

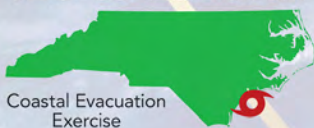


120 to Landfall: 2.0 Tabletop Exercise

Capabilities Crosswalk

February 2021

120 to Landfall



Coastal Evacuation Exercise



SOUTHEASTERN HEALTHCARE
PREPAREDNESS REGION



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Eastern Healthcare
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The Next Level in Preparedness
Training and Exercises

Exercise Objectives and Capabilities

The *120 to Landfall: 2.0 Tabletop Exercise* objectives focus on the critical tasks required by healthcare partners in anticipation of hurricane landfall in the state. The goal of the exercise is to address any identified gaps, incorporate the continuing care community, and continue to improve healthcare response capabilities across both regions. The exercise will help further validate the *North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide* as well as organizational plans and procedures. The U.S. Health and Human Services (HHS) *2017-2022 Health Care Preparedness and Response Capabilities* provide the foundation for development of the exercise objectives and scenario. This document demonstrates how the exercise objectives align with the *North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide*, national standards, and other state emergency plans.

Exercise Objective	HHS Health Care Preparedness and Response Capability
Identify the established lines of communication and facility points of contact used by healthcare stakeholders for emergency notifications and information sharing.	Health Care and Medical Response Coordination
Identify the information sharing process for ancillary healthcare providers (e.g., dialysis, home healthcare, assisted living, etc.), emergency management agencies, and regional emergency coordination points, prior to and during an emergency incident.	Health Care and Medical Response Coordination
Describe the decision-making triggers used by healthcare stakeholders for executing the safe evacuation or shelter-in-place of healthcare facilities during an emergency incident.	Health Care and Medical Response Coordination
Describe the resource needs for executing a full facility evacuation during an emergency incident.	Health Care and Medical Response Coordination
Identify the prioritization process for emergency evacuation of patients when transportation resources are limited.	Continuity of Health Care Service Delivery

Capability: Health Care and Medical Response Coordination (HHS Capability 2)

Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions' Emergency Support Function-8 (ESF-8 , Public Health and Medical Services) lead agency and ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency at both the federal and state levels. Private health care organizations and government agencies, including those serving as ESF-8 lead agencies, have shared authority and accountability for health care delivery system readiness, along with specific roles. In this context, health care coalitions (HCCs) serve a communication and coordination role within their respective jurisdiction(s). This coordination ensures the integration of health care delivery into the broader community's incident planning objectives and strategy development. It also ensures that resource needs that cannot be managed within the HCC itself are rapidly communicated to the ESF-8 lead agency. HCC coordination may occur at its own coordination center, the local Emergency Operations Center (EOC), or by virtual means – all of which are intended to interface with the ESF-8 lead agency. Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's EOC who represents HCC issues and needs and provides timely, efficient, and bi-directional information flow to support situational awareness. Regardless, HCCs connect the elements of medical response and provide the coordination mechanism among health care organizations—including hospitals and emergency medical services (EMS)— emergency management organizations, and public health agencies.

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

Exercise Objectives

Identify the established lines of communication and facility points of contact used by healthcare stakeholders for emergency notifications and information sharing.

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Phase 2: Standby (page 19)

The Standby Phase is initiated if a tropical system has formed and the 120-hour Error Cone in HURREVAC/HVX touches any portion of the State, or a storm has formed in the area located West of Longitude 45 and North of Latitude 15. In either case, the system could pose a possible threat to the North Carolina coast. At this time, the SEOC and RCCs will activate according to the protocol defined in the State Emergency Operations Plan (EOP). This phase consists of scheduled conference calls facilitated by the branch managers between the SEOC, county emergency operations centers and appropriate state and federal agencies in order to determine the threat to North Carolina and the potential for escalation. Conference calls and utilization of WebEOC begins in this phase. State

Exercise Objectives

Medical Assistance Teams (SMATs) and host shelter counties will be alerted. State Coordinated Shelters will be alerted and placed on standby in accordance with the North Carolina State Coordinated Regional Shelter Plan (SCRS). Emergency Management Assistance Compact (EMAC) requirements will be evaluated by senior staff. NCEM utilizes the Hazard Analyst Tool to determine the most "at-risk" counties, develop profiles on populations, and assess resource requirements.

North Carolina Office of Emergency Medical Services Healthcare Preparedness Program Patient Movement Plan

Patient Coordination (page 17)

Affected Healthcare Facilities, as part of these operations, are expected to perform the following tasks:

- Provide notification to their Local Emergency Management Agency (LEMA), local EMS, and regional Healthcare Preparedness Coalition (HPC)

Both AHFs and SHFs are expected to notify their regional Healthcare Preparedness Coalition of these operations following established procedures and utilize CONTINUUM, WebEOC, and other healthcare facility-based patient transfer systems (EMR-based systems), to support and augment their established plans. When AHFs determine that they need additional assistance with the movement of patients to another facility, assistance should first be obtained by making a request to their LEMA following established procedures.

HHS Capability 2, Objective 2: Utilize Information Sharing Procedures and Platforms, Activity 3: Utilize Communications Systems and Platforms

The HCC should utilize existing primary and redundant communications systems and platforms—often provided by state government agencies—capable of sending EEs to maintain situational awareness.

The HCC should:

- Identify reliable, resilient, interoperable, and redundant information and communication systems and platforms (e.g., incident management software; bed and patient tracking systems and naming conventions; EMS information systems; municipal, hospital, and amateur radio systems; satellite telephones; etc.), and provide access to HCC members and other stakeholders
- Use these systems to effectively coordinate information during emergencies and planned events, as well as on a regular basis to ensure familiarity with these tools
- Maintain ability to communicate among all HCC members, health care organizations, and the public (e.g., among hospitals, EMS, public safety answering points, emergency managers, public health agencies, skilled nursing facilities, and long-term care facilities)
- Restore emergency communications quickly during disruptions through alternate communications methods
- Leverage communications abilities of health information exchanges (HIEs) and capabilities of EHR vendors where they exist

DHS Core Capability: Operational Communications, Preliminary Target 1

Ensure the capacity to communicate with both the emergency response community and the affected populations and establish interoperable voice and data communications between Federal, tribal, state, and local first responders.

Identify the information sharing process for ancillary healthcare providers (e.g., dialysis, home healthcare, assisted living, etc.), emergency management agencies, and regional emergency coordination points, prior to and during an emergency incident.

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North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide

Phase 2: Standby (page 19)

The Standby Phase is initiated if a tropical system has formed and the 120-hour Error Cone in HURREVAC/HVX touches any portion of the State, or a storm has formed in the area located West of Longitude 45 and North of Latitude 15. In either case, the system could pose a possible threat to the North Carolina coast. At this time, the SEOC and RCCs will activate according to the protocol defined in the State Emergency Operations Plan (EOP). This phase consists of scheduled conference calls facilitated by the branch managers between the SEOC, county emergency operations centers and appropriate state and federal agencies in order to determine the threat to North Carolina and the potential for escalation. Conference calls and utilization of WebEOC begins in this phase. State Medical Assistance Teams (SMATs) and host shelter counties will be alerted. State Coordinated Shelters will be alerted and placed on standby in accordance with the North Carolina State Coordinated Regional Shelter Plan (SCRS). Emergency Management Assistance Compact (EMAC) requirements will be evaluated by senior staff. NCEM utilizes the Hazard Analyst Tool to determine the most "at-risk" counties, develop profiles on populations, and assess resource requirements.

Phase 4: Implementation (page 19)

During the Implementation Phase, jurisdictional evacuation orders are executed and State resources are deployed to mitigate challenges in evacuation, transportation, sheltering, functional and/or access need populations' management and dissemination of public information. Significant Event Boards within WebEOC are the primary communication tool utilized to share evacuation information from the risk counties to the State and host counties. Activated RCCs transmit evacuation updates through WebEOC to the SEOC. RCCs conduct conference calls as needed.

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Operations (page 13)

Roles and Responsibilities: NCOEMS has overall responsibility for coordinating ESF-8 response and recovery efforts and seeks to meet this responsibility through the establishment of the:

1. State ESF8 Desk and operational tempo,
2. Regular collection and dissemination of information via all appropriate modes (telephone, radio, internet, etc.), and
3. Provision of appropriate support to ESF8 organizations statewide in the execution of missions undertaken

Patient Coordination (page 16)

Situational Assessments: The State ESF8 Desk, its affiliated Healthcare Preparedness Coalitions, and the Public Health Preparedness & Response program will conduct regional and statewide monitoring and reporting of medical system impacts utilizing daily Coordinating Calls (via WebEX), Continuum, and public health surveillance programs (). Reports may include:

- Healthcare facility status
- Potential for healthcare facility evacuation and/or use of protective measures
- Healthcare monitoring of current bed availability (capacity and capability)
- Emergency Department capacity and potential through-put
- Status of the Emergency Medical Services (EMS) system
- Epidemiology and environmental health impacts

Other resources available to develop healthcare facility situational assessments include:

Exercise Objectives

- WebEOC healthcare facility status boards
- Multi-Hazard Threat Database (MHTD) mapping functions covering flood plains and other hazards
- Email accounts

Healthcare facilities are expected to utilize these methods and systems to respond and provide requested information in an accurate and timely manner. This is important because none of these methods or systems provide “real-time” assessments so their effectiveness in providing an accurate situational picture, that can be used to provide support where and when it is needed, is dependent on healthcare facilities utilization of them.

HHS Capability 2, Objective 2: Utilize Information Sharing Procedures and Platforms, Activity 1: Develop Information Sharing Procedures

Individual HCC members should be able to easily access and collect timely, relevant, and actionable information about their own organizations and share it with the HCC, other members, and additional stakeholders according to established procedures and predefined triggers and in accordance with applicable laws and regulations.

HCC information sharing procedures, as documented in the HCC response plan, should:

- Define communication methods, frequency of information sharing, and the communication systems and platforms available to share information during an emergency response and steady state
- Identify triggers that activate alert and notification processes
- Define the EEIs that HCC members should report to the HCC, and coordinate with other HCC members and with federal, state, local, and tribal response partners during an emergency (e.g., number of patients, severity and types of illnesses or injuries, operating status, resource needs and requests, bed availability)
- Identify the platform and format for sharing each EEI
- Describe a process to validate health care organization status and requests during an emergency, including in situations where reports are received outside of HCC communications systems and platforms (e.g., media reports, no report when expected, rumors of distress, etc.)
- Define processes for functioning without electronic health records (EHRs) and document issues related to interoperability

HHS Capability 2, Objective 2: Utilize Information Sharing Procedures and Platforms, Activity 3: Communicate with health Care Providers, Non-Clinical Staff, Patients, and Visitors during and Emergency

Sharing accurate and timely information is critical during an emergency. Health care organizations should have the ability to rapidly alert and notify their employees, patients, and visitors to update them on the situation, protect their health and safety (see Capability 3, Objective 5 – Protect Responders’ Safety and Health), and facilitate provider-to-provider communication. The HCC, in coordination with its public health agency members, should develop processes and procedures to rapidly acquire and share clinical knowledge among health care providers and among health care organizations during responses to a variety of emergencies (e.g., chemical, biological, radiological, nuclear or explosive [CBRNE], trauma, burn, pediatrics, or highly infectious disease) in order to improve patient management, particularly at facilities that may not care for these patients regularly.

DHS Core Capability: Situational Assessment, Preliminary Target 1

Deliver information sufficient to inform decision making regarding immediate lifesaving and life-sustaining activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs and stabilize the incident.

Exercise Objectives

Describe the decision-making triggers used by healthcare stakeholders for executing the safe evacuation or shelter-in-place of healthcare facilities during an emergency incident.

North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide

Phase 2: Standby (page 19)

The Standby Phase is initiated if a tropical system has formed and the 120-hour Error Cone in HURREVAC/HVX touches any portion of the State, or a storm has formed in the area located West of Longitude 45 and North of Latitude 15. In either case, the system could pose a possible threat to the North Carolina coast. At this time, the SEOC and RCCs will activate according to the protocol defined in the State Emergency Operations Plan (EOP). This phase consists of scheduled conference calls facilitated by the branch managers between the SEOC, county emergency operations centers and appropriate state and federal agencies in order to determine the threat to North Carolina and the potential for escalation. Conference calls and utilization of WebEOC begins in this phase. State Medical Assistance Teams (SMATs) and host shelter counties will be alerted. State Coordinated Shelters will be alerted and placed on standby in accordance with the North Carolina State Coordinated Regional Shelter Plan (SCRS). Emergency Management Assistance Compact (EMAC) requirements will be evaluated by senior staff. NCEM utilizes the Hazard Analyst Tool to determine the most "at-risk" counties, develop profiles on populations, and assess resource requirements.

Phase 3: Decision (page 19)

The Decision Phase indicates a storm system poses a significant threat to the North Carolina coast. During this phase, state resources may be pre-positioned to assist local jurisdictions in the evacuation and sheltering of residents and visitors. Public information is coordinated with local communities to ensure an effective and consistent message is relayed to the general public. Final reconnaissance of all evacuation routes are executed, in addition to adjusting evacuation timelines and coordinating anticipated shelter openings.

Evacuation Function—Planning Assumptions and Considerations (page 25)

The decision making and evacuation operations for a storm affecting a coastal county are coordinated with the RCCE, NCSHP, NCDOT as well as local county government/s. Any storm threatening local resource capabilities and affecting multiple jurisdictions assumes NCEM's operational support including regional evacuation decision making and coordination efforts. For either state or locally directed evacuation, the first action is to identify transportation for the access and functional needs populations.

Evacuation Function—Concept of Operations (page 26)

If the storm has been categorized as a high-intensity (typically a strong Category 3 hurricane, with indications of strengthening, or is categorized as a Category 4 or 5 hurricane), the CRES-SOG regional evacuation of all risk counties will be activated immediately. In all cases, the RCCE will be activated in advance of the issuance of a local government evacuation order.

Evacuation Function—High Intensity Storms (page 27)

If possible, the evacuation order for access and functional needs populations should be given within 96-72 hours in advance of the storm's landfall. The evacuation order for the general population is estimated to be within 36 to 72 hours pre-storm landfall. Evacuation orders will depend on clearance times required for individual counties, and time pre-storm impact.

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Exercise Objectives

Situation (page 4)

Statewide healthcare system monitoring will be conducted and assistance provided when requested by local jurisdictions. This may include coordination and resource support from regional and other partners through the State Emergency Response Team (SERT) or the Emergency Management Assistance Compact (EMAC).

HHS Capability 2, Objective 1: Develop and Coordinate Health Organization and Health Care Coalition Response Plans, Activity 1: Develop a Health Care Organization Emergency Operations Plan

Each health care organization should have an EOP to address a wide range of emergencies. The EOP should detail the use of incident management—including specific indicators for plan activation, alert, and notification processes, response procedures, and resource acquisition and sharing—and a process that delineates the thresholds to demobilize and begin the transition to recovery and the restoration of normal operations (see Capability 3, Objective 7 – Coordinate Health Care Delivery System Recovery). The plan should define the internal and external sources of information that will be necessary to assess the impact of the emergency on the health care organization. The plan should also address how the individual HCC member communicates this information to the HCC and to key health care organization leadership.

Critical elements of the health care organization's EOP include:

- Identification of triggers to activate the plan
- Communications (internal and external)
- Information management
- Access to resources and supplies
- Safety and security measures
- Delineation of staff roles and responsibilities within the incident command system (ICS)
- Utility readiness (e.g., back- up generator, water supplies)•Provision of clinical care
- Support activities

The EOP should summarize the actions required to initiate and sustain a response to an emergency. Health care organizations' departmental plans should provide specific information for each unit or area. Employees should have a clear understanding of their actions and how to communicate with the facility or organization's EOC during a response. The EOP should include plans for caring for employees and their dependents during and after an emergency in an effort to promote their return to work.

HHS Capability 2, Objective 1: Develop and Coordinate Health Organization and Health Care Coalition Response Plans, Activity 2: Develop a Health Care Coalition Response Plan

The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations that support strategic planning, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.

The HCC should develop a response plan that clearly outlines:

- Individual HCC member organization and HCC contact information.
- Locations that may be used for multiagency coordination
- Brief summary of each individual member's resources and responsibilities
- Integration with appropriate ESF-8 lead agencies
- Emergency activation thresholds and processes
- Alert and notification procedures

Exercise Objectives

- Essential Elements of Information (EIs) agreed to be shared, including information format (e.g., bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified [John Doe/Jane Doe] patients)
- Communication and information technology (IT) platforms and redundancies for information sharing
- Support and mutual aid agreements •Evacuation and relocation processes •Policies and processes for the allocation of scarce resources and crisis standards of care, including steps to prevent crisis standards of care without compromising quality of care (e.g., conserve supplies, substitute for available resources, adapt practices, etc.)
- Additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site support, shelter support)

DHS Core Capability: Situational Assessment, Preliminary Target 1

Deliver information sufficient to inform decision making regarding immediate lifesaving and life-sustaining activities, and engage governmental, private, and civic sector resources within and outside of the affected area to meet basic human needs and stabilize the incident.

Describe the resource needs for executing a full facility evacuation during an emergency incident.

North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide

Transportation Function—Introduction, Scope (page 33)

County plans for evacuating healthcare facilities vary widely. Generally, for low intensity storms evacuation will be mostly limited to facilities in potential storm surge inundation, significant inland flooding, or high-wind damage areas. In most counties, this can be accomplished with local transportation resources. Generally, for high intensity storms at-risk counties plan complete evacuations, creating an extremely heavy demand for medical support vehicles.

While this SOG cannot provide a total plan for the transportation of the segment of the population who are hospitalized or institutionalized, it does provide guidance in order to address identified transportation needs for this population group. All hospitals and other medical care facilities in North Carolina are required to have an approved emergency plan in which they assume responsibility for patients under their care during an emergency to include transportation.

Transportation Function—Planning Assumptions and Considerations (page 35)

Hospitals and other medical care facilities housing people with acute medical needs have executable evacuation and transportation plans for their patients. The state of North Carolina will augment these plans as needed.

Transportation Function—NC Intrastate Mutual Aid Agreement (page 37)

Based on the need and the storm system, transportation assistance for evacuation of people with acute medical needs can be accomplished with the use of ambulances acquired through local agencies, the Statewide Mutual Aid Agreement, EMAC assistance, and/or private contractors.

Transportation Function—Concept of Operations (page 38)

Because arranging for the setup of the State Medical Support Shelter (SMSS), and the transportation of people with acute medical needs is extremely time consuming, a tiered evacuation order is needed. Upon the activation of evacuees requiring an SMSS (as part of an overall evacuation order) from one or more risk counties, NCEM will notify the North Carolina Office of Emergency Medical Services (NCOEMS) and request that SMSSs be opened. It is anticipated that one day would be required to prepare the shelter for occupation. It is anticipated that the shelter will begin receiving evacuees about

Exercise Objectives

one day after opening or about two days before landfall. The requested number of ambulances required for transport of people with acute medical needs and provided through the Statewide Mutual Aid Agreement, EMAC or other means will be requested so as to arrive at the risk county two days before landfall. People with acute medical needs will then be transported to the pre-designated SMSS. The requested number of vehicles required for transport of people with acute medical needs and provided through the Public Transportation Division will be requested so as to arrive at the risk county two days before landfall.

HHS Capability 2, Objective 3: Coordinate Response Strategy, Resources, and Communications, Activity 1: Identify and Coordinate Resource Needs during an Emergency

The HCC and all of its members—particularly emergency management organizations and public health agencies—should have visibility into member resources and resource needs (e.g., personnel, teams, facilities, equipment, and supplies) to meet the community’s clinical care needs during an emergency.

Outlined below are the general principles when coordinating resource needs during emergencies:

- HCC members should inform the HCC of their operational status, actions taken, and resource needs. The HCC should relay this information to the jurisdiction’s EOC and the ESF-8 lead agency
- Resource management should include logging, tracking, and vetting resource requests across the HCC and in coordination with the ESF-8 lead agency
- Ideally, systems should track beds available by bed type⁵⁷⁵⁷ Bed types include but are not limited to: adult ICU, adult medical/surgical, burn, pediatric ICU, pediatric medical/surgical, psychiatric, airborne infection isolation, operating rooms (ideally, common bed types are defined across the jurisdiction), resource requests, and resources shared between HCC members, from HCC-controlled or other resource caches
- The HCC should work with distributors to understand and communicate which health care organizations and facilities should receive prioritized deliveries of supplies and equipment (e.g., personal protective equipment [PPE]) depending on their role in the emergency. HCC members should collectively determine the prioritization of limited resources provided by distributors, reflecting needs at the time of the emergency

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Patient Transportation, Roles and Responsibilities (page 21)

On the local level this role is the responsibility of the affected healthcare facilities working through their LEMA/local EMS and, if necessary, with the assistance of local hospital-based critical care air/ground ambulance services as well as other jurisdictions through mutual aid agreements or contingency contracts. However, in major public health or medical emergencies, these resources may still not be sufficient to meet the demand.

State ESF8 is charged with providing medical transportation support to local jurisdictions when requested through the SERT by the local jurisdiction (LEMA). Specific missions for EMS resources may include augmentation of day-to-day EMS services, patient and healthcare facility evacuation support, and patient triage and transport. State ESF8 may provide support for these missions through coordination with and mobilization of transportation resources available through the:

- State Medical Response System (SMRS)
- State EMS System Administrators
- Other State Organizations (e.g. State ESF1 – Transportation)
- Emergency Management Assistance Compact (EMAC)
- Federal Emergency Management Agency (FEMA) National EMS Contract

Exercise Objectives

Patient Transportation, Resources (page 21)

The State Medical Response System (SMRS) and State EMS System Administrators are the primary resources for regional and statewide medical transportation support in North Carolina. The North Carolina Ambulance Deployment Plan (NCADP) establishes procedures for the mobilization and deployment of these EMS transportation assets. As noted in the NCADP, these assets include:

- Air ambulances (fixed wing)
- Air ambulances (rotary wing)
- Ambulance (Ground-ALS/BLS/CCT)
- Ambulance Busses
- Ambulance Strike Teams (5 ambulance)
- Ambulance Task Forces (ambulance/ambulance bus combination)

DHS Core Capability: Logistics and Supply Chain Management, Preliminary Target 1

Mobilize and deliver governmental, nongovernmental, and private sector resources to save lives, sustain lives, meet basic human needs, stabilize the incident, and transition to recovery, to include moving and delivering resources and services to meet the needs of disaster survivors.

Capability: Continuity of Health Care Service Delivery (HHS Capability 3)

Optimal emergency medical care relies on intact infrastructure, functioning communications and information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records (EHRs), and supply chains are compromised. Disruptions may occur during a sudden or slow-onset emergency or in the context of daily operations. Historically, continuity of operations planning has focused on business continuity and ensuring information technology (IT) redundancies. However, health care organizations and health care coalitions (HCCs) should take a broader view and address all risks that could compromise continuity of health care service delivery. Continuity disruptions may range from an isolated cyberattack on a single hospital's IT system to a long-term, widespread infrastructure disruption impacting the entire community and all of its health care organizations. A safe, prepared, and healthy workforce and comprehensive recovery plans will bolster the health care delivery system's ability to continue services during an emergency and return to normal operations more rapidly.

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

Exercise Objectives

Identify the prioritization process for emergency evacuation of patients when transportation resources are limited.

North Carolina Coastal Region Evacuation and Sheltering Standard Operating Guide

Phase 4: Implementation

During the Implementation Phase, jurisdictional evacuation orders are executed and State resources are deployed to mitigate challenges in evacuation, transportation, sheltering, functional and/or access need populations' management and dissemination of public information. Significant Event Boards within WebEOC are the primary communication tool utilized to share evacuation information from the risk counties to the State and host counties. Activated RCCs transmit evacuation updates through WebEOC to the SEOC. RCCs conduct conference calls as needed.

North Carolina Office of Emergency Medical Services Healthcare Preparedness Program Patient Movement Plan

Patient Transportation, Requests for SMRS Patient Transportation Support (page 23)

a. Requests from Affected Healthcare Facilities or other affected entities for medical transportation support to the State must be coordinated through Local Emergency Management Agencies (LEMA) in coordination with local ESF8 and documented in NCSPARTA WebEOC.

Exercise Objectives

b. Requests must be defined identifying the magnitude, patient acuity, and type of transportation support needed and should include a capability based description of how the resources will be used as part of the operation. Basic request information should include:

- Number of patients requiring transportation
 - Ambulatory
 - Non-ambulatory
- Level of Care necessary for non-ambulatory patients
 - Numbers requiring BLS care
 - Numbers requiring ALS care
 - Numbers requiring CCT care
- Number and type of transportation resources needed. Ambulatory patients may be able to utilize BLS and/or non-ambulance transportation resources

c. Upon receipt of requests, now missions, from the SERT ESG Supervisor, the State ESF8 Desk will verify and coordinate request details as per the Medical Resource management section of the NCOEMS Emergency Operations SOG.

d. Once verified, State ESF8 Desk will contact SMRS transportation resource organizations appropriate for the specific situation to fulfill the assigned mission as per the North Carolina Ambulance Deployment Plan.

HHS Capability 3, Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation, Activity 1: Develop and Implement Evacuation and Relocation Plans

The HCC and its members should prepare for evacuation or relocation with little or no warning. Evacuation and relocation plans assist health care organizations with the safe and effective care of patients, use of equipment, and utilization of staff when relocating to another part of the facility or when evacuating patients to another facility. Health care organizations may rely on the HCC and their affiliated corporate health systems to assist in planning, evacuation, and relocation processes.

The HCC and its members, in coordination with the ESF-8 lead agency, should consider the following when planning and coordinating patient evacuation and relocation:

- Evacuation and relocation considerations:
 - Prioritize the order and category of patients chosen for evacuation and relocation
 - Obtain section 1135 of the Social Security Act waivers; these waivers can be obtained retroactively in certain emergency situations
 - Match patient needs with available transport resources (including non-EMS transportation assets)
 - Move and track patients and their belongings, staff, and medical records; ensure vital patient medications and equipment (e.g., mechanical ventilators, monitors, intravenous[IV] poles, etc.) are brought with the patient during patient transport and are returned to the facility of origin
 - Notify families, and initiate reunification

DHS Core Capability: Public Health, Healthcare, and Emergency Medical Services, Preliminary Target 2

Complete triage and initial stabilization of casualties and begin definitive care for those likely to survive their injuries and illness.