DRAFT - pending incorporation of partner feedback

NORTHWEST HEALTHCARE
Response Network.

Healthcare Emergency Operations Base Plan

Record of Changes

The record of changes made to this plan are listed in the table below, indicating the date and personnel who were responsible for the update. The table also indicates what changes were made at the time of updating.

Version No.	Description of Change	Edit Date	Edited By
1.	Healthcare System Emergency Response Plan Created	May 2018	Rebecca Lis, Aaron Resnick
2.	Update to include expanded service area	June 2019	Aaron Resnick
3.	Complete Rewrite/Restructure of Plan, Title Change	August 2024	Michael Halfen

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1.0 Introduction

1.1 Background

The Northwest Healthcare Response Network (NWHRN) (The Network) is an independent 501(c)(3) that fulfills the role of the healthcare coalition (HCC), leading the coordination, resilience, and situational awareness of Washington healthcare. The Network's vision is one of a resilient healthcare ecosystem that, through collective effort, provides effective and equitable care for all. NWHRN brings together the many separate pieces of the healthcare system to prepare for, respond to, and recover from incidents; allowing healthcare to focus on patient care when it matters most.

NWHRN coordinates with healthcare and emergency response partners alike and recognizes that healthcare systems and organizations may operate across geographic areas and jurisdictional boundaries. The Network mirrors this multi-jurisdictional, regional healthcare approach, and adapts to meet the needs of healthcare while recognizing local health and emergency management jurisdictional authorities and responsibilities. Activating to support local, regional, tribal, and/or statewide needs, NWHRN partners benefit from the geographic reach of the Network, and the Network's ability to acquire and coordinate healthcare-specific resources and medical equipment.

1.2 Purpose

The NWHRN Healthcare Emergency Operations Base Plan ("The Base Plan") (formerly known as the NWHRN Healthcare System Emergency Response Plan) describes the principles, requirements, and general guidelines underpinning steady state and incident operations activities that impact NWHRN and/or its healthcare partners. This plan aims to provide readers an understanding of how NWHRN interconnects with their partners and the larger healthcare system prior to, during, and after an incident, while simultaneously glimpsing into the potential actions of healthcare. This plan seeks to document NWHRN roles and responsibilities, and those of NWHRN partners. This plan advances NWHRN in its goal of a well-prepared and resilient healthcare ecosystem.

1.3 Scope

The NWHRN Healthcare Emergency Operations Base Plan is applicable to events necessitating any amount of response coordination and/or situational awareness by the Network in aid of NWHRN partners. This plan is applicable to all planned or unplanned events that exceed an individual organization's ability to manage an incident. This plan does not supersede or conflict with applicable laws and statutes and is compliant with the Americans with Disabilities Act (ADA). This plan does not alter or impede the ability of partner organizations to carry out their specific authorities or perform their responsibilities under all applicable laws, executive orders, and/or directives. Processes and procedures outlined in this plan are designed to support, not supplant, individual organization's incident preparedness, response, and/or recovery efforts.

This plan is informed, in part, by the collective of NWHRN partner plans. This plan utilizes the concepts and frameworks outlined by the Federal Emergency Management Agency's (FEMA) National Incident Management System (NIMS) and Comprehensive Preparedness Guide (CPG), the U.S. Department of

Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) and Healthcare Preparedness and Response Capabilities, as well as the Centers for Disease Controls (CDC) Public Health Emergency Preparedness (PHEP) Capabilities, amongst others.

1.4 Structure and Integration

This plan is compatible with federal and state emergency response plans, and establishes common goals, strategies, and terminology with NWHRN partner plans. Broader health, medical, and mortuary response activities are reflected in health and medical plans of the jurisdiction(s) impacted by the event, and/or the Washington Department of Health (DOH).

This plan is supported by The Network's mission and vision, and provides a foundational-level understanding of NWHRN steady state and incident operations phases. Functional, clinical, and specialty annexes, appendices, and tip sheets stem from this plan and provide information on NWHRN capabilities for specific incidents and/or hazard types. Electronic versions of all NWHRN planning documents are publicly available on the NWHRN website (nwhrn.org).

1.5 Limitations

Healthcare and NWHRN will endeavor to make every reasonable effort to respond to an incident. However, healthcare and NWHRN resources and systems may become overwhelmed and/or unusable. The responsibilities and tenets outlined in this plan will be fulfilled only if information exchange, resources, and partner capabilities are available and functional at the time of the incident. There is no guarantee implied by this plan that a perfect response to an incident will be achieved. Implementation of this plan and its concepts may require modification to best protect the health and safety of personnel, facilities, equipment, and/or systems impacted by the incident.

1.6 Situation and Assumptions

The plan functions, in part, based on the assumptions listed below. Because these assumptions are subject to change during operations, NWHRN and partner organizations must remain flexible as they collaboratively identify incident-specific impacts and needs.

- Healthcare organizations will follow internal protocols to increase patient capacity and implement surge plans before requesting outside assistance. Upon further escalation of an event, healthcare may seek waiver support and/or additional staffing resources for assistance beyond standard protocols and procedures.
- Organizations included in this plan are familiar with the National Incident Management System (NIMS) and incorporate a recognized Incident Command System (ICS) in operations.
- Jurisdictions communicate their needs through Health and Medical groupings through their Emergency Operations Center (EOC) and/or Emergency Coordination Center (ECC).

- NWHRN and partner incident plans, annexes, and coordination center(s) can and will activate as necessary depending on the specific needs of the incident.
- Healthcare organizations will rely on existing or emergent contracts with medical suppliers and other key vendors to sustain essential patient care services for the maximum extent possible, following pre-established internal protocols to guide the management of those services.
- Large-scale events may disrupt electronic systems and/or digitally stored information required for partner and/or NWHRN operations and functionality.
- The increased number of people seeking medical attention due to an incident may overwhelm health and medical infrastructure. This increase in demand may require varying levels of assistance which may not be immediately available, if at all.
- In disaster situations, healthcare facilities should be prepared to receive patients they may not ordinarily receive, including but not limited to, specialty care, pediatric care, critically ill patients, and patients with access and functional needs.
- Healthcare organizations will provide ongoing situational awareness to NWHRN and will report any changes in support needs prior to exceeding internal capacities and/or capabilities. NWHRN staff will provide regular healthcare situational awareness and may request additional information from impacted healthcare organizations as needed.
- Healthcare organizations will first utilize their internal resources to address internal challenges prior to requesting outside resources and/or releasing internal resources to external organizations.
- Healthcare organizations may work with public and private partners in a disaster situation to be able to continue patient care. Because NWHRN acts as a liaison between public and private entities, NWHRN may request waiver support to meet the needs of the situation.
- Individual healthcare organizations retain their respective decision-making responsibilities within the confines of state and federal regulations.

1.7 NWHRN Profile

The NWHRN service area comprises both urban and rural communities. In addition to standard government and non-government emergency management partners, healthcare-specific partners of the Network include, but are not limited to, pre-hospital organizations, outpatient services (including Federally Qualified Health Centers (FQHCs)), in-home services, long-term care, behavioral health, ancillary care services, and hospitals. The region also hosts military, federal, state acute care, specialty hospitals, and other healthcare facilities. The NWHRN jurisdiction includes major geographic features, multiple tectonic plates, active volcanoes, and islands adjacent to an international border. The geographic diversity and size of the NWHRN service area demands a resilient and coordinated healthcare ecosystem for all types of emergencies; building which takes leadership, vision, collaboration, and commitment from NWHRN and partners alike.

NWHRN operational planning is, in part, based on the state-wide NWHRN Hazard Vulnerability Assessment (HVA) reviewed annually by the Network. The HVA is a systematic approach to identifying the hazards and risks most likely to impact the demand for health care services, and/or the ability to provide healthcare services across the impacted area. Threats and hazards are identified with

consideration given to geographic and population data, as well as the historical record of events impacting partners previously. Additional NWHRN HVA information can be found on the NWHRN website (nwhrn.org).

The threats and hazards facing NWHRN partners have the potential to significantly impact the local economy and built infrastructure. A significant incident may have cascading and/or secondary impacts that inhibit NWHRN partner's ability to recover. Existing infrastructure is expected to become increasingly stressed as current systems continue to age and as the impacts of climate change become more severe and consistent.

1.8 Guiding Principles

The NWHRN Healthcare Emergency Operations Base Plan is guided by the following principles:

- **Unity of Effort**: Successful preparedness, response, and recovery depend on NWHRN and its partner entities working together on a common set of objectives with a clear understanding of the roles, responsibilities, capabilities, and limitations of each participating organization.
- **Readiness to Act**: Timely delivery of services and assistance is essential to meeting NWHRN partner needs before, during, and after an incident. Effective disaster preparedness, response, and recovery requires a readiness to act, which is established and maintained through planning, training, and exercising, as well as an understanding of the current and future risks and hazards NWHRN and its partners face.
- **Commitment to Diversity, Equity, and Inclusion**: All incident activities must be conducted in a diversity-conscious, equitable, and inclusionary manner. NWHRN is committed to full participation and representation in all preparedness, response, and recovery activities, and utilizes FEMA's "Whole Community" approach to incident management.
- **Access and Functional Needs (AFN) Integration**: NWHRN will make every effort to ensure that all public documents and publications can be utilized by the access and functional needs community, accounts for the varied needs of the AFN community, and will provide integration services as needed in accordance with the ADA.
- **Resilience and Sustainability**: All phases of incident operations promote practices that minimize risks to hazards and strengthen the ability to withstand and recover from future disasters.
- **Scalable, Flexible, and Adaptable Operational Capabilities**: Every incident is unique and requires flexibility to minimize delays and loss of opportunities. This plan allows for adaptability, scalability, and flexibility in conducting preparedness, response, and recovery activities.
- **Promoting a Common Operating Picture**: Timely monitorization, collection, analysis, and dissemination of actionable information and intelligence occurs during steady-state and incident operations. This vital function facilitates preparation activities and provides information for leaders to make risk-based decisions during all operational phases.
- **Continuous Improvement**: NWHRN maintains a growth mindset and embraces the importance of regularly assessing, learning from, and taking action to improve our work as individuals and as an organization.

2. Concept of Operations (CONOPS)

2.1 Introduction

The Concept of Operations (CONOPS) is a phased approach to executing the activities necessary for operations, and encompasses steady-state, activation, response, and demobilization. The activities referencing healthcare are intended to act as education and guidance tools for NWHRN partners. Working to meet the needs of healthcare, NWHRN urges partners to recognize and incorporate pertinent activities described below into their organization-level plans and procedures. Activities conducted by the Network during each phase of the CONOPS are also described below, giving NWHRN partners an understanding of how the Network operates and interfaces with healthcare during incidents, while giving context to the breadth of assistance the Network can provide.

2.2 Steady State

2.2.1 Healthcare Steady State

Healthcare steady state describes the routine monitoring of the organizational, system-wide, and/or jurisdictional situation with no event or incident anticipated. During steady state, organizations operate under routine conditions and work to fulfill their mission. In addition to day-to-day operations, both healthcare and NWHRN conduct a series of activities during steady state to prepare for potential future events, while continuously monitoring current and emerging information and data.

Situational awareness is a critical component of steady state operations and allows for the timely activation of an organization. NWHRN leads statewide healthcare situational awareness by collating, analyzing, creating, and distributing informational products to better inform NWHRN partners of statewide healthcare data and trends. NWHRN urges partners to utilize these products to better inform their organization's decision-making, and to relay pertinent information collected at the organization-level to NWHRN for further analysis and/or distribution. With the common operating picture created by the Network, healthcare can more effectively monitor for activation and mitigate impacts to potential threats ahead of time.

Steady state periods allow organizations to build upon and further refine operational plans and procedures. NWHRN partners are urged to review and overlay all mandated requirements, rules, and standards with their existing doctrine. Once gaps are identified, plans can be updated and revised as necessary, before implementing and training on the updated content. NWHRN planning guides and templates are available to partners for additional support. Updated plans and procedures should be used to train and exercise personnel and systems during steady state, with an improvement plan established to ensure identified gaps are addressed. Conducting an organizational HVA during steady state, and focusing preparedness activities on the results, aids healthcare and the Network in preparing for the most pertinent and threatening hazards to their organization.

As a key element of steady state activities, healthcare and the Network conduct partner outreach and engagement throughout their jurisdictions. Building relationships with new and existing partners, both internal and external, establishes an understanding of capabilities and resources prior to an incident occurring. This information allows healthcare and NWHRN to better plan for and incorporate partners

into disaster plans while creating a more realistic training and exercise environment. NWHRN and partners should establish and build relationships with all organizations involved in preparedness, response, and recovery, and develop connections before an incident occurs.

2.2.2 NWHRN Steady State

NWHRN leads statewide healthcare situational awareness in efforts to create an ongoing statewide healthcare common operating picture. NWHRN, via its virtual Healthcare Emergency Coordination Center (HECC), provides coalition partners with regular preparedness, response, and recovery coordination assistance and situational awareness resources. Activities in which the HECC supports disaster operations include, but are not limited to, examples listed below. HECC operations may include any combination of these activities and other secondary responsibilities, tasks, and/or operations specific to the incident.

- Collating, analyzing, creating, and disseminating healthcare situational awareness products
- Managing healthcare resource requests
- Initiating and administering regional patient tracking needs
- Convening healthcare leadership and clinical subject matter experts to inform response policy and operations.

NWHRN, via the HECC, has two activated steady state positions at all times. NWHRN has a 24-hour Duty Officer (DO) and on-call Incident Commander (IC) continuously monitoring for activation. The DO and IC coordinate small-scale events that are within their training and capabilities, and/or escalate the situation to NWHRN leadership as necessary. These positions continuously monitor potential threats and hazards to NWHRN and coalition partners, and communicate timely and emerging information with the healthcare community. NWHRN maintains an active and staffed duty officer phone number that can be reached 24/7/365 at (425)-988-2897. For events that have yet to occur but appear imminent, the on-call duty officer and incident commander will collectively begin actions necessary for activation.

2.3 Operational Phases

This section and subsections address the actions taken by the larger healthcare system and NWHRN in all operational phases of a response, including activation, operation, and demobilization.

2.3.1 Activate

2.3.1.1 Healthcare Activation

Through situational awareness provided by the Network and/or by meeting internal thresholds and triggers, healthcare may determine the need to activate. Because future incident types and impacts cannot be forecast ahead of time, healthcare plans and procedures should reflect an all-hazards approach to incident management, with appropriate annexes, clinical or other. It is an expectation that healthcare partners have an Emergency Operations Plan (EOP) for their facility and/or system. The EOP should help guide incident operations, internal command, control, and coordination, and notification

procedures to NWHRN and the local healthcare ecosystem. Dependent on the level of activation and specific needs of the incident, local, state, tribal and/or federal officials may request information regarding the incident to best meet the needs of the situation. Additional responsibilities of healthcare during activation could include, but are not limited to, establishing priorities and objectives, mobilizing personnel, implementing cost tracking/reimbursement measures, public information gathering, and the review of continuity of operations (COOP) and recovery plans.

2.3.1.2 NWHRN Activation

This plan can be activated by NWHRN or from any coalition partner(s). NWHRN can activate based on internal thresholds and triggers that are met, after evaluation of healthcare data and intelligence that exposes an emerging event, and/or upon notification of an event and request to activate from a coalition partner. NWHRN may also activate when a partner exceeds their internal capacities and/or needs to enact a regional plan. However, NWHRN will first ensure that the healthcare partner has activated and exhausted all pertinent internal plans, procedures, capabilities, and resources prior to activating. Additional instances in which NWHRN would activate include, but are not limited to, events involving:

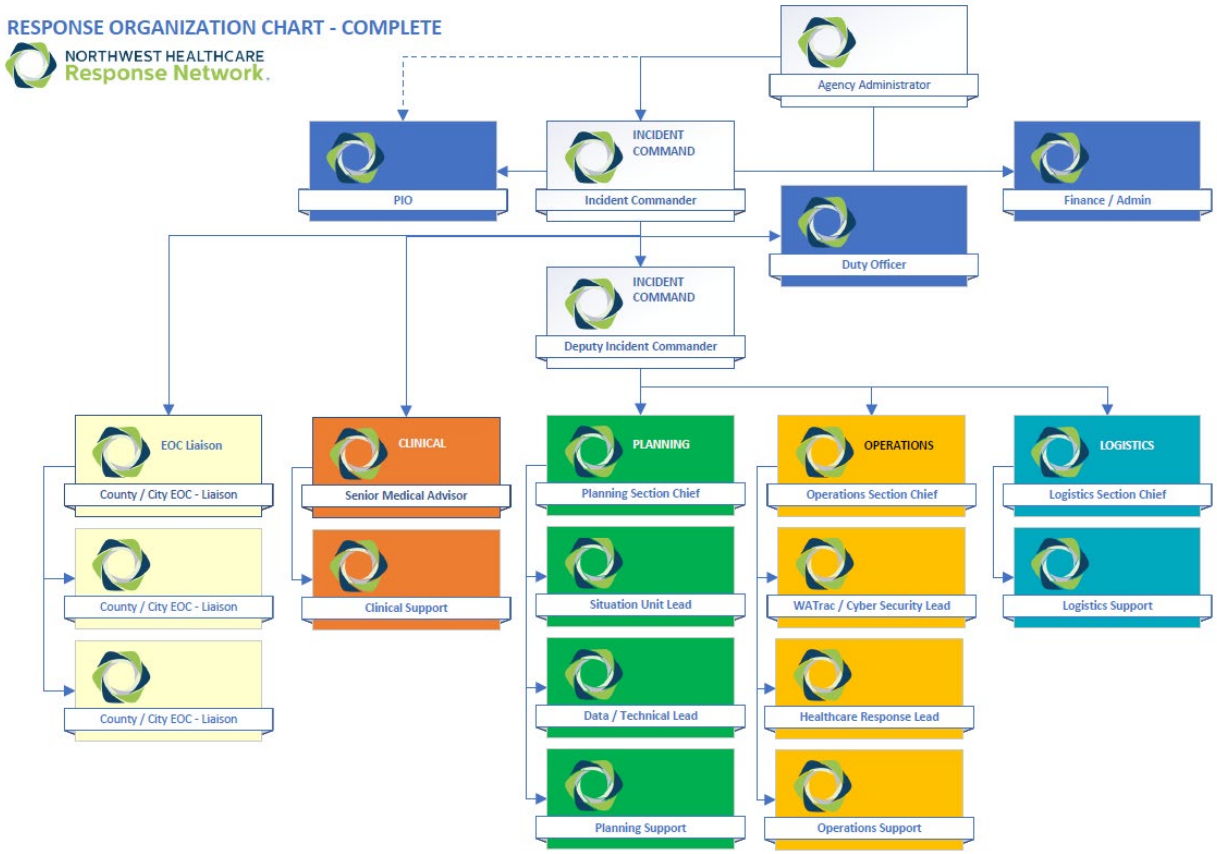
- Regional Patient Tracking Needs
- Government/Tribal EOC Activation
- Healthcare Facility ECC Activation
- Regional Disasters
- Substantial Resource Request(s)
- Declaration(s) of Emergency

The NWHRN activation process oftentimes begins with The Network's on-call duty officer and incident commander. Upon receiving a request(s) that is beyond their capabilities, the on-call duty officer and incident commander initiate communication with NWHRN leadership, and dependent on the circumstances of the incident, could begin the activation of NWHRN. NWHRN positions do not activate automatically, but instead, activate as needed to meet the scope of work involved and demands of the specific incident. Activation of NWHRN is scalable to meet the needs of the incident. The Network can scale regionally in instances of events contained within a specific jurisdiction, and/or can divide into multiple command and response teams to run separate events simultaneously.

NWHRN works with partners through the varying organizational and reporting structures specific to their community. NWHRN recognizes that healthcare systems cross geographic boundaries and are not bound by a specific jurisdiction. Because of this, NWHRN mirrors this multi-jurisdictional, regional healthcare approach and adapts to meet the needs of healthcare while honoring local health jurisdiction oversight. NWHRN will notify and may request activation support from Local Health Jurisdictions (LHJs) and Emergency Management Agencies (EMAs) if NWHRN is the initial or sole response organization to activate for an incident. NWHRN maintains updated contact information for coalition members and will notify appropriate partners upon activation.

Coalition Response Organizational Structure

The organizational structure of a potential NWHRN response is represented in the graphic below and is consistent with NIMS principles. The response organization chart depicts all positions that could activate during a response and is scalable in use. Not all positions will activate for every incident, but rather, only those deemed necessary by the incident commander to meet the needs of the situation. Because NWHRN is a fully remote organization, these positions activate and work within a remote environment, responding in-person as necessary and as circumstances allow.



Incident Recognition and Validation

NWHRN can be notified, become aware of, and/or recognize an event by a variety of internal and external sources. All coalition member organizations and response partners can notify NWHRN prior to a pre-established event or in real-time, and can request NWHRN activation for incidents ranging from single-facility to community-wide events. Information exchange and intelligence sharing amongst partners and NWHRN promotes a more well-protected and informed overall healthcare community. Given NWHRN's role as an intermediary in Washington State healthcare, NWHRN urges its partners to first communicate with their local health jurisdiction, followed by a request for assistance from NWHRN as necessary as soon as possible.

NWHRN uses open-source media as an information-gathering tool. Information gathered from open sources must first be validated by a NWHRN government partner to be considered truthful and

legitimate. In a large-scale disaster with clear and widespread impacts to the community, or upon receiving an activation request from an on-scene NWHRN first-response partner, NWHRN would not seek validation of the event and instead move immediately into an activation posture.

From the onset of the incident, NWHRN will work to identify indicators and triggers for action specific to the circumstances of the incident, and implement action items into the rhythm of the response in real-time. Activation triggers for NWHRN are based, in part, on data, anecdotal information garnered from healthcare leadership, and on specific metrics compiled alongside LHJ's and community partners.

Notification and Situational Awareness

The NWHRN Situational Awareness Annex expands on the Network's process of collating, analyzing, and distributing situational awareness information to healthcare and coalition partners through all phases of incident response, as well as the processes for alerting and notifying coalition partners. NWHRN takes a time-tiered and targeted approach to gathering data and intelligence to provide a comprehensive picture of healthcare. Situational awareness products and notifications are distributed as needed through the entirety of the operation, helping guide decision making to impacted partners and facilities.

The Network has the ability to notify partners and distribute situational awareness materials using a variety of modalities and uses the modality most effective to the specific incident. Most commonly, the Network notifies partners and distributes situational awareness materials via email, WATrac, AlertMedia, and/or various online video conferencing platforms. The mode of notification and/or situational awareness may change during an incident. The Network maintains redundant notification applications for continuity of operations. The Network has specific protocols for collecting and sharing essential elements of information (EEI) with all coalition members and the DOH. Additional situational awareness and/or EEI may be collected by the Network based on the specific needs of the incident.

Mobilization

NWHRN, via the HECC, mobilizes primarily in a virtual setting and utilizes the same equipment and technologies as in steady state operations. Because of its virtual steady state and response posture, the Network has the flexibility and adaptability to meet the needs of its partners. If the situation warrants additional activation of the Network beyond steady state positions, NWHRN will appoint an incident commander to manage the event. The IC appointed to manage the event will determine which NWHRN positions to mobilize, and when to mobilize them. The newly appointed IC will also determine where, if at all, NWHRN personnel need to deploy in-person. NWHRN will continue to have an on-call duty officer and incident commander upon activation. However, the personnel in these roles may change if the original personnel are needed to fill newly mobilized response roles. Depending on NWHRN activation needs, consultation with the NWHRN agency administrator may also be requested.

2.3.2 Operate

2.3.2.1 Healthcare Operations

Healthcare incident response and operations encompass immediate, life-saving activities for both pre-planned and no/short notice events. Executing missions and services to provide lifesaving capabilities are paramount to organizational and community-wide healthcare priorities.

Effective healthcare incident response correlates with successful multi-agency coordination, and the execution of the pre-established capabilities defined in pre-incident planning doctrine. Given the ever-changing circumstances of many events, incident activities and resources should continuously be (re)assessed and prioritized. In certain circumstances, a Joint Information Center (JIC) may be established as a central point for information gathering and distribution. Healthcare organizations should continue to assess the operational status of their essential functions, facility(s), and personnel as the incident progresses.

In addition to an EOP, healthcare organizations are encouraged to maintain hazard/incident specific annexes and appendices. Healthcare organizations may need to utilize internal plans, annexes, and/or appendices in addition to those of NWHRN, Public Health, and/or emergency management in response to an incident. Additional planning considerations for healthcare could include, but are not limited to, workforce impacts, procedures for emergency credentialing, planning for unaffiliated and spontaneous volunteers, donation management, and long-term recovery support planning.

2.3.2.2 NWHRN Operations

While the exact operations of the Network are determined by the specifics of the incident, NWHRN coordinates the larger healthcare community in its service area as part of its incident response activities and capabilities. NWHRN most frequently serves impacted partners and communities, including specialty care, via regional patient tracking, healthcare situational awareness, resource request processing, coordination calls, and/or clinical engagement.

The Network can scale its service delivery and cadence of support in response to the needs of the incident, to empower decision-making capabilities, and to continue patient care and healthcare services. NWHRN works under Emergency Support Function (ESF) 8 - Public Health, Medical, and Mortuary Services at the time of response, and thus, works under the authority of the impacted jurisdiction to implement NWHRN capabilities.

NWHRN maintains a portfolio of operational and tactical plans, annexes, and appendices that help guide the response and incident action planning for various incident and hazard types. Given its role as an intermediary between sectors, the Network has the ability to develop Incident Action Plans (IAPs) inclusive of its healthcare, public health, and/or emergency management activities. The Network can convene clinical support to provide guidance and expertise to response operations and impacted organizations, including Local Health Officers (LHOs) as needed.

2.3.3 Demobilization

Once operational objectives have been achieved, personnel and/or resources can begin demobilization processes and procedures to ensure their orderly, safe, and efficient return to their original location and status. Over the course of the event, impacted healthcare organizations and the Network will determine the appropriate conditions to demobilize personnel and/or resources, and determine the appropriate timeline to close their respective coordination centers. Working in tandem with partner response groups and agencies, healthcare and the Network will simultaneously determine their needed level of involvement with current and future incident operations. Once established, resources and personnel can be demobilized as appropriate until all resources and personnel are fully demobilized. NWHRN recognizes the formal demobilization of incident command for an event may not align with the impacts experienced by the healthcare system because of the event.

2.3.3.1 Healthcare Demobilization

Healthcare emergency management planners should review utilized plans and begin to evaluate them for revision. Resources demobilized from the operation should be inventoried and documented appropriately. Logistics personnel should consider all current and future resource needs when replenishing utilized resources.

Healthcare organizations with demobilized personnel are encouraged to seek information from willing participants in a “hotwash” style of information gathering and debriefing. Appropriate personnel should also be asked to participate in After-Action Report (AAR) and Improvement Plan (IP) activities. Training and exercise information can be garnered during the demobilization period to improve the effectiveness of future operations.

2.3.3.2 NWHRN Demobilization

NWHRN personnel can set aside their steady-state-related professional responsibilities during times of response, and in doing so, are able to focus solely on operational duties and commitments. When demobilized from a response operation, NWHRN personnel return to their steady-state roles and responsibilities. NWHRN gathers data and information from its personnel through a series of hotwashes, AAR’s, and IP’s. To best serve the needs of healthcare, the Network also aids its coalition partners in various demobilization activities.

2.4 Continuity of Operations (COOP)

Continuity of Operations plans ensure NWHRN and its partners can continue to perform their essential functions during a range of emergencies. Healthcare should consider business and revenue cycles of the organization as part of their continuity of operations planning. While important for the continuity of the business, this plan seeks to inform healthcare partners of COOP more specific to the healthcare population and personnel, and is anchored by the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC), Det Norske Veritas (DNV), and ASPR guidance and doctrine.

2.4.1 Healthcare Continuity of Operations

In addition to meeting regulatory obligations, healthcare should maintain a Continuity of Operations Plan(s) (COOP) driven by facility and organization-specific hazards. While healthcare regulating bodies may emphasize differing sections of a COOP plan more than others, a robust and comprehensive healthcare COOP plan should include, but is not limited to:

- Orders of Succession
- Essential Business Functions, Critical Services, Vital Records Access
- Delegations of Authority
- Secondary and Tertiary Communications Systems, Devices, and Methods
- Patient Movement
- Evacuation, Relocation, and Reconstitution Processes
- Cessation and Reengagement Procedures
- Devolution of Operations

Continuity efforts are most effective when incorporated into all phases of an organization's operations, and when the plan is regularly reviewed by key department and leadership personnel. Regular training and exercising of continuity operations allow personnel to understand its need and use in an event, which helps prepare them to act in an actual incident. Pre-established and approved COOP plans set clear expectations for assisting agencies and organizations ahead of their activation for an incident.

2.4.2 NWHRN Continuity of Operations

NWHRN maintains internal COOP doctrine outlining the organizational tactics necessary to maintain itself in an incident. As a fully remote organization, the Network has targeted and built out specific redundancies to maintain its response capabilities and serve the larger healthcare system. Given the critical role the Network plays in healthcare situational awareness, resource requesting, and patient tracking, the Network strives to ensure these capabilities are upheld through all incident and event types. Because NWHRN organizational responsibilities do not necessitate a physical building or environment, the Network can conduct evacuation and relocation processes with its personnel virtually and in their steady-state work environments.

3. Roles and Responsibilities

3.1 Partner Roles and Responsibilities

The following section provides an overview of the typical roles and responsibilities of NWHRN incident management partners. These roles and responsibilities are subject to change based on the specific needs and timeline of the incident.

Healthcare Organizations

Healthcare Organizations include, but are not limited to: Pre-hospital organizations, outpatient services (including FQHCs), in-home services, long-term care, behavioral health, ancillary care services, and hospitals. The roles and responsibilities of healthcare organizations impacted by an incident could include, but are not limited to:

- Activate pertinent internal emergency operations plans, surge capacity capabilities, and/or alternate care plans as needed to support patient care and accommodate potential increased patient volumes
- Notify NWHRN as soon as possible regarding emerging situations necessitating potential coalition assistance, including but not limited to:
    - Healthcare situational awareness
    - Patient tracking
    - Resource coordination
    - Planning and response coordination
- Coordinate with Local Health Jurisdictions on infectious disease reporting, investigation, and other designated capabilities as needed
- Provide NWHRN with internal ICS leadership contact information if/when activated
- Notify their respective DMCC of bed occupancy, census, and operating status, if applicable
- Be prepared to coordinate public information with NWHRN and/or LHJs as necessary
- Send/Receive reports and intelligence information to/from the NWHRN concerning healthcare situational awareness as appropriate.

Disaster Medical Coordination Centers (DMCC)

Disaster Medical Coordination Centers (DMCCs) are designated hospitals where the coordination of patient movement activities occurs during incidents that overwhelm the local and/or regional healthcare community. DMCCs are staffed by trained clinical experts, responsible for supporting EMS and the healthcare community by identifying available beds and placing patients at the most appropriate facility as quickly as possible. DMCCs support healthcare through alerting and patient placement prior to, during, and/or following a disaster situation and/or hospital evacuation. DMCC responsibilities in a disaster situation include, but are not limited to:

- Notify and coordinate with NWHRN, LHJs, and local Fire/EMS as appropriate
- Coordinate patient distribution and/or assign EMS destinations upon activation
- Request assistance from NWHRN, LHJs, alternate DMCCs, and/or the WMCC as needed

- Coordinate patient distribution and load balancing for patients during a disaster incident, MCI, and/or hospital evacuation*

*Note: Distribution of patients for a long-term care (LTC) facility evacuation will be coordinated by NWHRN in conjunction with long-term care associations, DMCCs, EMS, and EMAs.

Washington Medical Coordination Center – (WMCC)

The Washington Medical Coordination Center (WMCC) operates as the Medical Operations Coordination Center for Washington State through collaboration with the Northwest Healthcare Response Network and Disaster Medical Coordination Centers. The WMCC was established to equitably triage and place COVID-19 and related patients requiring acute hospital care across Washington and continues to operate 24/7 out of Harborview Medical Center in Seattle.

The Washington Medical Coordination Center (WMCC) is a statewide resource to support hospital decompression and identify appropriate acute and critical care bed availability. The WMCC process does not take precedence over placement strategies that occur within a hospital system or between facilities; rather, the WMCC supports facilities when standard resources and facilities are unable to meet current needs. The WMCC does not support patient discharge coordination.

Local Health Jurisdictions (LHJ)

LHJs are the lead entities for ESF-8/Health, Medical, and Mortuary Services activities. ESF-8/ Health, Medical, and Mortuary Services operations could include, but are not limited to, community response for alternate care systems, isolation and quarantine, medical countermeasures, family assistance, epidemiological and environmental health investigation, and fatality management. In addition to leading these ESF-8/ Health, Medical, and Mortuary Services components, LHJ responsibilities in a disaster situation may include, but are not limited to, the following:

- Medical Reserve Corp (MRC) coordination
- Coordinate efforts with local, tribal, state and federal health agencies.
- Coordinate public communication concerning health incidents', threats, and risks
- Manage communicable disease outbreak response and investigation
- Send/receive reports and intelligence information to/from NWHRN concerning healthcare situational awareness.

*Note: Any of the above-mentioned or similar activities may be performed in conjunction with NWHRN and additional partners, such as the Washington DOH, local/state/tribal emergency management, EMS agencies, and/or healthcare organizations.

Emergency Management Agencies (EMA)

Emergency Management Agencies (EMAs) lead disaster response coordination, which may include working with state, tribal, and/or federal emergency management partners. Upon activation of their

EOC/ECC, emergency management agencies will inform NWHRN as appropriate, and may request further coordination and support as needed. EMA responsibilities include, but are not limited to, the following:

- Support resource requesting from healthcare organizations for non-medical equipment, and support resource requesting for medical equipment in conjunction with NWHRN.
- Initiate resource coordination with Washington State Emergency Management Division
- Support coordinated public information and messaging in partnership with NWHRN and LHJs
- Support requests for EMS resources as appropriate.
- Send/receive reports and intelligence information to/from the NWHRN concerning healthcare situational awareness as appropriate.

Emergency Medical Services (EMS)

Public and private EMS partners play key response roles in both the pre-hospital and inter-facility transfer environments. EMS agencies may need to fulfill multiple response roles simultaneously, such as representation at an EOC/ECC and/or coordinating patient movement. EMS responsibilities during a disaster situation include, but are not limited to, the following:

- Provide pre-hospital triage, treatment, and transport of patients to hospitals or points of care
- Coordinate with healthcare facilities and DMCCs during hospital evacuation and mass casualty incidents.
- Send/receive reports and intelligence information to/from the NWHRN concerning healthcare situational awareness as appropriate.
- Activate internal patient tracking and request activation of regional patient tracking as needed
- Provide interfacility transport of patients in support of level loading and/or transferring to higher levels of care

Washington State Department of Health (DOH):

- Provide approval for activation of patient tracking
- Provide support for medical and non-medical resource needs of healthcare providers, including the coordination of state and national stockpiles of resources.
- Provide direction on legal and statutory regulations and modifications.
- Support the request of waivers for healthcare needs based on the circumstances of the incident
- Support resource coordination and procurement as needed in conjunction with the Washington State Emergency Management Division
- Coordinate with neighboring state and federal partners if incident exceeds WA DOH capabilities.
- Send/Receive reports and intelligence information to/from the NWHRN concerning healthcare situational awareness as appropriate.

*Note: Some clinical care (specifically specialty care) is coordinated amongst multiple states below the involvement level of DOH (ex: inter-state transfers). More detailed information on these specific circumstances can be found in NWHRN's specialty care annexes on the NWHRN website.

Federal and International Partners

- Coordinate with DOH when a response exceeds local, tribal, and/or WA State resources.
- Support the discussion, dissemination, and amplification of standardized clinical response guidance from national and international partners, government and non-government associations, and professional organizations such as the Centers for Disease Control (CDC) and the World Health Organization (WHO) in coordination with local, tribal, and/or state public health, healthcare, and/or SME's.
- Assist with coordination of access to federal level resources, requests, and national stockpiles of resources.
- Facilitate the coordination and access to federal level response capabilities and resources, including but not limited to the National Disaster Medical System (NDMS), Federal Medical Stations (FMS), and Urban Search and Rescue (USAR)
- Federal military partners may support regional medical and non-medical response with resources, personnel, and/or coordination.
- Aide in cross-border planning, patient tracking, and/or incident operations as appropriate, and provide support to consulate members to aid foreign nationals impacted by events in NWHRN service area as appropriate.

3.2 NWHRN Roles and Responsibilities

NWHRN determines the unique and varied needs of healthcare and works to fill the identified gaps. The Network ensures a shared awareness of the Washington State healthcare ecosystem to inform decision making, and aides in finding solutions to sustain healthcare services during disruptive events. NWHRN actively monitors healthcare data, metrics, and patterns, allowing NWHRN to promptly notify partners of potential hazards to healthcare, emerging threats, and general situational awareness matters. In a disaster event, the role and responsibilities of NWHRN include, but are not limited to, the following:

- Continuously develop a common operating picture of healthcare in the NWHRN service area through shared information and situational awareness products.
- Activate the Healthcare Emergency Coordination Center (HECC) and associated response positions necessary to support incident response, patient tracking, and/or family reunification
- Provide real-time support to the healthcare system to effectively manage disruptive events
- Support regional patient movement activities via agency coordination and decision-making, operations, situational awareness, and coordination with DMCC/WMCC for patient placement during a mass casualty incident (MCI) and/or facility evacuation.
- Support coordination and implementation of alternate care strategies and federal medical station (FMS) planning
- Provide resource requesting and scare resource management assistance between partner entities and within the healthcare sector, elevating request(s) alongside EMA and LHJ partners as needed
- Represent healthcare in emergency management and response-related coordination groups
- Convene healthcare leadership and clinical subject matter experts (SMEs) to:
    - Support the development of healthcare facility response strategies
    - Identify specific healthcare policy needs and assist in developing regional consensus
    - Advise Washington State Department of Health (DOH) leadership as needed

4.0 Communications

4.1 Universal Communications Principles

This plan utilizes universally accepted communication principles to provide a foundation for effective communication and information management between NWHRN and its partners. To build a robust and comprehensive healthcare communications system, both the Network and its partners must engage in:

- Common Terminology
- Plain Language
- Interoperability
- Equitable Access to Communications
- Alignment with partner communications plans

While healthcare communication planning entails more specific organizational and/or facility-level information and tactics, these listed principles allow for a more prepared and capable overall healthcare communications ecosystem.

4.2 Healthcare Communications

Healthcare should consider the communications activities that would occur in preparation for an incident, during incident operations, and in the recovery and demobilization phases.

4.2.1 Communications Preparedness Considerations

Healthcare organizations should work to ensure their facility and/or organization has an established and practiced communications plan(s), or a communications annex to their larger EOP. A facility/organizational communications plan should ensure that the organization can both communicate internally and externally and receive internal and external communications during an incident. The plan should demonstrate how the organization will communicate with the various internal and external partners associated with a response, as well as the secondary and emergency form(s) of communication to be used if primary capabilities are unavailable. Prior to an incident, healthcare is encouraged to update and/or create Memorandums of Understanding (MOU's) with the communications response groups critical to the facility/organization's communications capabilities, and to continuously strengthen communications relationships with all critical infrastructure partners. Healthcare facilities should follow the communication requirements set forth by local, state, tribal, and federal guidelines, and ensure alignment with all current and active Washington Administrative Codes (WACs). Healthcare should consider their personnel in communications planning and have the capability to provide internal organizational communications and messaging. All relevant parties, internal and external, should be involved in reviewing communications plans to ensure interoperability. Healthcare should regularly train and exercise communications procedures with the organizations critical to their operations.

4.2.2 Operational Communications Considerations

When involved in an incident, healthcare partners are encouraged to utilize a recognized Joint Information System (JIS) to help guide communications operations, and to establish a Joint Information Center (JIC) as necessary. Having a trained and certified Public Information Officer (PIO) on the organization's communications team allows healthcare to communicate with outside organizations and/or the public most effectively. As incidents develop, healthcare should monitor their communication abilities internally, externally, and their ability to receive information internally and externally. Healthcare should coordinate communications activities with NWHRN during incidents that have impacts beyond the boundaries of their facility(s), along with communications personnel from public health, emergency management, and pertinent response organizations. Organization and facility leadership should be knowledgeable of and trained on incident communication procedures for all incident types.

4.3 NWHRN Communications

The section below outlines the Network's communication capabilities, and how the Network communicates in all operational phases.

4.3.1 NWHRN Communications Capabilities

The Network has the ability to communicate with partners using a variety of modalities during steady state and incident operations, and uses the modality most appropriate for the specific circumstances. Most commonly, the Network communicates with partners via email, WATrac, AlertMedia, and/or various online video conferencing platforms. NWHRN exercises communicating with both their internal personnel and external partner organizations, including appropriate messaging and communications for clinical providers and advisors. The Network has built out redundant communication systems if primary communication methods are unavailable. The Network is continuously diversifying and expanding its redundant communications capabilities, including through MOU's, ensuring NWHRN can continue to deliver on its mission in support of healthcare partners. NWHRN communications plans and procedures align with statewide and national communications plans.

4.3.2 NWHRN Operational Communications

NWHRN participates in common group messaging alongside coalition partners in all phases of incident operations. The Network communicates with NWHRN partners and outside organizations alike, sharing information on a need-to-know basis and only after vetting and credentialing the receiving organization. The mode the Network communicates with may change during an incident. As part of NWHRN's ongoing preparedness and response activities for policy-related concerns, the Network coordinates with healthcare executives, Local Health Officers, and clinical specialty groups in an ongoing manner. NWHRN has PIO functionality for circumstances that necessitate conversation facilitation and/or representation of the Network's messaging. NWHRN works to ensure the communication systems of the coalition are interoperable with partner communications systems to the greatest extent possible.

5.0 Administration, Logistics, and Finance

Understanding the diversity of NWHRN partner missions and capabilities, the administrative, logistical, and financial operations of partners can differ dramatically. Working to meet the varied needs of healthcare, this section seeks to educate healthcare partners on broader categories of administrative, logistical, and financial activities that may need to occur, as well as the general administrative, logistical, and financial capabilities of the Network. Partners are encouraged to incorporate relevant tasks and operations from this plan into their facility and system-wide plans and procedures. The topics below are non-exhaustive, and aim to reflect healthcare-wide considerations, historical needs, and lessons learned from previous incidents. Healthcare partners should conduct the activities below according to their internal policies and procedures.

5.1 Healthcare Administration, Logistics, and Finance

5.1.1 Healthcare Logistics

Logistical incident preparations and operations for healthcare are wide-ranging; all of which are vital to the success of the facility/organization in response to an incident of any type. Broadly, healthcare logistical preparedness and operations can be categorized into "Space, Staff, and Stuff". Whether it be a physical location to store/manage resources, the personnel to carry out incident operations, or the physical resources themselves, healthcare should ensure diversity in its vendors, staffing agencies, and utility providers to mitigate potential single points of failure. Partners should continuously assess the integrity and security of their supply chains for physical goods and surge staffing. Progressive resource management and purchasing processes acknowledge the importance of the potential private/public relationship between organizations and vendors and may or may not formalize this relationship with an MOU/MAA when appropriate. Partners should identify critical resources that are available only outside of their jurisdiction and understand the requesting process for those resources. Once normal channels of (re)supply have been exhausted, the Network will support coalition partners in requesting mutual aid via the resource request process. See the subsequent section for a detailed explanation of the resource requesting process through NWHRN.

Healthcare organizations can choose to mirror a logistics process that utilizes the same/similar documentation, verbiage, and/or resource typing as the organization(s) that reimbursement would be sought through. Whether applying through FEMA's Public Assistance (PA) program or an alternate source of reimbursement, all have specific requirements that reimbursement applicants should abide by to process an application most successfully. Healthcare partners are encouraged to familiarize themselves with the requirements and processes of their reimbursement source(s), and to understand what resources to track, when/how to track them, and all relevant dates and timelines associated with the reimbursement. Cached equipment, supplies, and/or pharmaceuticals should follow stringent security and access procedures, along with outlined procedures for ordering, rotation, movement/transfers, and resupply/replenishment. Maintenance of logistical facilities should be performed on a regular cadence, with attention also given to the well-being of the logistics personnel and physical resources alike.

5.1.2 Healthcare Finance and Administration

Personnel charged with financial and administrative preparedness measures should be familiar with the requirements necessary for emergency credentialing of personnel, the licensure and documentation requirements necessary for that process, and the background check and protection measures that should occur both pre-event and/or just-in-time. Having redundancy and continuity measures in place amongst administrative personnel and resources allows organizations to be better prepared for circumstances necessitating transfer of authority. An organization's legal team should work alongside administrative and financial staff to develop products and processes to best prepare the organization.

Data management, integrity, and security has become an increasingly prevalent threat to healthcare across the industry. Healthcare partners are urged to develop a robust and comprehensive data management and security system, plans, and training/exercising resources for internal and external users of the system(s) being protected. Potential data breaches should have an outlined reporting process and procedure, with cybersecurity personnel included at the onset. The ability to pay employees during a cyber incident has been identified as a consistent lesson learned from organizations who have experienced cyber disruptions and should be considered when planning for cyber disruptions. With cyber solutions and strategies constantly being developed and improved, healthcare should continuously incorporate the most current protection measures into their systems and procedures and establish internal best practices for their organization and personnel.

5.2 NWHRN Administration, Logistics, and Finance

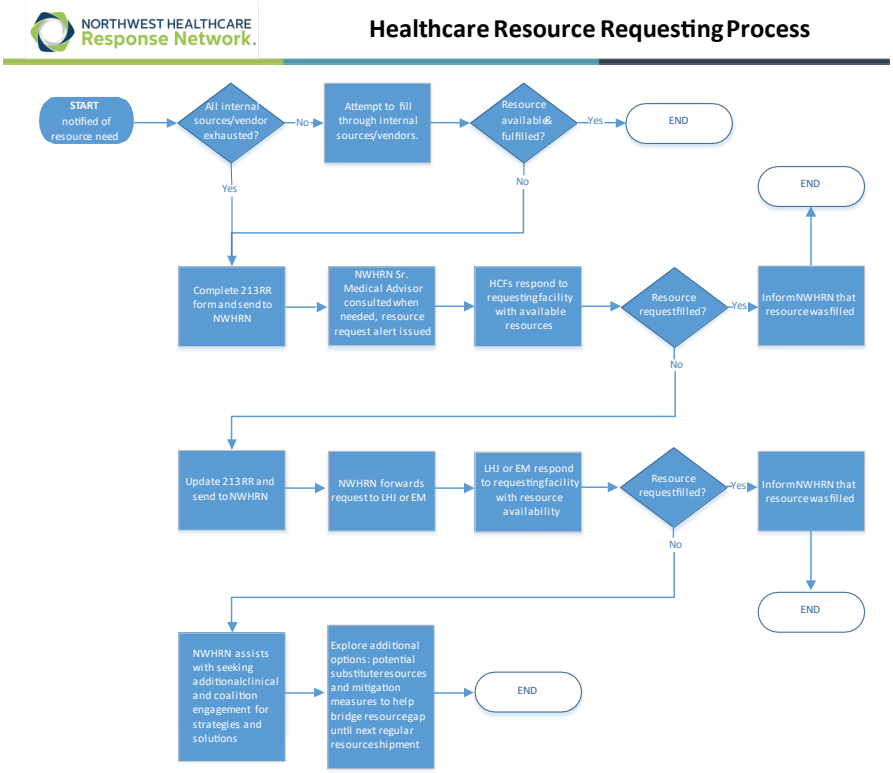
5.2.1 NWHRN Logistics

NWHRN is available to begin the resource requesting (RR) process 24 hours a day, 7 days a week by calling the NWHRN duty officer phone number (425-988-2897) or via email at HECC@nwhrn.org. Because healthcare organizations may work with public and private partners in an incident to continue patient care, and because NWHRN acts as a liaison between public and private entities, NWHRN may request waiver support to meet the needs of the specific incident. Resources requested may not be immediately available, if at all. NWHRN provides resource requesting and scare resource management assistance between partner entities and within the healthcare sector, elevating request(s) alongside EMA and LHJ partners as needed.

The NWHRN Incident Commander on call, working in collaboration with the NWHRN Duty Officer, will determine the urgency and timeframe of need with the requester, and confirm that the requester has first exhausted their channels of (re)supply. Simultaneously, the NWHRN Duty Officer sends a blank FEMA 213 RR form to the requester to complete. Using the information on the 213 RR form, NWHRN works to fulfill the request using the broader coalition network and connections. NWHRN works with their Senior Medical Advisor as necessary to help guide the scope of clinical requests, clinical phrasing, and/or to provide oversight to the clinical request itself.

If NWHRN is unable to fulfill the request, or can only partially fulfill the request, the Network will assist the requester in completing an updated FEMA 213 RR form to file with their appropriate local agencies.

These local agencies then lead the efforts to acquire the desired resource(s) using their organization's acquisition channels, and communicate the final status of the request with NWHRN and the requester. If still not fully fulfilled, the senior medical advisor aids in guiding next steps and exploring additional options as necessary until the resource once again becomes available. The timeframe for fulfillment of a resource request is situation and timeframe dependent. NWHRN is not responsible for the allocation of resources. The graphic below depicts the NWHRN resource requesting process as a flow chart.



NWHRN logistical duties and activities are aligned with the mission and capabilities of the organization. The Network has a supplemental staffing procedure, and a process to scale-up/augment its workforce capabilities with pre-screened and trained volunteers. Because the Network is a fully remote organization with no physical workspace, the Network does not have a cache of extra resources or equipment but does maintain redundancy in supplies for its employees.

5.2.2 NWHRN Finance and Administration

NWHRN financial and administrative activities allow the organization to fulfill its mission, and for the benefit of its healthcare partners. The Network is responsible for the monitoring and tracking of costs related to its individual response operations, and adheres to responsible financial tracking, administrative, documentation, and accounting practices. NWHRN has an internal process to track and seek reconciliation for procured items requested by its personnel. The Network has a series of active

MOU's and MAA's with key partners and continues to explore opportunities to diversify partner relationships outside of response periods.

NWHRN continues to expand its internal cyber and data security measures. All data and information collected is digitally protected and defended against cyber hazards. The Network continuously works to build its cyber defense capabilities in tandem with NWHRN partners, sharing resources and information with partners as appropriate.

6. Plan Development and Maintenance

NWHRN initially developed the "NWHRN Healthcare System Response Plan" in 2019. The 2024 revision of this plan, now named the NWHRN Healthcare Emergency Operations Base Plan, utilizes concepts and frameworks outlined by FEMA's NIMS and CPG, HHS ASPR-TRACIE resources, and others. Prior to the incorporation of the 2024 revision, this plan was internally reviewed and evaluated by NWHRN leadership before an external review by NWHRN partners comprising various disciplines of the healthcare system. Throughout the revision process, NWHRN validated the plan against Network and partner plans, and continuously solicited feedback from relevant parties. NWHRN partners were given the opportunity to submit feedback and changes to the 2024 revision prior to its publication.

This plan follows an annual internal review cycle, with review and feedback from partner organizations requested as needed and determined by NWHRN leadership. NWHRN is responsible for managing and maintaining this plan, specifically, the Operational Planning Coordinator within NWHRN. Information gathered through incident responses, training events, exercises, AAR/IP's, and updated partner doctrine will all be used to drive future updates of this plan. NWHRN continues to review and refine this plan through an established planning maintenance process and schedule.

NWHRN conducts internal and external training and exercising on this plan. All NWHRN plans are exercised and refined through drills, games, tabletop exercises, operations-based exercises, functional exercises, and/or full-scale exercises, and in accordance with the Network's training/exercise schedule. The training and exercising completed on this plan helps drive the continuous refinement of its contents, and is part of the larger NWHRN planning cycle. NWHRN implements corrective actions and addresses deficiencies with recommendations identified from AARs, IP's, and situations where constructive feedback can be solicited.

7. Appendices

7.1 Appendix A: Acronyms

AAR: After- Action Report

ACIP: Advisory Committee on Immunization Practices

ADA: Americans with Disabilities Act

AFN: Access and Functional Needs

ASPR: Administration for Strategic Preparedness and Response

CDC: Centers for Disease Control

CMS: Centers for Medicare and Medicaid Services

COOP: Continuity of Operations

COP: Common Operating Picture

CPG: Comprehensive Preparedness Guide

DMAC: Disaster Medical Advisory Committee

DMCC: Disaster Medical Coordination Center

DNV: Det Norske Veritas

DO: Duty Officer

DOH: Department of Health

ECC: Emergency Coordination Center (synonymous with EOC)

EMA: Emergency Management Agency

EMS: Emergency Medical Services

EOC: Emergency Operations Center (synonymous with ECC)

ESF: Emergency Support Function

FEMA: Federal Emergency Management Agency

FMS: Federal Medical Station

FQHC: Federally Qualified Health Centers

HCC: Healthcare Coalition

HECC: Healthcare Emergency Coordination Center

HHS: Health and Human Services

HVA: Hazard Vulnerability Assessment

IC: Incident Commander

ICS: Incident Command System

IP: Improvement Plan

JIC: Joint information Center

JIS: Joint Information System

LHJ: Local Health Jurisdiction

LHO: Local Health Officer

LTC: Long-Term Care

MAA: Mutual Aid Agreement

MCI: Mass Casualty Incident

MOU: Memorandum of Understanding

MRC: Medical Reserve Corps

NDMS: National Disaster Medical System

NIMS: National Incident Management System

NWHRN: Northwest Healthcare Response Network

PIO: Public Information Officer

RR: Resource Request

SME: Subject Matter Expert

TJC: The Joint Commission

TRACIE: Technical Resources, Assistance Center, and Information Exchange

USAR: Urban Search and Rescue

WAC: Washington Administrative Code

WATrac: State of Washington Healthcare Resource Tracking and Alert System

WHO: World Health Organization

WMCC: Washington Medical Coordination Center