



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.

<b>Version No.</b>	<b>Description of Change</b>	<b>Completion Date</b>	<b>Edited By</b>
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	December 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) organization that leads the coordination, resilience, and advocacy of the Washington State healthcare ecosystem through its role as a Healthcare Coalition (HCC). NWHRN brings together the many separate pieces of healthcare to help prepare for, respond to, and recover from disruptive events; allowing healthcare to focus on patient care when it matters most.

NWHRN supports local, regional, tribal, statewide, and private healthcare needs. NWHRN coordinates with healthcare and emergency response organizations (hereafter referred to as “partner organizations”) and recognizes that healthcare may operate across geographic, jurisdictional, and tribal boundaries. NWHRN mirrors this multi-jurisdictional approach and adapts to meet the needs of healthcare, while recognizing local health and emergency management jurisdictional authorities and responsibilities. Healthcare and emergency response organizations benefit from NWHRN’s geographic reach, and ability to acquire and coordinate healthcare-specific personnel, space, physical goods and/or medical equipment (hereafter referred to as “resources”).

### 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 guidelines underpinning operational activities that impact NWHRN and/or its partner organizations. The NWHRN Healthcare Emergency Operations Base Plan is applicable to planned and unplanned emergencies, disasters, disease outbreaks, and/or other disruptive events (hereafter referred to as disruptive events) necessitating any level of coordination and/or situational awareness in aid of NWHRN partner organizations. This plan is also applicable to situations in which healthcare’s ability to manage a disruptive event independently is exceeded. This plan aims to provide an understanding of how NWHRN interconnects with partner organizations prior to, during, and after a disruptive event, while also offering context to the actions healthcare may choose to take. This plan seeks to document NWHRN roles and responsibilities and those of NWHRN partner organizations. This plan advances NWHRN’s goal of a well-prepared and resilient healthcare ecosystem.

### 1.3 Scope

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 applicable laws, executive orders, and/or directives. Processes and procedures outlined in this plan are intended to support, not supplant, individual organization’s preparedness, response, and/or recovery efforts.

This plan is informed, in part, by the collective of NWHRN partner organization 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) priorities and Public Health Response Readiness Framework, amongst others.

#### 1.4 Structure and Integration

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

This plan is supported by NWHRN's mission and vision, and provides a foundational-level understanding of NWHRN daily operations and operational phases. Functional, clinical, and specialty annexes, appendices, and tip sheets stem from this plan and provide information on NWHRN capabilities for specific disruptive events and/or hazard types. NWHRN planning documents are publicly available on the NWHRN website ([nwhrn.org](http://nwhrn.org)).

#### 1.5 Limitations

NWHRN and its partner organizations will endeavor to make every reasonable effort to respond to a disruptive event. However, NWHRN and/or partner organization's 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 capabilities are available and functional at the time of the disruptive event. There is no guarantee implied by this plan that a response to a disruptive event will be achieved. Implementation of this plan and its concepts may require modification to best protect the health and safety of impacted personnel, facilities, equipment, and/or systems.

#### 1.6 Situation and Assumptions

The plan functions, in part, based on the assumptions listed below. Because these assumptions are subject to change over the course of a disruptive event(s), NWHRN and partner organizations must remain flexible as they collaboratively identify impacts and needs in response to the disruptive event(s).

- Healthcare will follow internal protocols to increase patient capacity and implement surge plans before requesting outside assistance. Upon further escalation of a disruptive 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 health, medical, and/or mortuary needs through the appropriate branch of their Emergency Operations Center (EOC) and/or Emergency Coordination Center (ECC).
- Healthcare partner organizations are familiar with and capable of using the State of Washington Healthcare Resource Tracking and Alert System (WATrac).
- NWHRN and impacted partner organizations will activate all pertinent plans, annexes, and command/coordination center(s) as necessary to address the needs of the disruptive event.
- Healthcare 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 disruptive events may interrupt electronic systems and/or digitally stored information required for NWHRN and/or partner organizations operations and functionality.
- The increased number of people seeking medical attention due to a disruptive event 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.
- Healthcare 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 will provide ongoing situational awareness to NWHRN to the best of their abilities and will report any changes in support needs accordingly.
- NWHRN will provide healthcare situational awareness information to pertinent partners and may request additional information from pertinent partners as needed.
- Healthcare organizations will evaluate their internal resources and needs prior to requesting external resources and/or releasing resources to external organizations.
- Healthcare organizations may work with both the public and private sector during a disruptive event to be able to continue patient care. Because NWHRN acts as a neutral convener between public and private entities, NWHRN may request waivers and/or resource support to meet the needs of the disruptive event.
- Healthcare organizations will manage and utilize resources received during a disruptive event and will communicate promptly with the appropriate partner organization(s) when resources are no longer needed.
- Partner organizations retain their decision-making responsibilities within the confines of local, state and federal regulations.

### 1.7 NWHRN Profile

The area NWHRN serves comprises both urban and rural communities. In addition to government and non-government emergency management partner organizations, healthcare-specific partner organizations include, but are not limited to, pre-hospital organizations (Fire/EMS), outpatient services (including Federally Qualified Health Centers (FQHCs)), in-home services, long-term care, behavioral health, ancillary care services, and hospitals. The NWHRN service area also hosts specialty hospitals, state acute care, military, federal, and other healthcare facilities. The NWHRN jurisdiction includes major geographic features, multiple tectonic plates, active volcanoes, and a series of islands adjacent to an

international border. This geographic diversity demands a resilient and coordinated healthcare ecosystem for all disruptive events; building which takes leadership, vision, collaboration, and commitment from NWHRN and partner organizations alike.

NWHRN operational planning is, in part, based on the annually reviewed state-wide [NWHRN Hazard Vulnerability Assessment \(HVA\)](#). The HVA is a systematic approach to identifying the hazards and risks most likely to impact the demand for healthcare 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 disruptive events impacting partner organizations. Additional NWHRN HVA information can be found on the NWHRN website ([nwhrn.org](http://nwhrn.org)).

The threats and hazards facing NWHRN partner organizations have the potential to significantly impact the local economy and built infrastructure. A significant disruptive event may have cascading and/or secondary impacts that inhibit partner organization's ability to recover.

## 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 partner organizations working together on a common set of objectives with a clear understanding of the roles, responsibilities, capabilities, and limitations of each organization.
- **Readiness to Act:** Timely delivery of assistance and services is essential to meeting partner organizations needs before, during, and after a disruptive event. Effective preparedness, response, and recovery efforts require an understanding of the current and future risks/hazards NWHRN and partner organizations face, which are established and maintained through planning, training, and exercising organizational capabilities.
- **Access and Functional Needs (AFN) Integration:** NWHRN strives to ensure that resources can be utilized by and accounts for the varied needs of the AFN community, and will provide additional services as needed in accordance with the ADA.
- **Resilience and Sustainability:** NWHRN tactics promote practices that minimize risks to hazards and strengthen the ability to withstand and recover from future disruptive events.
- **Scalable, Flexible, and Adaptable Operational Capabilities:** Every disruptive event is unique and requires flexibility to minimize delays and loss of opportunities. This plan allows for adaptability, scalability, and flexibility when conducting preparedness, response, and recovery activities.
- **Promoting a Common Operating Picture:** Timely monitorization, collection, analysis, and dissemination of information and intelligence occurs continuously, facilitating preparation activities and providing 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) encompasses the various phases of assistance provided by NWHRN, encompassing the daily operations of the organization up to partial and full activation of NWHRN. Activities conducted by NWHRN during each phase of the CONOPS are described below, providing partner organizations an understanding of NWHRN operational capabilities and the breadth of assistance NWHRN can provide. Working to meet the needs of healthcare, NWHRN has provided information for healthcare partner organizations to incorporate into their organization-level plans and procedures as appropriate.

### 2.2 Daily Operations

#### 2.2.1 Healthcare Daily Operations

Healthcare daily operations describes the routine monitoring of the organizational, system-wide, and/or jurisdictional situation. During daily operations, healthcare is not activated for a disruptive event, and there is no future disruptive event anticipated. During daily operations, organizations work to fulfill their mission, prepare for future disruptive events, and continuously monitor current and emerging information and data.

Situational awareness is a critical component of daily operations and allows for the timely activation of any organization. Partner organizations are urged to relay pertinent information collected at the organization level to NWHRN for further analysis and/or distribution. With a common operating picture created by NWHRN, partner organizations can more effectively monitor for activation and mitigate impacts to potential disruptive events ahead of time.

Healthcare is urged to refine operational plans and procedures, and review/overlay all mandated requirements, rules, and standards with their existing doctrine during daily operations. As gaps are identified, plans can be updated and revised as necessary. Healthcare plans and procedures should reflect an all-hazards approach to managing a disruptive event and include appropriate annexes as necessary. Updated plans should be used to train and exercise personnel and systems, with an improvement plan established to ensure identified gaps are addressed and rectified. Conducting an organizational HVA, and focusing preparedness activities on the results, aids healthcare partners and NWHRN alike in preparing for pertinent disruptive events that could impact their organizations. NWHRN planning guides and templates are available to partner organizations for additional guidance.

Partner organizations are encouraged to conduct outreach and engagement during daily operations. Building relationships with new and existing partner organizations establishes an understanding of capabilities and resources prior to a disruptive event occurring. This understanding allows partner organizations and NWHRN to better plan for and incorporate all stakeholders into appropriate plans and creates a more realistic training and exercise environment.

### 2.2.2 NWHRN Daily Operations

NWHRN leads statewide healthcare situational awareness efforts during daily operations and when activated for a disruptive event by producing an ongoing statewide healthcare common operating picture for partners. NWHRN collates, analyzes, creates, and distributes statewide healthcare data, trends, and resources so partner organizations can better inform their organization's decision-making.

NWHRN utilizes a 24-hour Duty Officer (DO) and an on-call Incident Commander (IC) during daily operations. The DO fields incoming calls/emails, and coordinates actions within their training and capabilities. The DO communicates developing situations and circumstances beyond their training and capabilities to the on-call IC, who then determines subsequent actions. The NWHRN duty officer phone number can be reached 24/7/365 at (425)-988-2897 or by email during business hours at [hecc@nwhrn.org](mailto:hecc@nwhrn.org). For disruptive 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 healthcare and NWHRN in various operational phases of a response, including activation, operations, and demobilization.

#### 2.3.1 Activate

##### 2.3.1.1 Healthcare Activation

By meeting internal thresholds and triggers, and/or through situational awareness provided by NWHRN and other sources, healthcare may determine the need to activate their respective coordination center(s) and/or organizational response plans and procedures. Healthcare is expected to have an Emergency Operations Plan(s) (EOP) for their facility and/or system that helps guide operations as well as internal command, control, coordination, and notification procedures to pertinent partner organizations. Additional responsibilities of healthcare during activation could include, but are not limited to, establishing priorities and objectives, mobilizing resources, implementing cost tracking/reimbursement measures, information gathering, and review of continuity of operations (COOP) and recovery plans.

##### 2.3.1.2 NWHRN Activation

Any partner organization can request NWHRN to activate, and in some cases, NWHRN may activate independently to support healthcare partners. NWHRN can activate based on internal thresholds and triggers that are met, after evaluation of healthcare data and intelligence that exposes an emerging disruptive event, and/or upon notification of a disruptive event from a partner organization. NWHRN may also activate when healthcare exceeds their internal capacities and/or needs to enact a regional plan. However, NWHRN will first ensure that healthcare partners have activated and exhausted all pertinent internal plans, procedures, capabilities, and resources prior to activation. Additional instances in which NWHRN could activate include, but are not limited to, disruptive events involving:

- Patient Tracking Needs
- Government/Tribal EOC Activation
- Healthcare Facility EOC/ECC Activation
- Regional Disruptive Events
- Substantial Resource Request(s)
- Proclamation(s) and/or Declaration(s) of Emergency

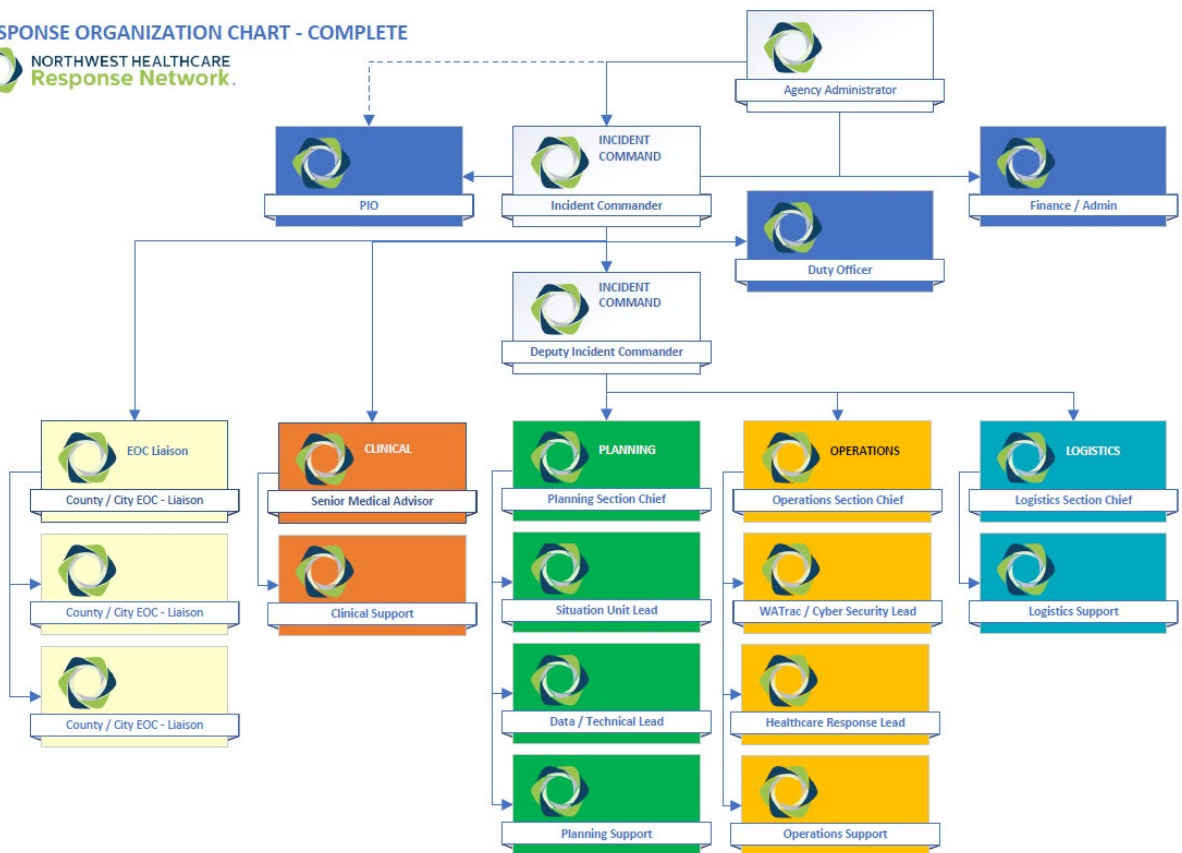
Upon receiving a request(s) that is beyond their capabilities, the NWHRN on-call incident commander will initiate communication with NWHRN leadership. Collectively, the NWHRN leadership team will activate the internal and virtual Healthcare Emergency Coordination Center (HECC) and any/all internal positions necessary to respond to the disruptive event. NWHRN positions do not activate automatically, but instead, activate and scale as needed to meet the scope of work required. NWHRN can scale regionally if the disruptive event is contained within a specific jurisdiction. NWHRN can also divide into smaller teams in the event of multiple disruptive events occurring simultaneously.

NWHRN works with partner organizations through the varying organizational and reporting structures specific to their community. NWHRN recognizes that healthcare crosses geographic boundaries and is 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 partners while honoring local health jurisdiction oversight. NWHRN will notify and may request activation support from partner organizations should NWHRN be the initial or sole response organization to activate for a disruptive event. NWHRN maintains updated contact information for all partner organizations and will notify appropriate partner organizations upon activation.

#### NWHRN Organizational Structure – Response

The full organizational structure of a potential NWHRN response is represented in the graphic below. 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 disruptive event, but rather, only those deemed necessary to meet the needs of the situation. Because NWHRN is a fully remote organization, these positions activate and operate in a remote environment, responding in-person as necessary and as circumstances allow.

RESPONSE ORGANIZATION CHART - COMPLETE



Recognition and Validation

NWHRN can be notified, become aware of, and/or recognize a disruptive event by a variety of internal and external sources. All partner organizations can notify NWHRN prior to a pre-established disruptive event or in real-time. Information exchange and intelligence sharing amongst partner organizations and NWHRN promotes a more well-protected and informed healthcare ecosystem. Given NWHRN’s role as an intermediary in Washington State healthcare, NWHRN urges partner organizations to follow the notification protocol of their local health jurisdiction and ensure NWHRN and the appropriate Disaster Medical Coordination Center (DMCC) are also notified.

NWHRN may use open-source media as an information-gathering tool. Information gathered from open sources must first be validated by the government organization impacted by the disruptive event to be considered truthful and legitimate. With a large-scale disruptive event with clear and widespread impacts to the community, or upon receiving an activation request from an on-scene NWHRN first responder partner organization, NWHRN would not seek validation of the disruptive event and instead move immediately into an activation posture.

### Notification and Situational Awareness

The NWHRN Situational Awareness Annex expands on NWHRN's process of collating, analyzing, and distributing situational awareness information to partner organizations through all operational phases, as well as the processes for alerting and notifying partner organizations. 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 disruptive event, helping guide decision-making for impacted partner organizations.

NWHRN has the ability to notify partner organizations and distribute situational awareness materials using a variety of modalities. Most commonly, NWHRN notifies partner organizations and distributes situational awareness materials via email, WATrac, AlertMedia, and/or online video conferencing platforms (Zoom, Microsoft Teams, etc.). NWHRN uses the modality most effective to the specific disruptive event and acknowledges the mode of notification and/or situational awareness could change over the course of the disruptive event. NWHRN has specific protocols for collecting and sharing essential elements of information (EEI) with partner organizations and the Washington DOH. Additional situational awareness and/or EEI may be collected by NWHRN based on the specific needs of the disruptive event. NWHRN maintains redundant notification applications for continuity of operations.

### Mobilization

NWHRN mobilizes in a virtual setting and utilizes the same equipment and technologies as in daily operations. Because of its virtual posture, NWHRN has the flexibility and adaptability to meet the needs of its partner organizations. The IC will determine where, if at all, NWHRN personnel need to deploy in person. NWHRN will continue to have a Duty Officer and on-call Incident Commander upon activation in case of additional disruptive events emerging. 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 response encompasses the execution of activities and operations necessary for both pre-planned and no/short notice disruptive events. Executing missions and services to provide lifesaving capabilities are paramount to organizational and community-wide healthcare priorities, as well as managing the demand for healthcare needs from the community. NWHRN will work with impacted agencies and/or jurisdictions to implement action items into the rhythm of the response in real-time.

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

In addition to an EOP, healthcare is encouraged to maintain hazard-specific annexes and appendices. Healthcare may need to utilize internal plans, annexes, and/or appendices in addition to those of NWHRN, Local Health Jurisdictions, and/or emergency management in response to a disruptive event. 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 NWHRN are determined by the specifics of the disruptive event, NWHRN, via the HECC, coordinates with healthcare as part of its response activities and capabilities. HECC support to partner organizations may include, but is not limited to, any combination of the activities below:

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

NWHRN can scale its service delivery and cadence of support to empower decision-making capabilities and to continue patient care and healthcare services. If the disruptive event escalates, NWHRN will work under the authority of the impacted local health jurisdiction, typically under Emergency Support Function (ESF) 8 for Public Health, Medical, and (oftentimes) Mortuary and/or the appropriate health and medical structure of the impacted jurisdiction(s).

NWHRN maintains a portfolio of operational and tactical plans, annexes, and appendices that help guide the response for various disruptive events. Given its role as an intermediary between sectors, NWHRN has the ability to develop Incident Action Plans (IAPs) inclusive of healthcare, local health jurisdictions, and/or emergency management activities. NWHRN 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 Demobilize

Once operational objectives have been achieved, resources can begin the demobilization process to ensure their orderly, safe, and efficient return to their original location and status, and to initiate recovery objectives as appropriate. Over the course of a disruptive event, healthcare and NWHRN will determine the appropriate conditions to demobilize resources and determine the appropriate timeline to close their respective coordination centers. Working in tandem with partner organizations, healthcare and NWHRN will determine their needed level of involvement with current and future operational activities. Resources are demobilized as appropriate until all resources are fully demobilized. NWHRN recognizes that demobilization from a disruptive event may not align with the impacts experienced by healthcare because of the disruptive event.

#### 2.3.3.1 Healthcare Demobilization

Healthcare should review utilized plans and incorporate initial feedback for revision while the information is top of mind. Resources demobilized from the operation should be inventoried and documented appropriately. Logistics personnel should consider current and future resource needs when replenishing utilized resources.

Healthcare is encouraged to seek information from their demobilized personnel 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

Most 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, NWHRN can aid partner organizations in various demobilization activities as appropriate.

### 2.4 Continuity of Operations (COOP)

Continuity of Operations plans ensure NWHRN and partner organizations can continue to perform their essential functions during disruptive events. Healthcare should consider business and revenue cycles of the organization as part of their continuity of operations planning. While important for the continuity of business, this plan seeks to inform partner organizations of healthcare-specific COOP efforts, 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 varying sections of a COOP plan, a robust and comprehensive healthcare COOP plan should include, but is not limited to:

- Orders of Succession
- Essential Business Functions and Critical Services
- Vital Records Access
- Delegations of Authority
- Secondary and Tertiary Communications Systems, Devices, and Methods
- Patient Movement and Information/Documentation/Controlled Substance Transfer Procedures
- Evacuation, Relocation, Reunification, 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 COOP is regularly reviewed by key department and leadership personnel. Regular training and exercising of continuity operations allow personnel to understand the plan's purpose and use in a disruptive event. Pre-established and approved COOP plans set clear expectations for assisting agencies and organizations ahead of their activation for a disruptive event.

#### 2.4.2 NWHRN Continuity of Operations

NWHRN maintains internal COOP doctrine outlining the organizational tactics necessary to maintain the organization. As a fully remote organization, NWHRN has targeted and built out specific redundancies to maintain its response capabilities and serve healthcare. Given the critical role NWHRN plays in healthcare situational awareness, resource requesting, and patient tracking, NWHRN strives to ensure these capabilities are upheld through all disruptive event types. Because NWHRN organizational responsibilities do not necessitate a physical building or environment, NWHRN can conduct evacuation and relocation processes with its personnel virtually and in their steady-state work environments. NWHRN may request to operate out of partner organization's EOC/ECC as necessary. NWHRN does not have a cache of extra resources or equipment, but maintains redundancy in supplies for its employees.

### 3. Roles and Responsibilities

#### 3.1 Partner Organization Roles and Responsibilities

The following section provides an overview of the typical roles and responsibilities of NWHRN partner organizations. These roles and responsibilities are subject to change based on the specific needs and timeline of the disruptive event.

##### Healthcare Organizations

Healthcare organizations include, but are not limited to pre-hospital organizations, outpatient services (including federally qualified health centers FQHCs), in-home services, long-term care facilities and organizations, behavioral health, ancillary care services, and hospitals. The roles and responsibilities of healthcare organizations 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/resident 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:
  - o Healthcare situational awareness
  - o Patient tracking
  - o Resource coordination
  - o Planning and response coordination
- Coordinate with LHJ's and EMS as appropriate in response to disruptive events.
- Provide NWHRN with internal ICS leadership contact information if/when activated.
- Notify their respective DMCC re. bed occupancy, census, and operating status, as appropriate.
- Be prepared to coordinate public information with NWHRN and/or LHJs as necessary.
- Send pertinent reports and intelligence information to NWHRN concerning healthcare situational awareness.

##### Disaster Medical Coordination Centers (DMCC)

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

- Communicate the activation of MCI plans to healthcare in preparation for patient distribution.
- 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, and/or alternate DMCCs as needed.

- Coordinate patient distribution and load balancing for patients during a disruptive event, 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, DSHS, DOH, DMCCs, EMS, and EMOs.

### Local Health Jurisdictions (LHJ)

Under the authority of the Local Health Officer (LHO), Local Health Jurisdictions (LHJs) are responsible for leading the coordination of public health, medical, and oftentimes, mortuary services through Emergency Support Function (ESF) 8 or the appropriate health and medical structure within the impacted jurisdiction in response to a disruptive event that exceeds the capacity of an organization, city, and/or tribe within their jurisdictional boundaries. While NWHRN provides the primary support for medical services coordination, LHJ responsibilities could include, but are not limited to:

- Manage and deploy the Medical Reserve Corps (MRC) (if MRC is active in that jurisdiction)
- Coordinate efforts with NWHRN, and local, tribal, state and federal health agencies.
- Lead the allocation and distribution strategy for medical materials to partner organizations and their jurisdiction.
- Support and/or determine strategies for alternative care systems and facilities as appropriate.
- Coordinate public communication concerning health-based disruptive events.
- Assess environmental health hazards to minimize public exposure.
- Identify and implement public protective actions, such as non-pharmaceutical interventions.
- Dispense or administer medical countermeasures in public health clinics or at points of dispensing (PODs).
- Manage communicable disease outbreak surveillance, response, and investigation.
- Send pertinent reports and intelligence information to NWHRN concerning healthcare situational awareness.
- Support fatality management as appropriate.

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

### Emergency Management Organizations (EMO)

Emergency Management Organizations (EMOs) lead response coordination for disruptive events, which may include working with state, tribal, and/or federal emergency management partner organizations. Upon activation of their respective coordination center(s), EMOs will inform LHJs and NWHRN and include them on appropriate distribution lists for information and communications. EMO responsibilities include, but are not limited to, the following:

- Support resource requesting from healthcare in conjunction with LHJs and NWHRN.
- Initiate resource coordination with Washington State Emergency Management Division and/or the State Emergency Operations Center (SEOC) as applicable.

- Support coordinated healthcare public information and messaging with NWHRN and LHJs.
- Provide regular situation briefings to pertinent partner organizations regarding the disruptive event as appropriate.
- Support requests for EMS resources as requested.

### Emergency Medical Services (EMS)

Public and private EMS partner organizations play key response roles in both the pre-hospital and inter-facility transfer environments. EMS agencies may need to fulfill multiple response roles simultaneously, including representation at an EOC/ECC and coordinating patient movement. EMS responsibilities during a disruptive event 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 pertinent reports and intelligence information to 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 support for medical and non-medical resource needs of healthcare organizations, 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.
- Provide approval for activation of patient tracking.
- Support resource coordination, procurement, and/or distribution as needed in conjunction with the Washington State Emergency Management Division, EMOs, and LHJs.
- Coordinate with neighboring state and federal partner organizations if disruptive event exceeds WA DOH capabilities.
- Send pertinent reports and intelligence information to NWHRN concerning healthcare situational awareness as appropriate.

\*Note: Some clinical care (specifically specialty care) is coordinated amongst multiple states without the direct involvement 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.

### State, Federal and International Partner Organizations

- Support the discussion, dissemination, and amplification of standardized clinical response guidance from national and international partner organizations, government and non-government associations, and professional organizations in coordination with local, tribal, and/or state health jurisdictions, healthcare, and/or subject matter experts.
- Assist with coordination and access to federal level resources and requests.
- Facilitate the coordination and access to federal level response capabilities and resources, including but not limited to the National Disaster Medical System (NDMS) and Urban Search and Rescue (USAR).
- Coordinate with DOH when a response exceeds local, tribal, and/or WA State resources.
- Federal military partner organizations may support regional medical and non-medical responses with resources, personnel, and/or coordination.
- Aide in cross-border planning, patient tracking, and/or operational activities as appropriate, and provide support to consulate members to aid foreign nationals impacted by disruptive events.

### 3.2 NWHRN Roles and Responsibilities

NWHRN determines the unique and varied needs of healthcare and works to fill the identified gaps. NWHRN 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 partner organizations of potential hazards to healthcare, emerging disruptive events, and general situational awareness matters. In a disruptive event, the roles and responsibilities of NWHRN include, but are not limited to, the following:

- Continuously develop a common operating picture of healthcare inclusive of the area NWHRN serves through shared information and situational awareness products.
- Activate the internal Healthcare Emergency Coordination Center (HECC) and associated internal response positions necessary to support operational activities.
- Provide real-time support to healthcare to effectively manage disruptive events.
- Support patient movement activities through partner organization coordination and decision-making, operations, situational awareness, and resource coordination.
- Support coordination and implementation of alternate care strategies and planning.
- Provide resource requesting and scarce resource management assistance between partner organization entities and within the healthcare sector, elevating request(s) in conjunction with EMO and LHJ partner organizations as appropriate.
- Represent healthcare in emergency management and response-related coordination groups.
- Liaise with intra-state and/or neighboring state Healthcare Coalitions (HCC's) as appropriate.
- Convene healthcare leadership and clinical subject matter experts (SMEs) to:
  - o Support the development of healthcare facility response strategies
  - o Identify specific healthcare policy needs and assist in developing regional consensus
  - o 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 partner organizations. To build a robust and comprehensive healthcare communications system, both NWHRN and partner organizations must engage in:

- Common Terminology
- Plain Language
- Interoperability
- Access to Communications
- Alignment with partner organization's communications plans

While healthcare communication planning entails more specific organizational and/or facility-level information and tactics, these 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 a disruptive event, during response activities, and during recovery and demobilization activities.

#### 4.2.1 Communications Preparedness Considerations

Partner organizations should ensure their facility and/or organization have an established and practiced communications plan(s). A facility/organizational communications plan should ensure that the organization can both distribute and receive communications internally and externally during a disruptive event. The plan should demonstrate how the organization will communicate with the various internal and external partner organizations associated with a response, as well as the secondary and/or emergency form(s) of communication to be used if primary capabilities are unavailable. Prior to a disruptive event, healthcare is encouraged to update and/or create Memorandums of Understanding (MOU's) and/or Mutual Aid Agreements (MAA's) with the communications response groups critical to the facility/organization's communications capabilities, and to continuously strengthen communications relationships with all critical infrastructure partner organizations. 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

Healthcare is 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 disruptive events develop, healthcare should continuously monitor their communication abilities internally, externally, as well as their ability to receive information. Healthcare is encouraged to coordinate communication activities with NWHRN during disruptive events that have impacts beyond the boundaries of their facility(s), along with communications personnel from local health jurisdictions, emergency management, and pertinent response organizations. Organization and facility leadership should be knowledgeable of and trained in communication procedures for all disruptive event types.

#### 4.3 NWHRN Communications

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

##### 4.3.1 NWHRN Communications Capabilities

NWHRN has the ability to communicate with partner organizations using a variety of modalities, and uses the modality most appropriate for the specific circumstances. Most commonly, NWHRN communicates with partner organizations via email, WATrac, AlertMedia, and/or various online video conferencing platforms. NWHRN exercises communicating with both internal personnel and external partner organizations, including appropriate messaging and communications for clinical providers and advisors. NWHRN has built out internal redundant communication systems if primary communication methods are unavailable. NWHRN 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. 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 partner organizations in all phases of operational activities. NWHRN shares information on a need-to-know basis and only after vetting and credentialing the receiving organization. The mode in which NWHRN communicates may change during a disruptive event. As part of NWHRN's ongoing preparedness and response activities for policy-related concerns, NWHRN 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 NWHRN's messaging. NWHRN works to ensure the communication systems of the coalition are interoperable with partner organization's communications systems to the greatest extent possible.

## 5.0 Administration, Logistics, and Finance

Understanding the range of NWHRN partner organization's missions and capabilities, the administrative, logistical, and financial operations of partner organizations can differ dramatically. Working to meet the varied needs of healthcare, this section seeks to educate healthcare 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 NWHRN. Partner organizations 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 disruptive events. Healthcare should conduct the activities below in accordance with their internal policies and procedures.

### 5.1 Healthcare Administration, Logistics, and Finance

#### 5.1.1 Healthcare Logistics

Logistical preparations for healthcare are wide-ranging; all of which are vital to the success of the facility/organization in response to a disruptive event. 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 logistical activities, or the physical resources themselves, healthcare should ensure diversity in its vendors, staffing agencies, and utility providers to mitigate potential single points of failure. Partner organizations should continuously assess the integrity and security of their supply chains for physical goods and surge staffing. Advanced resource management and purchasing processes acknowledge the importance of the potential private/public relationship between organizations and vendors, and may be formalized with an MOU/MAA as appropriate. Partner organizations 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, NWHRN will support partner organizations in requesting mutual aid via the resource requesting process. See the subsequent section for a more detailed explanation of the resource requesting process through NWHRN.

Healthcare can choose to mirror a logistics process that utilizes the same or 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 is 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 measures, along with procedures for ordering, rotation, movement/transfers, and resupply/replenishment. Maintenance of logistical facilities should be performed on a regular cadence, with attention given to the well-being of 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 prior to a disruptive 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 have become an increasingly prevalent disruptive event to healthcare. Healthcare is urged to develop a robust and comprehensive data management and security system, plans, and training/exercising resources for internal, external, and third-party users of the system(s) being protected. Potential breaches in data and/or cybersecurity-related disruptive events should have an outlined reporting process and procedure, with cybersecurity personnel included in decision-making. The ability to pay employees during a cyber-related disruptive event has been identified as a consistent lesson learned from previous disruptive events 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/procedures and establish internal best practices for their organization and personnel.

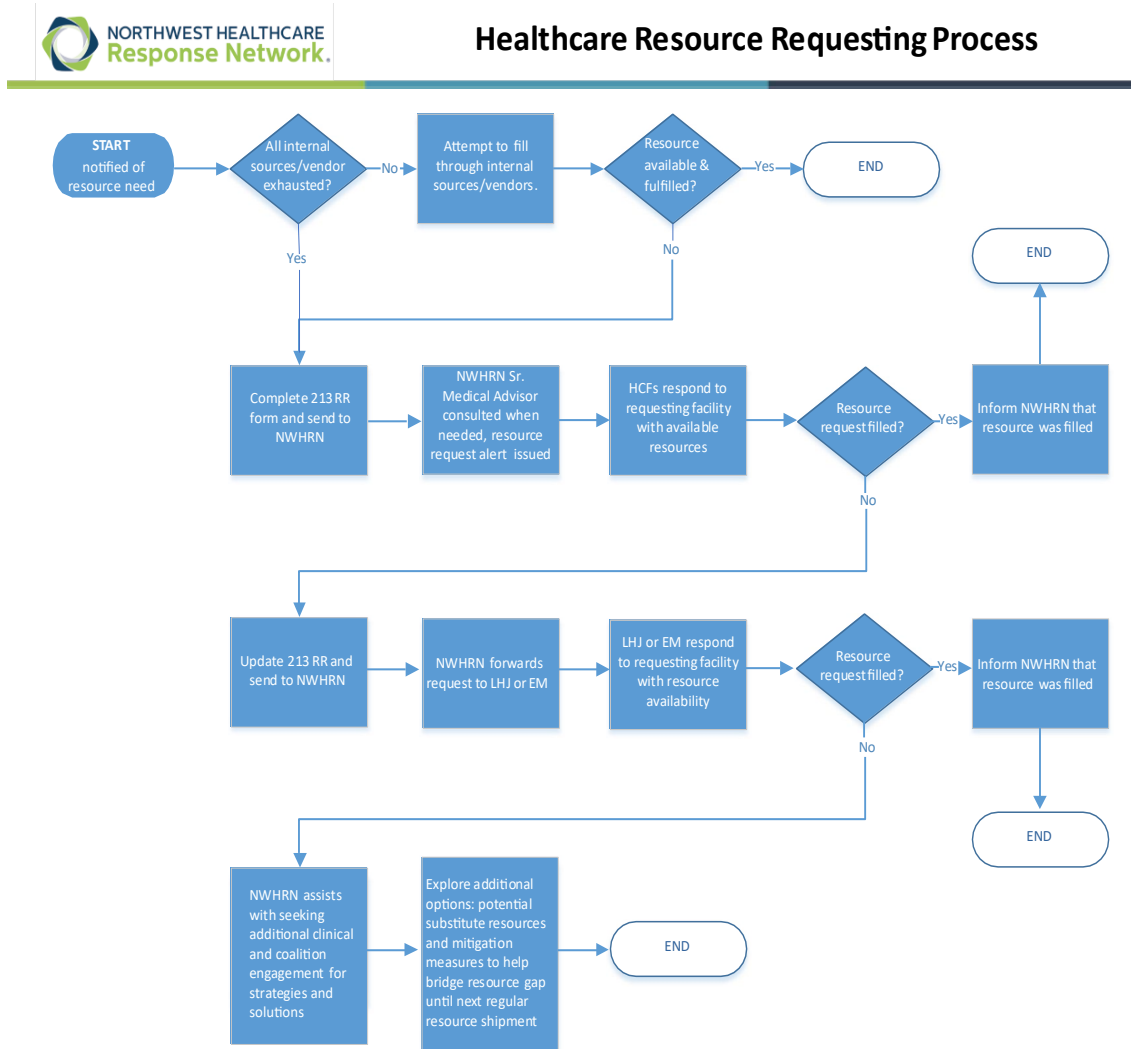
## 5.2 NWHRN Administration, Logistics, and Finance

### 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 during business hours at [HECC@nwhrn.org](mailto:HECC@nwhrn.org). Because healthcare may work with public and private partner organizations during a disruptive event to continue patient care, and because NWHRN acts as a neutral convener between public and private entities, NWHRN may request waiver support to meet the needs of the specific disruptive event. Resources requested may not be immediately available, if at all. NWHRN provides resource requesting support to healthcare facilities, resource brokering between public and/or private healthcare entities, and aides in scarce resource allocation strategies. NWHRN elevates request(s) in coordination with EMO and LHJ partner organizations as appropriate.

The NWHRN Incident Commander, working in collaboration with the NWHRN Duty Officer, will determine the urgency and timeframe with the requester, and confirm that the requester has first exhausted their channels of (re)supply. Simultaneously, the NWHRN Duty Officer will send 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 in coordination with healthcare and partner organizations. 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 clinical requests. When the NWHRN logistics branch is activated for a disruptive event, the logistics branch takes resource request responsibilities from the NWHRN Duty Officer.

If NWHRN is unable to fulfill the request, or can only partially fulfill the request, NWHRN 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. If still not fully fulfilled, the NWHRN senior medical advisor aids in guiding next steps and exploring additional options until the resource once again becomes available. The timeframe for fulfillment of a resource request is situation 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. NWHRN has a supplemental staffing procedure and process to scale-up/augment its workforce capabilities with pre-screened and trained volunteers.

### 5.2.2 NWHRN Finance and Administration

NWHRN financial and administrative activities allow the organization to fulfill its mission. NWHRN 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. NWHRN has a series of active MOU's and MAA's with key partner organizations and continues to explore opportunities to diversify 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. NWHRN continuously works to build its cyber defense capabilities in tandem with partner organizations, and shares resources and information only as appropriate.

### 6. Plan Development and Maintenance

NWHRN developed this plan, initially titled the "NWHRN Healthcare System Response Plan" in 2019. The updated version of this plan, now named the NWHRN Healthcare Emergency Operations Base Plan, utilizes concepts and frameworks outlined by FEMA's NIMS and CPG 101, HHS ASPR-TRACIE resources, and others. This plan is internally reviewed and evaluated by NWHRN leadership followed by an external review by NWHRN partner organizations as appropriate. NWHRN validates this plan against Network and partner organization plans, and continuously solicits feedback from relevant parties. NWHRN partner organizations can submit feedback regarding any NWHRN planning documents at any time.

This plan follows an annual internal review cycle, with review and feedback from partner organizations as requested. NWHRN is responsible for managing and maintaining this plan. Information gathered through responses to disruptive events, trainings, exercises, AAR/IP's, and updated partner organization doctrine are used to drive future updates of this plan. NWHRN continues to review and refine this plan through an internal planning maintenance process and schedule.

NWHRN conducts internal and external training and exercising on this plan. All NWHRN plans are exercised and refined through seminars, workshops, drills, games, tabletop exercises, operations-based exercises, functional exercises, and/or full-scale exercises, and in accordance with NWHRN'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)

EMO: Emergency Management Organization

EMS: Emergency Medical Services

EOC: Emergency Operations Center (synonymous with ECC)

ESF: Emergency Support Function

FEMA: Federal Emergency Management Agency

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  
WA: Washington State  
WAC: Washington Administrative Code  
WATrac: State of Washington Healthcare Resource Tracking and Alert System  
WHO: World Health Organization