcare Resource Sharing
- Hazard Annexes
    - Acute Infectious Disease
    - Resource Management and Crisis Standards of Care
- Appendices
    - Patient Tracking
    - Inbound Patient Movement
    - Long-Term Care Response

Definitions & Acronyms

A. **Definitions**

Medical Surge – An increase in the number of patients due to an event such as an Acute period, mass casualty incident, or a more prolonged event such as an infectious disease pandemic. Either scenario would result in a surge of patients impacting the healthcare, public health and EMS systems among others either locally or across a wider region.

Northwest Healthcare Response Network (NWHRN) – Is a Healthcare Coalition that leads a regional effort to build a disaster-resilient healthcare system through collaboration with healthcare providers, public health agencies and the community partners they depend on. The 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 an incident, 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 Committees (DCACs) - Is an integral component of an ethical, responsive, transparent and clinically responsible health emergency decision-making structure for the NWHRN service area. This multi-disciplinary committee provides expert clinical advice on issues such as regional medical surge and crisis standards of care. It is an integral component of an ethical, responsive, transparent and clinically responsible health emergency decision-making structure across jurisdictions. DCACs also advises the local health officers and other policymakers during health incidents.

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

B. Acronyms

CDC – Center for Disease Control and Prevention

DCAC – Disaster Clinical Advisory Committee

DMCC – Disasters Medical Control Center

DOH – Washington State Department of Health

EMS – Emergency Medical Services

ESF-8 – Emergency Support Function-#8

HECC – Healthcare Emergency Coordination Center

HERC – Healthcare Executive Response Committee

HVA – Hazard Vulnerability Assessment

ICS – Incident Command System

LHJ – Local Health Jurisdiction

LHO – Local Health Officer

MAP – Mutual Aid Plan

MC – Medication Center

MOU – Memorandum of Understanding

NDMS – National Disaster Medical System

NIMS – National Incident Management System

NWHRN – Northwest Healthcare Response Network

PIO – Public Information Officer

POC – Point of Contact

WA State DMAC – Washington State Disaster Medical Advisory Committee

Attachments

A. Attachment A: Emergency Contact Information

B. Attachment B: Regional Healthcare Hazard Vulnerability Assessment

C. Attachment C: Clinical Guidance for NDMS outbound aeromedical adult patient evacuation: a toolkit for civilian hospitals

D. Attachment D: Trauma and NDMS Hospital Designations

E. Attachment E: Hospital guidelines for Management of Pediatric Patients

F. Attachment F: Healthcare Mass Fatality Management Guidelines/Healthcare Mass Fatality Plan Template

G. Attachment G: Family Reception Services Guidelines for Hospitals

H. Attachment H: Healthcare Resource Sharing Memorandum of Understanding