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PREPAREDNESS PLAN

Southeastern Healthcare

Preparedness Region

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# **Introduction**

### **Purpose**

The Healthcare Preparedness Program (HPP), which is managed by the NC Office of Emergency Medical Services (NCOEMS), utilizes eight (8) Healthcare Preparedness Coalitions (HPCs) that work with the common mission of facilitating communication, coordination, and collaboration between healthcare facilities, public agencies, and the State of North Carolina. The primary goals of the Coalitions are to:

* Strengthen healthcare preparedness
* Support continuity of operations
* Enhance situational awareness
* Improve incident management
* Augment medical surge

The purpose of the Southeastern Healthcare Preparedness Region (SHPR) preparedness plan is to document the organizational structure and emergency response framework that will provide for the development and evaluation operational capabilities that promote information sharing, resource coordination, and operational response and recovery.

When effectively implemented, the healthcare Coalition provides the mechanisms for individual healthcare organizations to coordinate information sharing and other response capabilities using efficient response processes and procedures.

### **Scope**

HPC’s were developed and are promoted as a method to prepare for and respond to incidents among various ESF-8 health and medical entities within the SHPR region. Tiered, scalable and flexible coordination among varied agencies will facilitate a more effective, efficient, and timely situational awareness and coordination of resources, resulting in an overall improved healthcare emergency response.

The work activities listed in this plan are aimed to complement and enhance each Coalition members’ emergency management program for the purpose of ensuring optimal utilization of resources and disaster response and recovery support to the Southeastern Healthcare Preparedness Region.

This plan is intended to provide SHPR leadership, steering committee members, and other Coalition members with clear guidance on committee structure, committee coordination efforts, and project development. It is intended to build upon a scalable and flexible structure that aligns key roles and responsibilities of the partners within the Healthcare Coalition. This plan is not intended to supersede any municipal, private agency, county, or state emergency preparedness plans.

### **Administrative Support**

This plan will be reviewed and distributed at least annually to ensure that it meets the intended scope, purpose, and goals of the Coalition. This plan is a living document and will be updated as necessary after training exercises as well as planned and real-world incidents.

This plan has been approved by the governing bodies of the Southeastern Healthcare Preparedness Region, in accordance with their respective bylaws and guidelines. Revised plans will be distributed electronically annually.

# **Coalition Overview**

### **Mission & VISION**

The Coalition’s mission is to facilitate coordination and cooperation for all-hazards emergencies throughout the Southeastern region to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from emergent health and medical events that affect the residents and guests of North Carolina.

SHPR works to enable healthcare organizations to provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure. SHPR assists in providing training, education, and equipment to prepare healthcare workers to care for patients in an emergency.

SHPR strives to enhance the emergency preparedness and response capabilities of healthcare entities through:

* Building relationships and partnerships,
* Facilitating communication, information, and resource sharing,
* Promoting situation awareness among HCC members,
* Coordinating training, drills, and exercises,
* Strengthening medical surge capacity and capabilities, and
* Assisting emergency management and Emergency Support Function (ESF) #8 partners

### **Coalition Boundaries**

The Southeastern Healthcare Preparedness Region is comprised of Brunswick, New Hanover, Columbus, Bladen, Pender, Onslow, and Duplin counties located in southeastern North Carolina. The region has a full-time population of approximately 756,118 people with about 5304 square miles of coverage area. The counties served are determined by NCOEMS-HPP in conjunction with the Level II Trauma Center that serves the area.

### **Coalition Members**

Southeastern Healthcare Preparedness Region members include a diverse membership to ensure a successful whole community response. A current roster of member organizations, including core and trusted partner designation and contact information, will be maintained by Coalition staff.

Core members include, at a minimum, the following:

* Hospitals
* Emergency Medical Services Providers
* Local Public Health Departments
* Local Emergency Management Agencies
* Long Term Care / Skilled Nursing Facilities
* Mental / Behavioral Health Providers
* Primary Care Providers
* Other Healthcare Agencies to include but not limited to: Dialysis Centers, Hospice, Home Health Community Health Centers, Urgent Care Facilities (as participation warrants)

Additional HCC members may include but are not limited to the following:

* Hospital and Medical Associations
* Support Service Providers (including but not limited to laboratories, blood banks, pharmacies)
* Other non-healthcare governmental agencies (including but not limited to: Social Services, Public Works, Transportation Services, Military Installations, etc.)
* Private entities associated with healthcare (including but not limited to: Red Cross, Educational Institutions, or any volunteer agencies)
* Healthcare and Emergency Management planning regions and associations that support healthcare preparedness. (Including but not limited to: NC Domestic Preparedness Regions, Public Health Preparedness & Response, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers’ Association, etc.)
* Any State Agency (included but not limited to: NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Public Health) who would assist in the planning or response may be included

### **Organizational Structure/Governance**

The Southeastern Healthcare Preparedness Region operates as an independent Coalition of healthcare partners and stakeholders charged with facilitating healthcare preparedness in the region. The Coalition is charged with identifying the healthcare disaster preparedness and response needs and facilitating the development of projects, plans and educational programs to mitigate those needs.

The SHPR governance documents include the By-Laws of both the Coalition and the SHPR executive steering committee. This document is reviewed and approved annually by Coalition members and the executive steering committee.

Governance documents address, but are not limited to the following:

* Coalition membership
* Organizational structure to support HCC activities
* Member guidelines for participation and engagement
* Policies and procedures for making changes, orders of succession, and delegations of authority

### **Roles and Responsibilities of Coalition Partners**

Agencies that participate in the Coalition may request educational programming offered by the SHPR; seek consultative services of SHPR staff, particularly in the areas of disaster preparedness & response; and utilize disaster response assets managed by SHPR.

Individuals and organizations working collaboratively across a spectrum of disciplines to develop and maintain disaster health and medical capabilities will help to clarify roles, responsibilities and assumptions about response and recovery.

Coalition memberships’ overall responsibilities and expectations include:

* Provide representation at Coalition meetings and activities,
* Respond to regional events and disaster incidents in collaboration with other stakeholders, and
* Participate in collaborative regional planning efforts, including the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans

Additional discipline specific membership responsibilities are listed below:

HOSPITALS

* Provide community and regional medical care and support in response to a disaster,
* Develop and maintain a disaster preparedness plan and program,
* Participate in the statewide Hospital Mutual Aid Agreement,
* Plan and prepare for medical surge incidents,
* Develop and maintain standard operating guidelines for mental health operations during emergency/ disaster situations,
* Plan for coordination of triage operations with EMS systems and other response agencies,
* Coordinate transport of patients and bed capacity with other hospitals in the region,
* Identify alternate care facilities, plan for staffing of facilities, and maintain resource capabilities for these facilities, and
* Provide support to SMAT II, including providing staffing to alternate care sites and extended care sites.

EMS AGENCIES

* Provide out-of-hospital acute medical care to patients with injuries and illnesses within their respective counties,
* Transport to definitive care facilities patients with illnesses and injuries,
* Participate in mutual aid in support of other counties within the region or state,
* Develop and maintain standard operating guidelines for emergency medical service activities during emergency and disaster situations,
* Plan for coordination of ambulance/rescue activities including medical surge throughout the region during disasters and mass casualty incidents,
* Identify equipment and manpower limitations,
* Develop mutual aid agreements for needed resources during emergency and disaster events,
* Coordinate with regional hospitals concerning receipt of mass casualties during emergency and disaster events,
* Coordinate with the county health director and social services director to determine emergency transportation needs for special needs populations, and
* Support regional or state ambulance strike team initiatives.

EMERGENCY MANAGEMENT AGENCIES

* Serve as the lead agency within the local emergency operations center,
* Serve as the requesting agency for resources and support,
* Initiate local state of emergency declarations,
* Activate and manage local emergency operations centers,
* Coordinate emergency sheltering operations with human service agencies for general and functional/special needs populations,
* Provide support to cities and towns in their respected Counties,
* Coordinate implementation of any local medical evacuation and local medical support shelters, and
* Support SMAT III when applicable.

PUBLIC HEALTH AGENCIES

* Respond to disease outbreaks by characterizing the outbreak, implementing containment actions, providing treatment and protection methods including PPE and pharmaceutical interventions, providing guidance on these measures, and implementing recovery plans for individual and community health,
* Protect and improve the health of their respective county,
* Assist with coordination of clinical healthcare in such areas as children’s health, maternity care, communicable diseases, immunizations, women’s health, and family planning,
* Develop and support a public health response to natural or human-made disasters, and
* Provide sheltering support during disasters.

ANCILLARY HEALTHCARE ORGANIZATIONS AND OTHER STAKEHOLDERS

With proper training, coordination and planning, ancillary healthcare agencies and other stakeholders can provide local situational awareness, surge capability, and staffing resources.

### **Summary of Risk**

A regional healthcare system Hazard Vulnerability Analysis (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for healthcare services or the healthcare delivery system’s ability to provide these services. SHPR defines, identifies, and prioritizes risks, in collaboration with the ESF-8 lead agency, by conducting assessments or using and modifying data from existing assessments for healthcare readiness purposes. These assessments help the Coalition to determine resource needs and gaps, identify individuals who may require additional assistance before, during and after an emergency, and highlight applicable regulatory and compliance issues. The Coalition uses the information about these identified risks to develop our regional training and exercise program and prioritize preparedness strategies.

In 2013, SHPR members participated in the development of a comprehensive regional HVA and have followed up with an annual HVA and Risk Assessment for the region. The most recent update completed in 2021. SHPR took a broad look at the hazards that were identified as being “High Risk” from both county and healthcare facility partners, along with conducting an internal Hazard Vulnerability Assessment, measured the results of all three assessments to conclude the following as to be the hazards that pose the highest risk to the SHPR region.

Events commonly identified as high-risk by facilities:

|  |  |
| --- | --- |
| * Hurricane * Severe HazMat * Bioterrorism * Civil disturbance * Ice storm * Labor shortage * Physical security breach * Infectious disease outbreak/pandemic | * Active shooter * Cyberattack * Mass casualty * IT/Communications failure * Workplace violence * Supply chain shortages * HVAC/Electrical failure * Internal flood |

### **Gaps**

In the risk assessment / gap analysis process, SHPR compared available resources within the region to previously identified risks in order to identify gaps and inform prioritization of Coalition activities, such as preparedness initiatives and the purchase of additional Coalition resources that have been distributed throughout the region.

A risk assessment / gap analysis is conducted annually, and any newly identified gaps will be incorporated into the work plan for each upcoming year.

Regional gaps were identified as the highest risks from the 2021 HVA include the following:

* Infectious Disease Pandemic/Outbreak
  + Potential for situations to become more frequent with an extremely high potential impact for all agency types
  + Response to COVID pandemic identified significant gaps in several areas including PPE supplies, staffing shortages, and morgue capacity throughout the Region and State
* Communications/IT failure
  + Limited available methods to gain access to patient charts, virtual visits
* Cyberattack
  + Ability to cripple healthcare organizations
  + Could cause a significant interruption in delivery of healthcare services
* Personnel Shortages
  + Significant gap demonstrated throughout COVID pandemic
  + Limited specialty healthcare providers to fill staffing shortages across the region
  + Unknown long-term impacts
* Regional Critical Supply Shortages
  + Significant shortages demonstrated throughout the COVID pandemic
  + Most agencies/systems rely on one or two venders
  + Vendors significantly limited purchasing amounts for customers

### **Compliance Requirements/Legal Authorities**

The Coalition is aware of state and federal emergency management resources and support that is available, as well as the authorities under which response operations may be conducted. The Coalition, in collaboration with the lead ESF-8 agency, the NC Office of EMS, have assessed and identified the regulatory compliance requirements that are applicable to day-to-day operations and may affect planning for, responding to, and recovering from emergencies. The HCC will leverage members’ existing facility preparedness plans as required by various regulatory agencies (NC Division of Health Service Regulation, Centers for Medicare, and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, The Joint Commission Standards).

The Coalition shall understand federal, state, and local statutory, regulatory, or national accreditation requirements that impact emergency medical care, including but not limited to:

* Centers for Medicare & Medicaid Services (CMS) conditions of participation, (including CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers)
* Clinical Laboratory Improvement Amendments (CLIA)
* Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements and circumstances when covered entities can disclose protected health information (PHI) without individual authorization including to public health authorities and as directed by laws (e.g., state law)
* Emergency Medical Treatment & Labor Act (EMTALA) requirements • Licensing and accrediting agencies for hospitals, clinics, laboratories, and blood banks (e.g., Joint Commission)
* Federal disaster declaration processes and public health authorities (e.g., 1135 Waiver Process)
* Available federal liability protections for responders (e.g., Public Readiness and Emergency Preparedness (PREP) Act)
* Environmental Protection Agency (EPA) requirements
* Occupational Safety and Health Administration (OSHA) requirements (e.g., general duty clause, bloodborne pathogen standard)

The Coalition and NCOEMS understand the legislation and related programs that will allow for response during times of crisis knowing that certain liabilities have been waived, and much-needed human and material resources will be more readily available.

# **Coalition Objectives**

The Coalition meets annually to review and update its strategic plan and objectives. The following have been identified by regional staff and partner stakeholders as the priority for the Coalition:

* Continuity of Healthcare Service Delivery
* Healthcare System Delivery Integration
* At Risk Populations Identification and Planning
* Medical Surge Planning
* Healthcare Coalition Enhancement and Sustainability
* Continue to develop and review the HCC Response Plan annually

Within the region, the SHPR is guided by the elected executive steering committee with additional input from the regional partners. A quarterly planning meeting is conducted to provide an opportunity to share best practices, information and develop initiatives.

The Coalition membership will review the strategic plan annually in February to determine the priority capability areas for the upcoming year. Capability prioritization is determined based on the annual gap analysis review. Capability priorities, objectives, workplan activities are proposed and vetted by the Coalition membership annually. The workplan is coordinated with the spending plan to determine if tasks require funding.

### **Coalition Support Plan**

The Southeastern Healthcare Preparedness Region Support Plan provides a basic organizational structure with operational guidelines for the provision of ESF #8 support across the Healthcare Coalitions in in southeastern North Carolina. It is built upon a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities of the Healthcare Coalition and its partners. The plan details how they share information, coordinate activities and resources during an emergency and plan for recovery.

The goals of the Southeastern Healthcare Preparedness Region are to:

* Facilitate information sharing among healthcare organizations and jurisdictional authorities to promote common situational awareness.
* Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members and supporting the request and receipt of assistance from local, State, and Federal authorities.
* Facilitate the coordination of incident response actions for the participating healthcare organizations so incident objectives, strategy, and tactics are consistent for the healthcare response.
* Facilitate the interface between the Healthcare Coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.

(Refer to the SHPR Support Plan for full content)

# **Work plan**

**FY 2022 / 2023 Work Plan and Spending Plan**

|  |  |  |
| --- | --- | --- |
|  | Budget Amount | Budget Details |
| **Program Administration** | **$294,800.00** | * Regional staff salaries, benefits, travel and office supplies, staff communications |
| **Capability 1 – Foundation for Health & Medical Readiness** | **$35,000.00** | * Regional Stakeholder Travel * Healthcare Coalition Education & Training * Hazard Vulnerability Assessment * HCC Sustainability * Regional Exercise Development & Conduct * Regional Governance Update * North Carolina Disaster Symposium |
| **Capability 2 – Healthcare and Medical Response Coordination** | **$7,000.00** | * Regional Communications Testing * Mission Ready Packages Sustainment * Situational Awareness and Information Sharing * HCC Response Plan Maintenance |
| **Capability 3 – Continuity of Healthcare Service Delivery** | **$8,641.00** | * Provide CISM/Peer Support training * Healthcare Delivery System Recovery Plan * Responder Health & Safety * Med Cache Maintenance |
| **Capability 4 – Medical Surge** | **$240,000.00** | * SMRS Operational Readiness Warehouse Lease & Utilities * SMRS SMAT II and SMAT III Sustainment * SMRS Ambulance Strike Team Sustainment * Regional Vehicle Sustainment * Radiological Surge Plan Annex * Regional Crisis Standards of Care Collaboration * Generator Maintenance |
|  |  |  |
| **TOTAL Budget FY 22-23** | **$585,441.00** |  |

# **Attachment a: SHPR Membership Agencies**

The following Hospitals, EMS Systems, and Public Health are listed as Essential Stakeholders for the SHPR Region:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County** | **Hospital** | **EMS** | **Emergency Management** | **Public Health** |
| **Bladen** | Cape Fear Valley, Bladen Hospital | Bladen EMS | Bladen County EM | Bladen County Public Health |
| **Brunswick** | J.A. Dosher Hospital | Brunswick EMS | Brunswick County EM | Brunswick County Public Health |
|  | Novant Health Brunswick Medical Center |  |  |  |
| **Columbus** | Columbus Regional Healthcare System | Columbus EMS | Columbus County EM | Columbus County Public Health |
| **Duplin** |  | Duplin EMS | Duplin County EM | Duplin County Public Health |
| **New Hanover** | Novant Health - New Hanover Regional Medical Center | NH NHRMC EMS | New Hanover County EM | New Hanover County Public Health |
| **Onslow** |  | Onslow EMS | Onslow County EM | Onslow County Public Health |
|  | Naval Medical Center Camp Lejeune | Camp Lejeune Fire and EMS | Camp Lejeune EM | Camp Lejeune Public Health |
| **Pender** | Novant Health Pender Medical Center | Pender EMS and Fire | Pender County EM | Pender County Public Health |