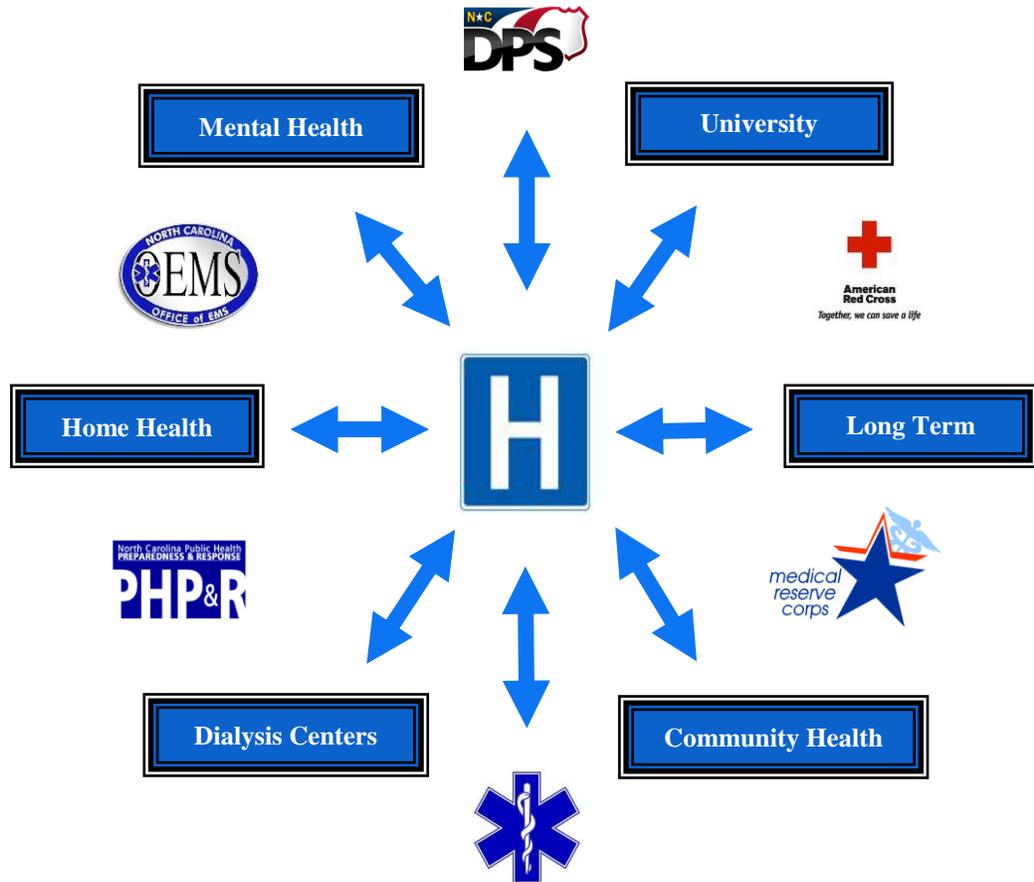


Southeastern Healthcare Preparedness Region Coalition Support Plan

Updated: May 2018



Southeastern Healthcare Preparedness Region SUPPORT PLAN

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DOCUMENT CONTROL

Record of Changes

Date of Change	Description of Changes	Changes Made By
May 2018	Plan Update	HG

Controlled Hard Copy Distribution

The Southeastern Healthcare Preparedness Region (SHPR) Support Plan has been distributed to key stakeholders and SHPR coalition essential stakeholders.

1.1 Purpose

To provide a basic organizational structure with operational guidelines for the provision of ESF #8 support across the Healthcare Coalition. It is built upon a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities of the partners within the Healthcare Coalitions in North Carolina.

1.1.1 Approval Authority

This plan requires the approval of the membership of the Southeastern Healthcare Preparedness Region.

1.2 Scope

This plan describes process for ESF #8 request process for the Southeastern Healthcare Prepared Region (SHPR) in responding to regional health care emergencies primarily within Southeastern North Carolina including the counties of Brunswick, New Hanover, Columbus, Bladen, Pender, Duplin and Onslow. The coalition can further support response activities in other regions of the state if needed.

1.3 Objective and Goals

To provide a reliable framework for healthcare partners, coalitions, and the SMRS to prepare for, respond to, and recover from, a disaster or major event. Response 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.

1.4 Plan Development & Maintenance

This plan will be reviewed in conjunction with the annual review and revision of the Coalition's Hazard Vulnerability Analysis (HVA) to validate that it reflects the concerns derived from the HVA.

This plan is a "living document" and will be updated periodically to reflect changes in the Coalition's preparedness and response goals. Revisions will also be made as a result of exercise-generated After Action Reports and Improvement Plans.

Section 2

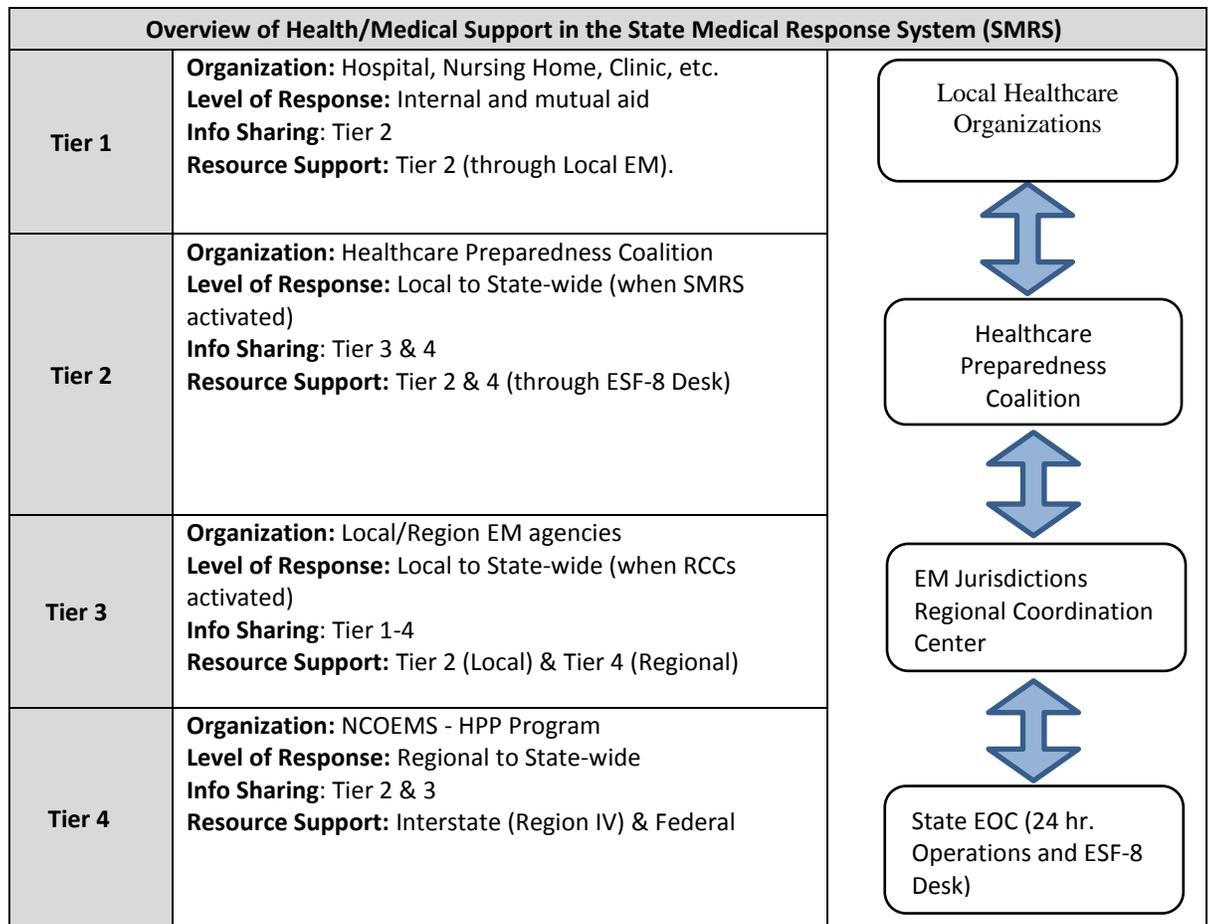
CONCEPT OF OPERATIONS

2.1 Concept of Operations

2.1.1 Organization

In accordance with National Incident Management System (NIMS) principles and guidance provided by the Assistant Secretary for Preparedness and Response (ASPR) concerning medical surge capacity and capability, the healthcare partners and coalitions in North Carolina utilize a tiered structure for response and recovery operations.

The diagram below displays the relationship of healthcare organizations within the hierarchy of health and medical support of local, regional, and State government and/or jurisdictions.



Section 2

Key points for operations within this structure include:

- Response to an event may be initiated at any level of organization and should follow the plans, policies, and procedures applicable at the level of response.
- Incidents must be managed at the lowest possible jurisdictional level and supported by additional capabilities from the next higher tier when needed.

Tier 1 – Local agencies and healthcare organizations that deliver “point of service” medical care within a municipal, geographic, or healthcare delivery area. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify Tier 2 and/or 3 organizations of the event. **Refer to [Notification-Process](#).**
2. Execute internal plans and agreements to utilize their resources and the resources of their mutual aid partners to mitigate event hazards.
3. Request additional support/resources, as necessary, to mitigate hazards and minimize the disruption of service within healthcare delivery area.
(**Refer to Section III Assets and Resource Requests**)

Tier 2 – Regional coalitions of healthcare partners that share health/medical information and resources within their established Healthcare Preparedness Region. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify appropriate Tier 3 and/or 4 organization(s) of the event. **Refer to [Notification-Process](#).**
2. Execute regional health/medical plans and agreements to:
 - a. Share incident information,
 - b. Exchange resource status information to support mutual aid,
 - c. Interface with local/regional jurisdictional authorities to exchange information,
 - d. Provide health/medical and logistic resources to support Tier 1 (local), Tier 2 (other coalitions), Tier 3 (local/regional emergency management jurisdictions), and Tier 4 (State ESF-8) organizations as necessary to mitigate event hazards.

Tier 3 – Local/regional agencies with jurisdiction over the impacted areas and overall responsibility for response/recovery and support operations. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify appropriate Tier 2 and/or 4 organizations of the event.
2. Execute local/regional emergency operations plans and agreements to mitigate event hazards.

3. Coordinate, as appropriate, with Tier 1, 2, or 4 organizations for the provision of health/medical information and resources.
4. Receive, stage, and execute local/regional requests for health/medical support from Tier 1, 2, or 4 organizations

Tier 4 – State-level health/medical (ESF-8) organizations that support Tier 1-3 organizations by managing statewide and sub-State regional coordination of the healthcare response. In response to/recovery from emergency or disaster events, these organizations are expected to:

1. Notify Tier 2 organizations of the event.
2. Execute state health/medical plans and agreements to mitigate event hazards in coordination with Tier 2 and Tier 3 organizations.
3. Coordinate, monitor, and support the sharing of health/medical information and provision of state-level ESF-8 resources within one or more Healthcare Preparedness Regions.

2.1.2 Role and Authority

The Regional Healthcare Support Cell (RHSC) of the Southeastern Healthcare Preparedness Region operates as an extension of the North Carolina Office of Emergency Medical Services, Healthcare Preparedness Program (NCOEMS-HPP). As such, it serves as the initial and primary center for the coordination of State Medical Response System (SMRS) information and resources at the regional level in fulfillment of the Coalition’s stated response goals.

The Regional Healthcare Preparedness Coordinator (HPC) or their designee has the authority to implement this plan. However, the coordination of health and medical support outlined in this plan will not supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts.

It is anticipated that many activities of the RHPC may be performed “virtually” outside of this physical location utilizing telephone, radio, e-mail, and other computer-based communications systems available.

2.1.3 Notification Triggers

Notification to activate this plan should be made to the Vitalink Regional Communications Center (Regional Communications - 800-282-5465) whenever a member organization of the Southeastern Healthcare Preparedness Region anticipates or is experiencing an emergency or other event that is beyond the organizations capability/capacity to mitigate. Examples include:

- Potential or currently occurring infrastructure issue impacting the facility/agency (Examples: fire, power failure, chiller failure, phone/radio failure, etc)
- Potential or currently occurring clinical issues that might require outside assistance (Examples: MCI/Surge, ED Closure, equipment shortages)
- Expected or Unexpected opening of the organization's EOC or Command Center
- A significant event is planned which could require action on the part of the Coalition and/or its partners.
- Any issue where assistance may be needed in communicating an organization's situation to the Region/State (Examples: Situation reporting)

Notification should be made to the SHPR 24-hour Emergency Contact number – 800-282-5465 (Regional Communications). Upon receiving such notification, staff will perform the following actions:

- Regional Communications Staff will utilize the SHPR paging group to notify the Regional Healthcare Preparedness Coordinator and Assistant Coordinator, as well as to the New Hanover Regional Medical Center Director of Emergency Management.
- Once the HPC and/or the NHRMC EM is notified, then contact will be made with the requester to determine the needed resources.

2.1.4 Notification Process

When an event meeting one or more indicators or triggers above originates from Within the Coalition, the affected organization will contact their RHPC coordinator at the earliest possible time and provide Essential Elements of Information as available (**refer to SHPR Information Sharing Plan**).

- If for any reason the HPC/RHSC staff is unavailable, the Regional Communications Center will notify an on-call staff for Emergency Operations or the Southeastern Healthcare Preparedness Region.
- The HPC/RHSC staff will evaluate the information and determine if activation of the RHSC is necessary and other appropriate actions for resolution:
 - i. Resource requests, refer to Section III – Assets and Resources

- ii. Situation reporting, refer to SHPR Information Sharing Plan.
- The HPC/RHSC staff will notify the NCOEMS-HPP and all appropriate Coalition partners in accordance with the SHPR Information Sharing Plan.
- The HPC/RHSC staff will generate and distribute a situation report that is located in the SHPR Information Sharing Plan.

When an event meeting one or more indicators or triggers above originates from Outside of the Coalition:

- The HPC/RHSC staff receiving notification will contact the HPCs of all other Coalitions to provide notification of the event.
 - i. At the discretion of the Coalition representatives, information from the source agency may be distributed as received, or situation report(s) may be generated and distributed as mutually agreed upon.

2.1.5 Operations and Reporting

If the RHSC is activated, the assigned staff will facilitate the execution and deployment of health/medical resource and information requests and perform the following operations as tasked and in coordination with appropriate emergency management agency and NCOEMS-HPP:

- Monitor (continue to monitor) communications systems for to maintain situational awareness and requests for resources.
- Facilitate (continue to facilitate) mutual aid/requests for health/medical resources as necessary. Refer to the Assets and Resources section below.
- Participate in NCOEMS-HPP conference calls at 1100, if SEOC ESF-8A Desk is activated or as otherwise scheduled by NCOEMS-HPP
- Complete, submit, and post the ESF-8A Situation Report at 0700 and 1900 to NC SPARTA. Refer to SHPR Information Sharing Plan
- Activate and deploy functional SMRS teams/assets as tasked through the SEOC ESF-8A Desk and/or NCOEMS-HPP.

Section 3

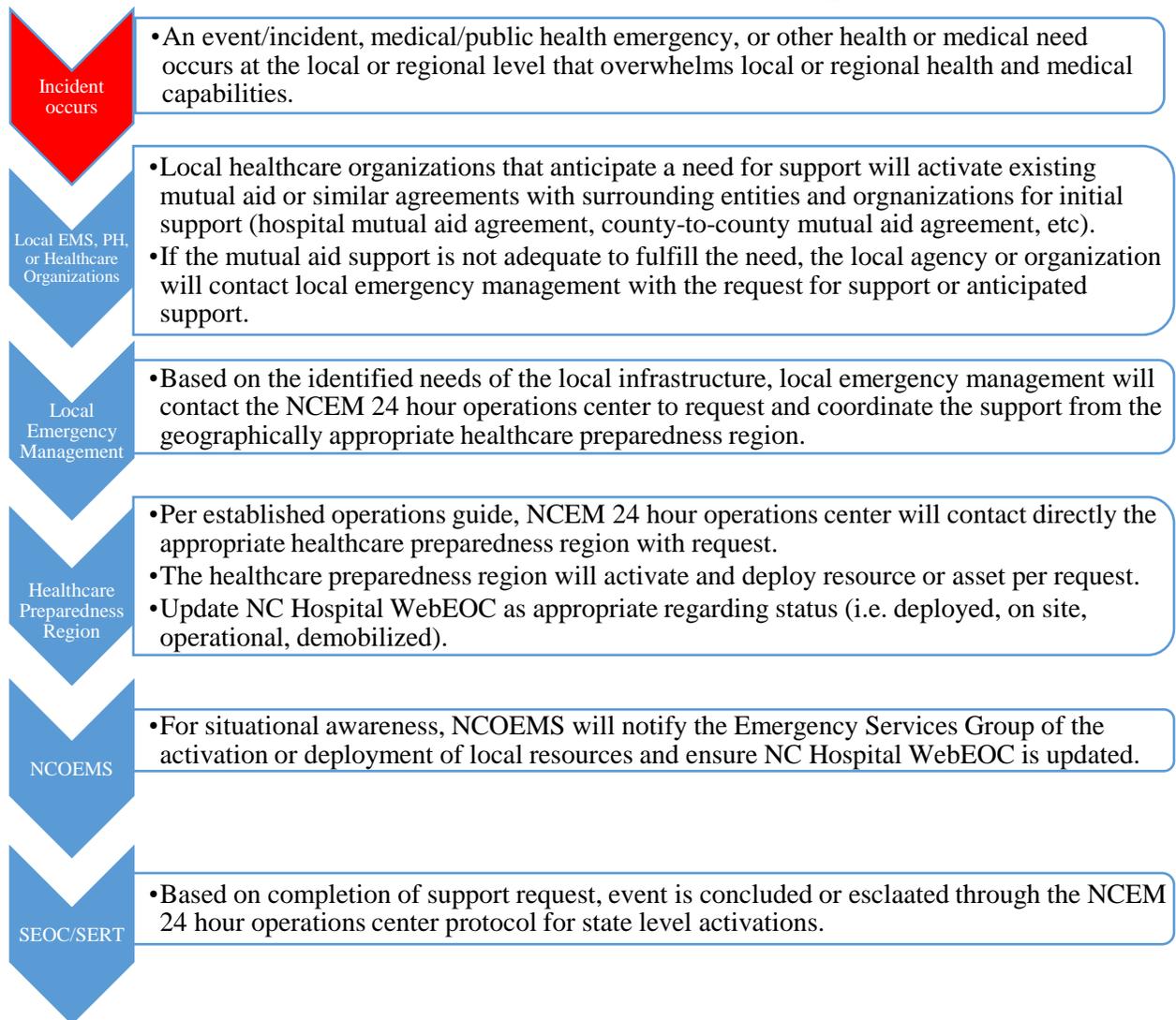
ASSETS & RESOURCE REQUESTING

3.1 Resource Request Process:

When an emergency or other event occurs that triggers the activation of this plan, affected Coalition member organizations may request assets and resources necessary to maintain their health and medical capacity and capability. Coalition members should use the decision matrix below to guide resource request decisions.

Event Type	Response Situation	Request
Planned or Non-emergency	Event affects/will affect some healthcare operations but does not cause the activation of the local Emergency Management Agency (EMA) Emergency Operations Center (EOC) or require the support of the Local EMA.	Request resources directly from Healthcare Preparedness Coalition: (refer to Notification Procedures above and Attachment D)
Emergency	Event disrupts healthcare infrastructure or operations and mutual aid has been utilized or unavailable.	Request resources from Healthcare Preparedness Coalition through Local EMA (refer to Resource Request Process below)

3.2 Health & Medical Resource Request Algorithm



3.3 Assets and Resources Available for Request

Refer to [Attachment D: Southeastern Healthcare Preparedness Region Resource Listing](#) or contact HPC/RHSC staff.

4.1 Demobilization

Demobilization involves the return of resources and information to their home organizations once response and recovery objectives have been achieved and includes the:

- Release of personnel and equipment assets which are no longer needed;
- Collection of health records/reports and coordination with support agencies for continued response, care, or monitoring;
- Collection of fiscal and administrative documents generated as part of the response; and,
- Collection of response performance/evaluation reports, After Action Reports, and development of Corrective Action Plans.

4.1.1 Assessment & Decision to Demobilize

Assessments of the situation on site and decisions to demobilize will typically be made by the designated Incident Commander. However, SMRS staff assigned to the deployed resource and, depending on the situation, the HPC, RHSC staff, and staff assigned to the SEOC ESF-8 Desk may also contribute to these decisions.

4.1.2 Incident Demobilization Planning & Implementation

Planning for demobilization should begin once resources and assets are on site and operational. A copy of the completed demobilization plan should be forwarded to the SEOC ESF-8 Desk prior to demobilization.

Implementation of the demobilization plan should begin with notification from the Incident Commander however, the order may be delivered through the SEOC ESF-8 Desk.

4.1.3 Incident Evaluation & Closeout

Once deployed personnel are identified for demobilization they must receive a debriefing of incident events and provide feedback during the response. This information must be provided/collected whenever SMRS teams/personnel are released from the incident scene **and** at the close of incident operations.

4.2 Reimbursement

As requested assets and resources are demobilized, reimbursement may be sought from the agencies, jurisdictions, and/or organizations which have requested the support provided. The RHSC/HPC will facilitate the reimbursement process for deployment of Healthcare Preparedness Coalition resources for local, regional, and state activations.

For local or regional deployments, not assigned through the SEOC, the RHSC/HPC will collect and forward all required reimbursement documentation related to the request and deployment of resources/assets (invoice for services, etc.) to the requesting party for review and payment.

For all SEOC-assigned deployments, the RHSC/HPC will complete or assist in the completion of a **Mission Reimbursement Workbook**. This workbook will be used by staff deployed with the resource/asset to capture operational costs and expenditures. Upon demobilization, the completed workbook will be submitted to NCOEMS within 25 days for review and approval and then forwarded by NCOEMS to NCEM for reimbursement no later than 30 days after resource/asset demobilization.

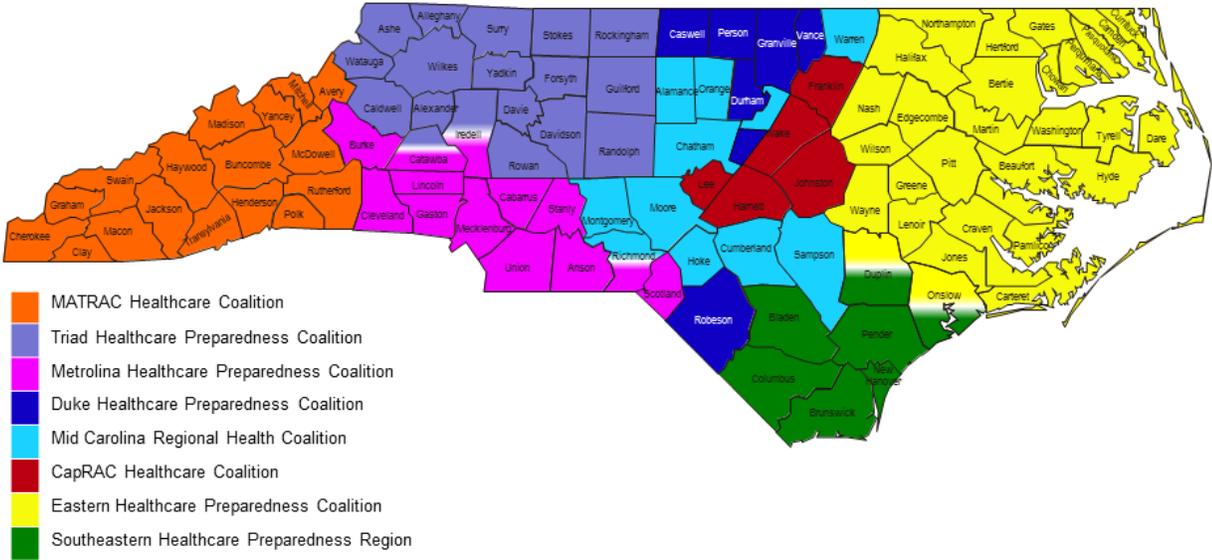
4.3 Reimbursement Dispute Resolution

If a dispute regarding reimbursement arises between a requesting member jurisdiction and a responding member jurisdiction they should make every effort to resolve the dispute to the mutual satisfaction of all parties. If the parties are unable to resolve the dispute, the member jurisdiction asserting the dispute shall provide written notice to the other identifying the reimbursement issues in dispute. NCOEMS and NCEM shall serve as arbitrator in the dispute resolution.

Attachment A

NC Healthcare Preparedness Coalitions (HPC)

HEALTHCARE PREPAREDNESS COALITIONS



Attachment B North Carolina Division of Emergency Management

State of North Carolina Division of Emergency Management



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Attachment C

Requesting NC SMRS Assets During an Emergency

Overview: North Carolina is fortunate to have significant ESF 8 resources that have been funded by HRSA and ASPR within the State Medical Response System (SMRS). These ESF 8 resources are housed with various agencies across the state in a number of organizations that include, but are not limited to: EMS agencies, local emergency management, healthcare organizations, and state agencies. With this in mind, this document is intended to serve as guidance for accessing these resources in a timely fashion during an event. Assets and resources maintained at each of the eight Healthcare Preparedness Regions may be deployed during an emergency or disaster to meet the immediate needs of the healthcare infrastructure or provide health and medical support.

Process: Requests for immediate assistance will be made in accordance with the **Health and Medical Resource Request Algorithm**. For local agencies and healthcare organizations, the initial point of contact should always be the respective local emergency management agency. Based on the request and needs for support, the local coordinator through NCEM will contact the appropriate Regional Healthcare Preparedness Coordinator to assist with ESF 8 needs. Assets and resources can be provided as single resources or as packages and may be accompanied by a Unit Leader unless transferred to the requesting agency or jurisdiction.

Administration and Reimbursement:

1. **Pre-planned or special events:** Federal HPP funding may not be utilized. The requesting jurisdiction or organization will be invoiced based on the established agreement with that healthcare preparedness region. That specific healthcare preparedness region must have:
 - a. A plan in place to maintain the capability of that specific asset utilizing other assets or resources across the system, or
 - b. A plan to recover the asset in the event the capability is needed to address an emergent event within the region or state.
2. **Emergent events:** The requesting jurisdiction or organization should be prepared to incur the following expenses related to request and deployment of an asset or resource locally:
 - a. For fuel for those assets or resources that utilize fuel for operation,
 - b. For any damage sustained by asset or resource,
 - c. For usage of disposable medical supplies or goods.

For events that require deployment of personnel packages in excess of the HPP-funded program or healthcare preparedness regional staffs, approval and activation will be made by ESF 8/NCOEMS.

Attachment D

Regional Healthcare Coalition Resource Listing

This is a brief overview of the types of resources that are available through the Coalition and the State Medical Response System. As this is NOT an all-inclusive list, please contact your coalition for details and availability.

Resource	Description	Quantity Maintained by SHPR
Response Trailers		
Medical Support Unit	3-bed patient treatment trailer	2
Decontamination Trailer	Field decontamination tent, equipment, and PPE	1
SMSS Trailer	Special Medical Support Shelter supplies	1
Magnum Generator	25,000 kw 3 phase generator, 500 gal NP water, 31ft 4 lamp light tower	1
Genie Light Tower	28ft 4 lamp light tower 6,000 kw single phase generator	1
Shelter and Shelter Support		
Western Shelter Tents	19ft x 35ft	7
Western Shelter Tents	20ft x 20ft	2
HVAC Units	Trane Heating and Cooling Unit	9
Cots		90
Hand Washing Stations	Portable foot-pump sinks	4
Medical Supplies and Equipment		
Phillips MRX Monitors	Cardiac Monitor, Defibrillator, Pacer, 12-Lead, NIBP, SpO2, and EtCO2	4
Phillips MP-2 Monitors	Can be used as part of a telemetry system	18
Ventilators	LTV 1200s; Eagle Transport vents with BiPap	10
Portable Suction		23
Oxygen Delivery System	Supports 36 beds	1
Long Backboards	Adult, pediatric, and infant	46
Communications		
Satellite Communications	Supports VOIP phone system and WiFi internet	1
Fatality Management		
BioSeal System	Remains containment system for 250 persons	1
Refrigerated trailer	53 foot trailer. There are several across the state	1
Cadaver Bags		400
Educational Supplies		
Inflatable manikins	Adult size	78
Inflatable manikins	Pediatric size	31
SMART Triage System	With 200 tags	1

