



Eastern Healthcare Preparedness Coalition

HOSPITAL EMERGENCY MANAGER FORUM 2022



HOUSEKEEPING

- Phones
- Bathrooms
- Evacuation
- Lunch
- Goals and Objectives
- Introductions
 - Name, Agency, Experience, Take-a-way
 - Known gaps



Eastern Healthcare Preparedness Coalition

COALITION OVERVIEW 2022



HEALTHCARE COALITIONS- Federal

- ASPR (Assistant Secretary for Preparedness and Response) provides funding to each state and territory within the United States via the Healthcare Preparedness Program (HPP) Grant
- ASPR defines broad capabilities and mission focus while each State further defines specific capabilities and annual deliverables

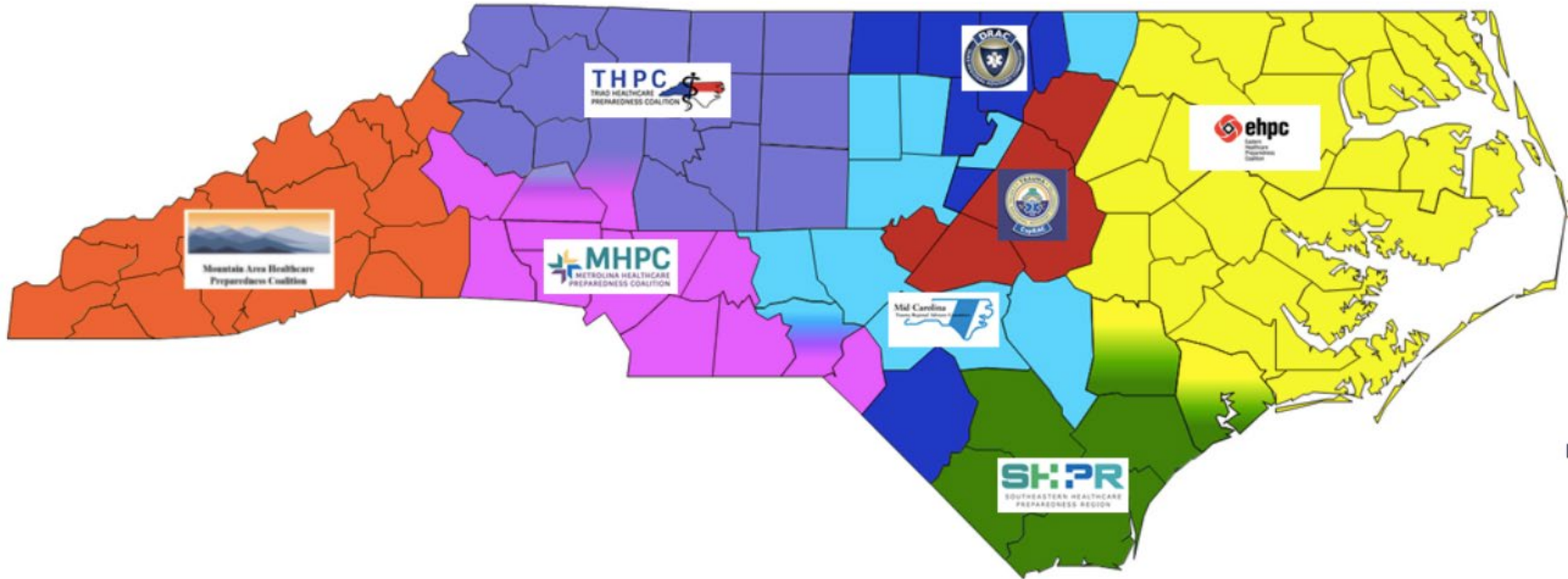


HEALTHCARE COALITIONS- North Carolina





HEALTHCARE COALITIONS- North Carolina





EHPC'S MISSION

- To serve as a collaborative network of healthcare organizations to assist with preparedness, mitigation, response, and recovery activities related to healthcare organization disaster operations.



CAPABILITIES

- Foundation for Healthcare and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge



WHAT WE DO

- PREPAREDNESS & MITIGATION
 - Training
 - Education
 - Exercises
 - Equipment
 - Planning
- RESPONSE & RECOVERY
 - Missions



RESPONSE & RECOVERY

MISSION EXAMPLES

- Hurricane Florence 2018
- Hurricane Dorian 2019
- PPE Distribution 2020
- Mass Vaccination Clinic 2021



RESPONSE & RECOVERY

HOSPITAL SPECIFIC MISSION EXAMPLES

- HVAC
- Morgue Trailer
- Equipment Coordination (e.g., ventilators)



PREPAREDNESS & MITIGATION

- Training, Education, Exercises
 - Will discuss in detail later this morning
- Equipment
 - [Mission Ready Packages](#)
- Plans
 - [EHPC Documents \(password is 3722\)](#)



WHAT WE DON'T DO

- Facility specific exercises*
- Facility specific training**
- Take command over an incident

*EHPC can review your exercise plan or MSEL

**EHPC is always looking for regional training suggestions



HOW TO ASK FOR HELP

- Local Emergency Manager and parent organization
 - Before officially requesting assistance, touch base with your parent organization AND your local emergency manager
- We are always happy to answer questions and help troubleshoot problems before reaching the “official” request stage

HOW TO CONTACT US

Chris Starbuck

252-847-6634 office

252-814-3110 cell

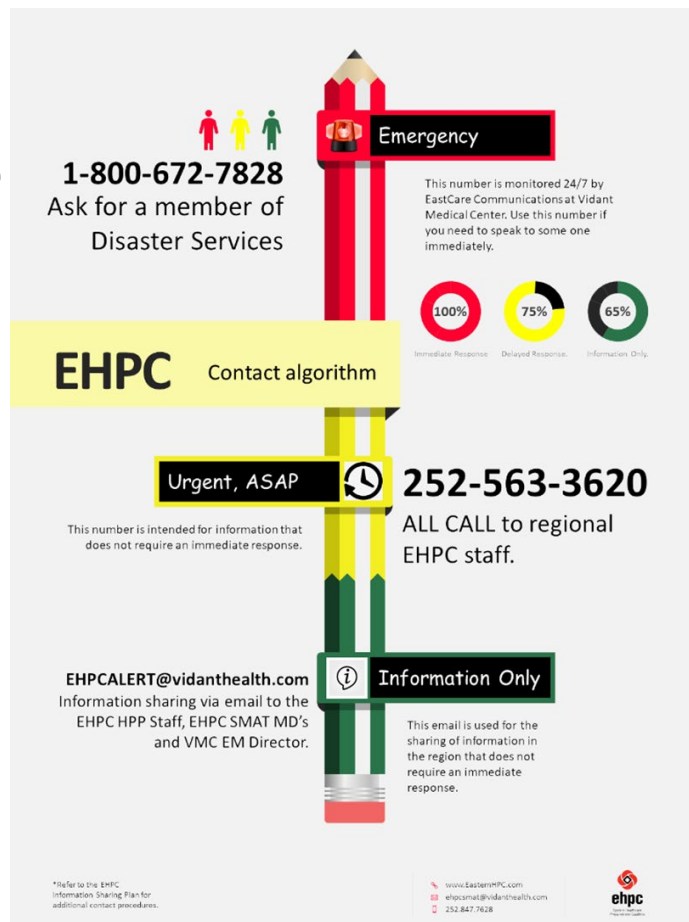
Cstarbuc@vidanthealth.com

Stephanie Seals

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Stephanie.Seals@vidanthealth.com





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COMMUNICATIONS AND APP REVIEW



GRANT FUNDED EQUIPMENT

- Pack Radios
- Sat Phones
- Ham radio Equipment
- SMART Triage MCI Back Pack
- ACF Trailer with updates WestCots, O2 kit, AED, and PPE
- DECON Equipment
- Evacuation Slides and Chairs
- DQE HICS Tool Kit
- DQE Hospital Evac Tool Kit
- Zetron Desktop Console Radio – OEMS



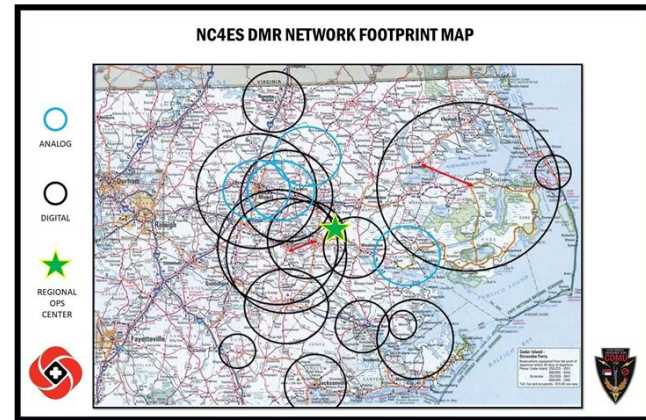
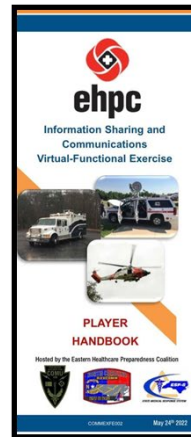
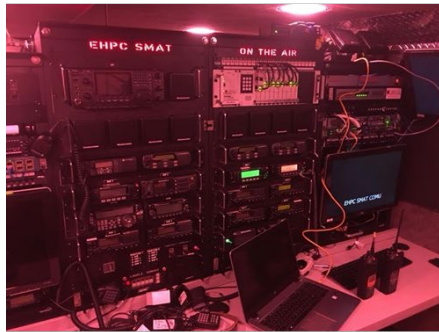
INFORMTAION SHARING/ COMMUNICATIONS

- Contacting EHPC – *The Pencil*
- Information Sharing Plan
- PACE Plan
- Website and App
- Information Sharing Platforms
- Radios
- Training Links



COMMUNICATIONS

- Monthly testing @ 89.6%
- Fall and Spring Com Ex
- Regional Hospital Repeaters (13)
- National Auxcomm Network beta
- DHS/CISA SHARES HF Gateway
- Weather Stations (4)
- Radio Station (FM Broadcast)
- NCNG / USCG / Maine Support and Training



INFORMATION SHARING PLAN



- Who's it for
- What's inside
 - How to contact EHPC
 - Communications Systems
 - Alternate Communications
 - PACE
 - Testing
 - Quick References
 - Information Platforms
 - How we communicate
 - EEI and more



HOSPITAL PACE CARD

Communications	Non-Secure Voice	Secure Voice	Non-Secure Network	Secure Network	Conferencing	COP	Data Storage File Exchange
Primary	Public phone system	Internal VOIP	Primary data vendors	Intranet	WebEx	WebEOC	Intranet homepage
Alternate	Cellular	Backup phones	Cradlepoint multi-carrier	Intranet (VPN)	MS Teams	Conference Bridges	Sharepoint
Contingency	LMR (Radio)-VIPER/ VHF / UHF	Satellite phone	Mobile hotspots		Conference Bridge (Internal)	Bed Coordination Centers	Shared Drives
Emergency	HF/V-U AUXCOMM	Courier	HF Winlink (AES256)		Conference Bridge (External)	Email	Physical exchange

EHPC WEBSITE AND APP

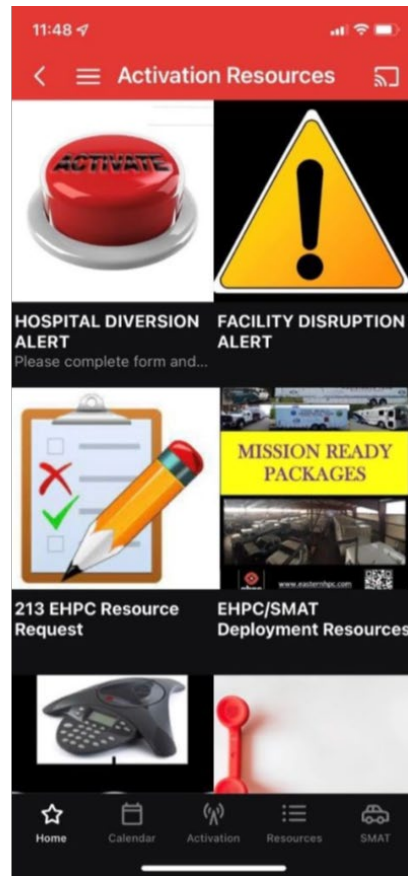
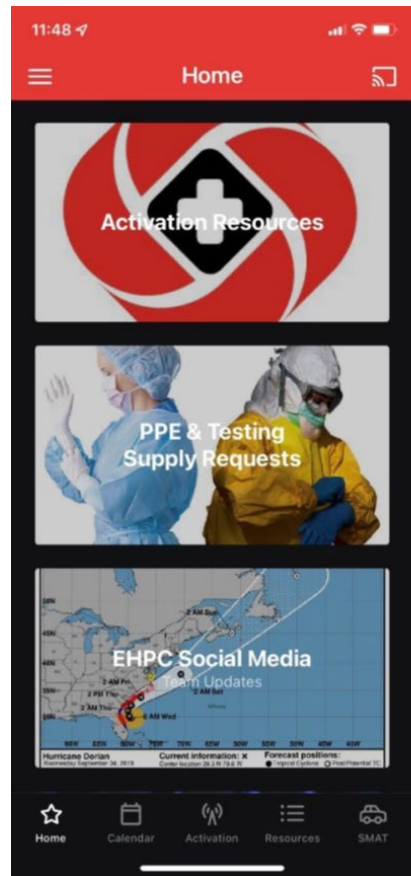
WEBSITE



APP



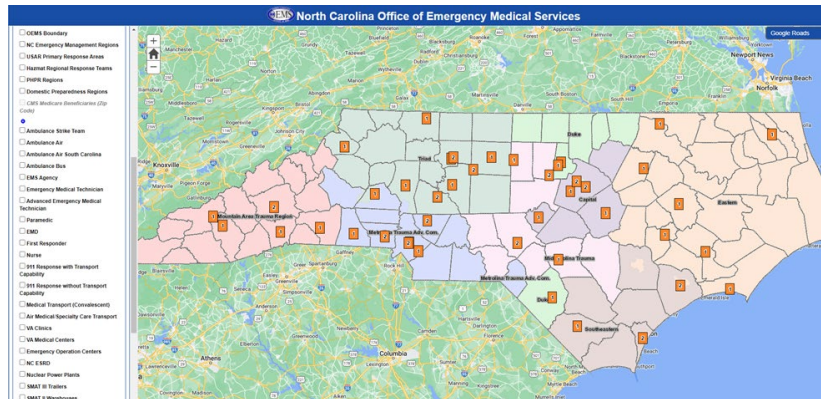
HOSPITAL DIVERSION & DISRUPTION NOTIFICATIONS



COMMUNICATIONS

MHTD

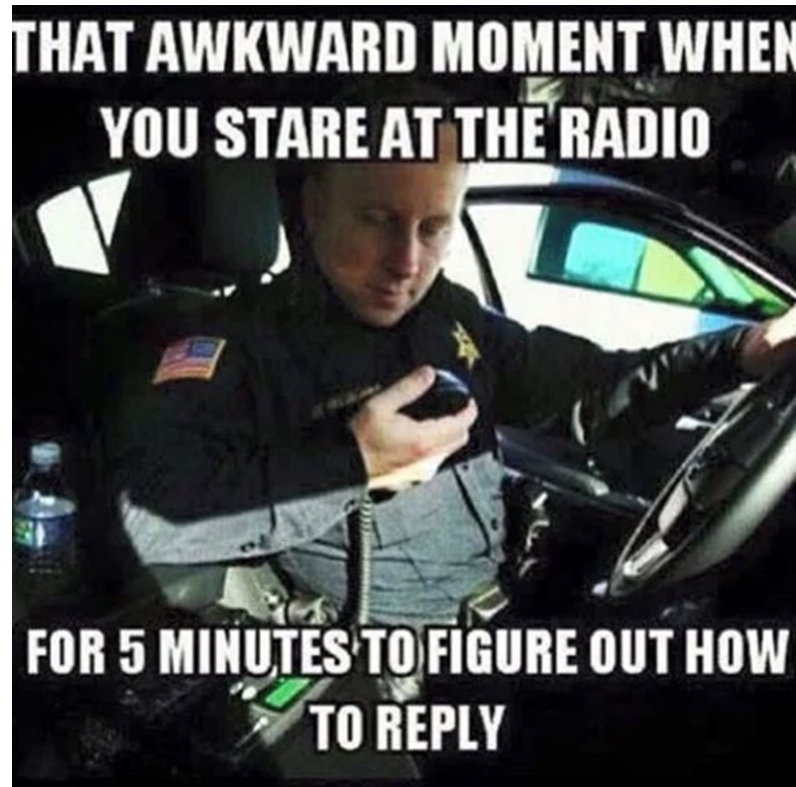
<https://www.ncmhtd.com/oems/>



OTHERS YOU MAY HEAR

- WebEOC
- FIMAN
- NC First
- Others
 - ReadyOp
 - ICAMS

BREAKER 1-9



TRAINING LINKS

<https://easternhpc.com/virtual-training/>

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Q Search

MEDIA



2022 VIPER UPDATE FOR HOSPITALS

March 17, 2022

VMN VIPER Reference

This update is targeted towards healthcare providers (mainly hospitals). The presentation is about 30 minutes and covers a general overview of the changes coming with VIPER and general usage of the VMN deskset radios. Best practices are covered and also need to know items for VIPER.

More

Share Download

STAYING CONNECTED



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Apple Devices: EHPC

Android Devices: Eastern HPC



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TRAINING AND EXERCISES



PREPAREDNESS & MITIGATION

Training and Education

- Disaster Symposium
- SMAT training
- Coordinate 3rd party education/training annually
 - LTC/SNF CMS training 2022
 - Task Force Leader training 2022
 - SMAT initial training 2022
 - All Hazards Incident Management Team 2022



PREPAREDNESS & MITIGATION

Exercises

- 120 to Landfall
- Comms Exercises
- Annex Specific Exercises

IMPORTANT DATES

EHPC Coalition Meetings

Monroe Center-Greenville

Aug 11th

Nov 1st

Feb 7th

May 9th

SMAT Initial Training

ROC-Greenville

Oct 26-27th

SMAT Physician Initial Training

ROC-Greenville

Oct 6th

NC Disaster Symposium

NBRFCC- New Bern

Mar 21-22nd

Boy Scout Conclave

Camp Bodie- Chocowinity

April 21-23rd

Regional Active Shooter Wrkshp

Monroe-Greenville

April 25th

Hurricane Preparedness Week

ROC-Greenville

May 1-5th

TEEX EOC Operations Course

TBD

May 10-11th

Wings Over Wayne Air Show

SJAFB-Goldsboro

May 18-21st



CORE COMPETENCIES

EHPC Specific Healthcare EM Core Competencies

[Core Competencies Form](#)



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Hospital Incident Command System Review 2022



Eastern Healthcare Preparedness Coalition

Objectives

- Review key principles of the Hospital Incident Command System
- Discuss the initial response priorities and introduce the initial incident response job aide
- Identify key resources that can assist in a response
- Review the principles of Incident Action Planning, use of Job Aides and Guides
- Elicit feedback for what support is needed from the coalition for HIMTs

Pre-Test

Alphabet Soup?

1. HICS
2. HIMT
3. ICS
4. NIMS
5. HCC



Types of Incidents

Internal

- Medical
 - Patient surge
 - Epidemic
 - Patient care / safety
- Security
 - Active threat
 - Civil disturbance
- Facility
 - Utility failure
 - Fire
 - Technology failure

External

- External natural disaster
- Community chemical exposure
- Infrastructure failure

Response Structure

Internal Response Structure

- Charge Nurse
- In-house Resources (Plant, Security, etc)
- House Supervisor
- Administrator on call
- Single resource response
- Virtual command center
- Full command center activation

External Response Structure

- EMS
- Fire Department
- Law Enforcement
- County Emergency Management
- State agencies
- Others - NG



HICS

- Assists in emergency management planning, response, and recovery capabilities for unplanned and planned events
- Consistent with ICS and the National Incident Management System (NIMS) principles
 - Logical management structure
 - Defined responsibilities
 - Clear reporting channels
 - Common nomenclature



HICS versus HCC

Hospital Incident Command System

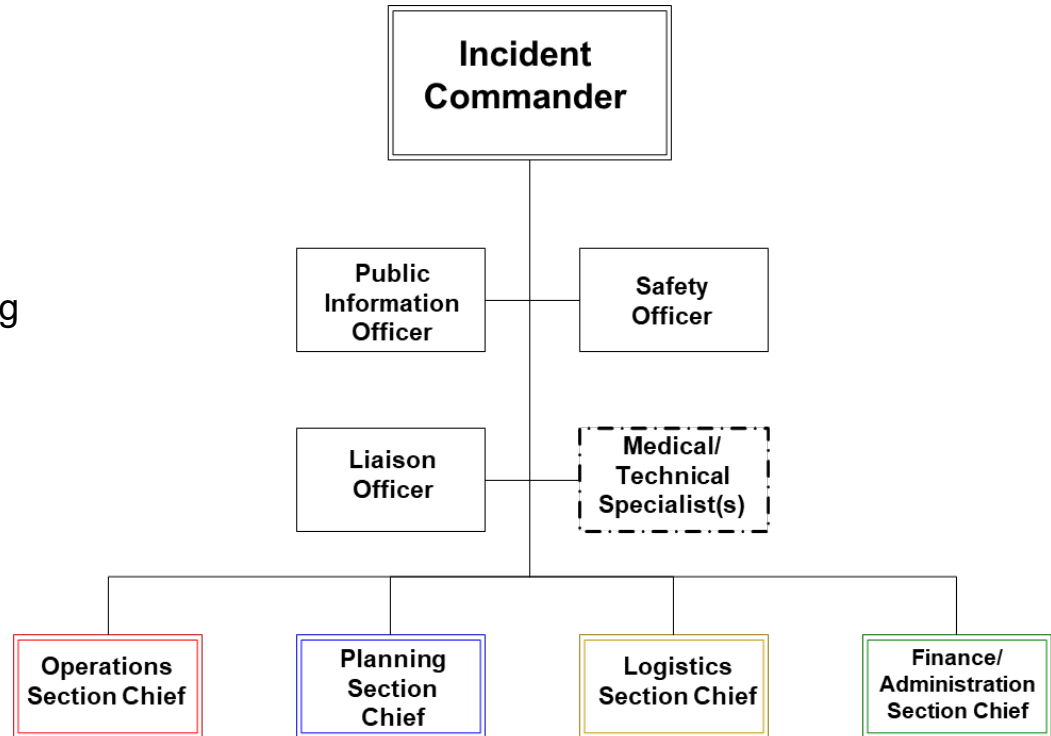
- Management tool
- Flexible
- Scalable
- Activated during every incident, but not thought about

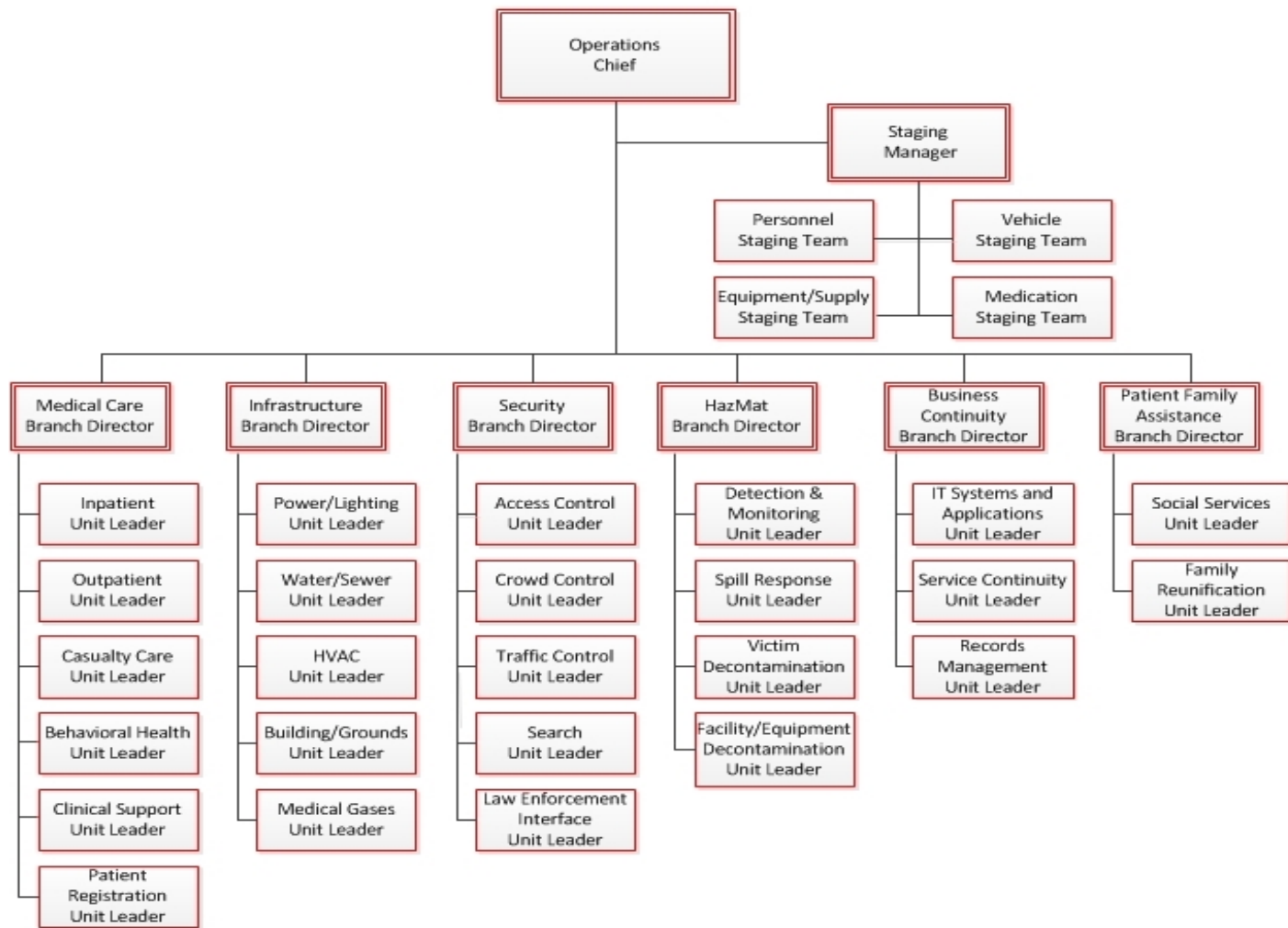
Hospital Command Center

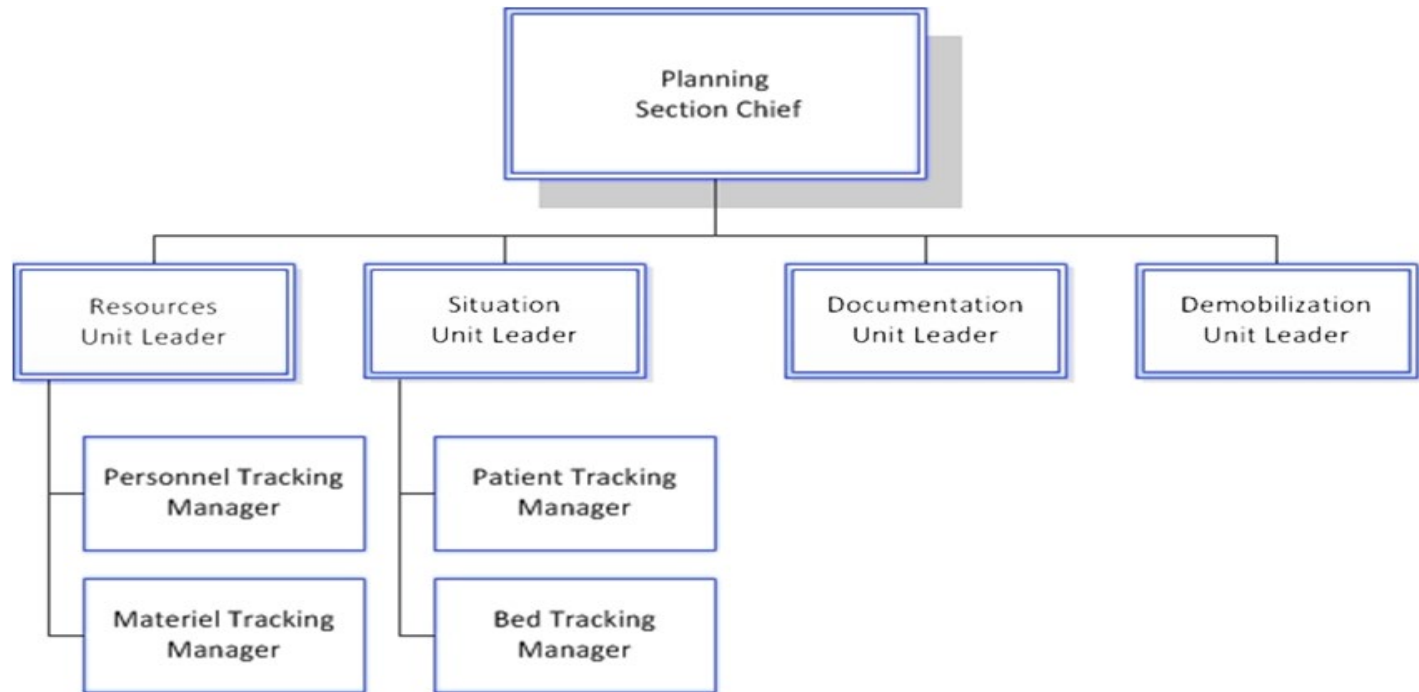
- Physical location for HICS to take place
- Centralizes resources and communication

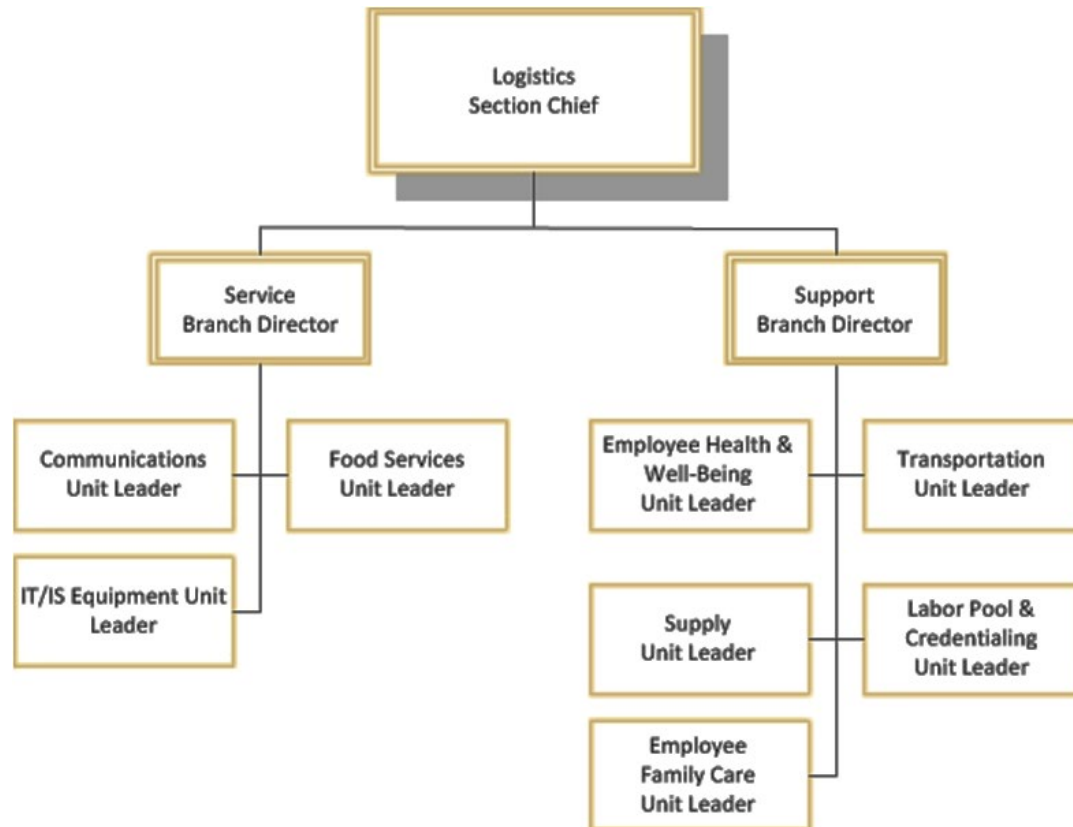
Basic Incident Command Structure

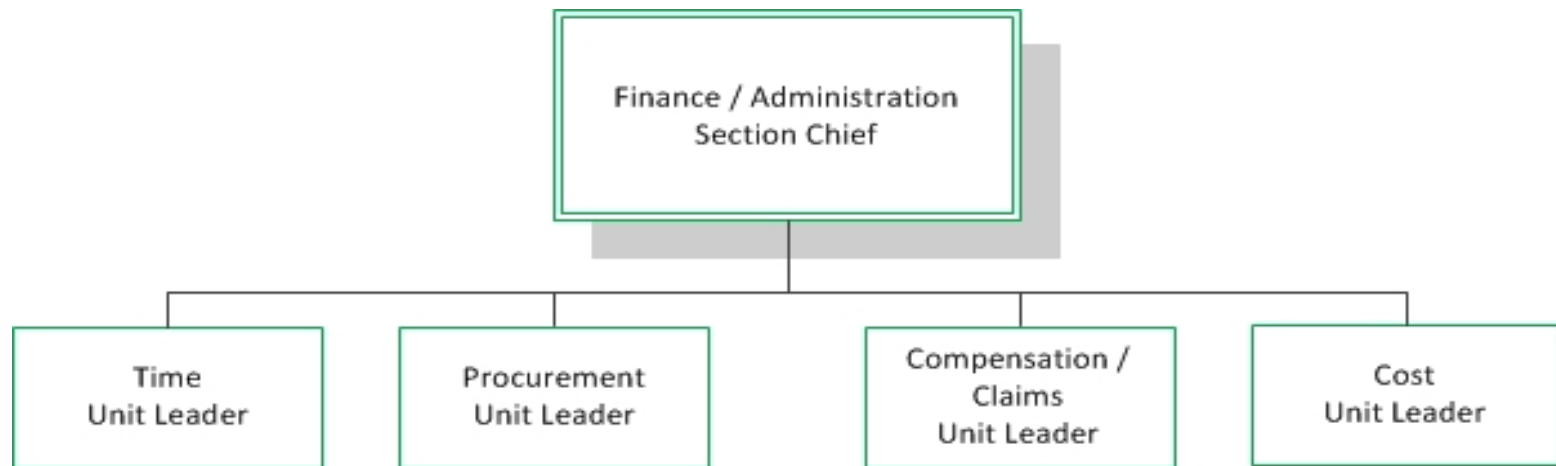
The system is **scalable** so that **more** or **fewer** positions -depending on the emergency - may be implemented







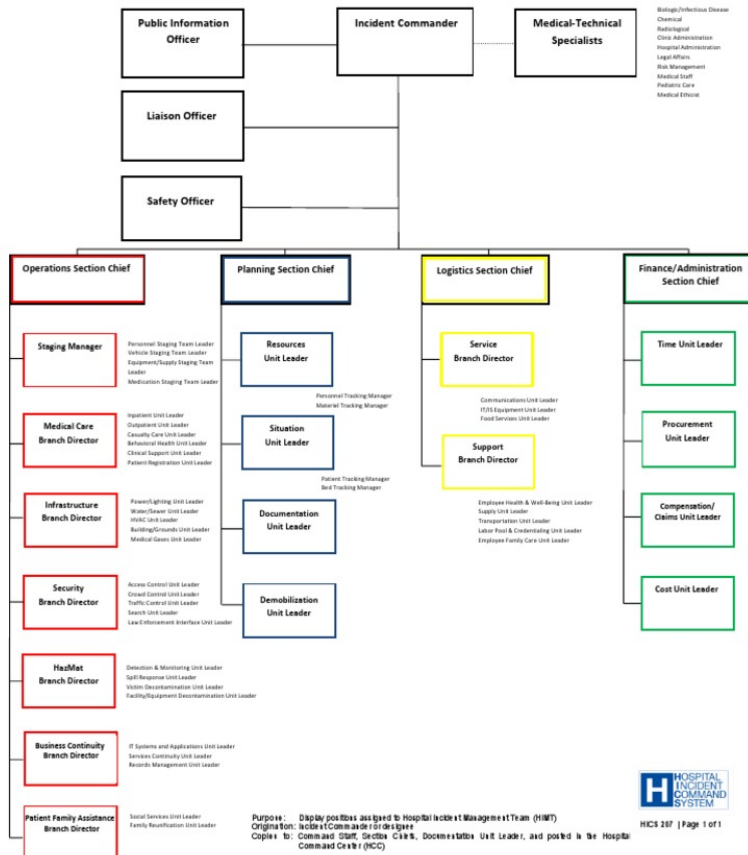




HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

1. Incident Name	2. Operational Period (#)
	DATE: FROM: TO:
	TIME: FROM: TO:

4. Current Hospital Incident Management Team (fill in additional positions as appropriate)



Purpose: Display positions assigned to Hospital Incident Management Team (HIMT)
 Originator: Incident Commander or Designate
 Copies to: Command Staff, Section Chiefs, Documentation Unit Leader, and posted in the Hospital Command Center (HCC)

Incident Commander

- Only position activated during every response
- Does not need to be the administrator on call
- Individual assigned may change during incident



Situation

Conditions

Situation statement

What is known

Actions

What actions have been
taken

What has worked and
what has not

Needs

What needs to be done

Obstacles to getting
things done

- Objectives set by the incident commander based on current and future needs
- Strategy and tactics and driven by objectives

Initial Incident Response

Current Situation:

- Establish command
- Understand the situation
- What are current needs?
- Validate information

Initial Response Priorities:

***Direct others to take action**

- Life Safety
 - Identify primary threats to life safety
 - Focus communication to people/patients in harms way
- Incident Stabilization
 - Contain the hazard, worry about fixing it later
- Property Preservation
- Continuation of services
 - Develop contingency plan to address stopgap measures and interruption of services

What help do you have?

- Who are your initial response partners based on the hazard?
 - In-House
 - Facilities
 - IT
 - Security
 - ED
 - Decon Team
 - Internal Communications / Media Relations
 - Community Response partners
 - Assign liaison to work with first responders
 - Law Enforcement
 - Fire Department
 - EMS
 - Local EM
 - Healthcare Coalition

Get Help:

- Three levels of response
 - Consulting- AOC or department directors
 - Virtual Command Center / Single Person Response - AOC/EM/SME (based on the incident)
 - Full Command Center Activation



Do not forget to call 911 or appropriate response group to report incident

HCC/EOC



Forms/IAP/JAS/Guides

FORMS/IAP

- Serves as a road map for the response
- Ensures consistency
- Documentation for FEMA reimbursement
- Which ones are used the most?

JAS/Guides

- Steps/prompts to take actions
- Considerations
- Time related actions
- Checklists for handoffs
- Customizable to the facilities need

No.	Name	Responsible
221	Demobilization Check-Out	Demobilization Unit Leader
251	Facility System Status Report	Infrastructure Branch Director
252	Section Personnel Time Sheet	Section Chiefs
253	Volunteer Staff Registration	Labor Pool and Credentialing Unit Leader
254	Disaster Victim / Patient Tracking	Patient Tracking Manager
255	Master Patient Evacuation Tracking	Patient Tracking Manager
256	Procurement Summary Report	Procurement Unit Leader
257	Resource Accounting Record	Section Chiefs
258	Hospital Resource Directory	Resource Unit Leader
259	Hospital Casualty / Fatality Report	Patient Tracking Manager
260	Patient Evacuation Tracking Form	Inpatient Unit Leader Outpatient Unit Leader, Casualty Care Unit Leader



Nuggets

- Use of HICS does not require the command center to be opened
- Take action, make a decision. Especially with life safety
- Remember to manage the incident. Do not respond
- Find a scribe and communications operator early
- Be direct with information
- Take action when you have enough information, not all the information



Feedback

- How do we, the healthcare coalition, help you?



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Hurricane Remi Tabletop Exercise 2022

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Objectives

- Ensure hospital emergency managers have a working knowledge of hurricane decision timeline by end of exercise
- Identify personal knowledge gaps regarding individual facility plans, policies, and procedures by end of exercise
- Identify current regional best practices in hurricane preparedness, mitigation, and decision-making by end of exercise
- Ensure exercise participants have a regional professional network of healthcare emergency managers for future contacts by end of exercise

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Exercise Overview

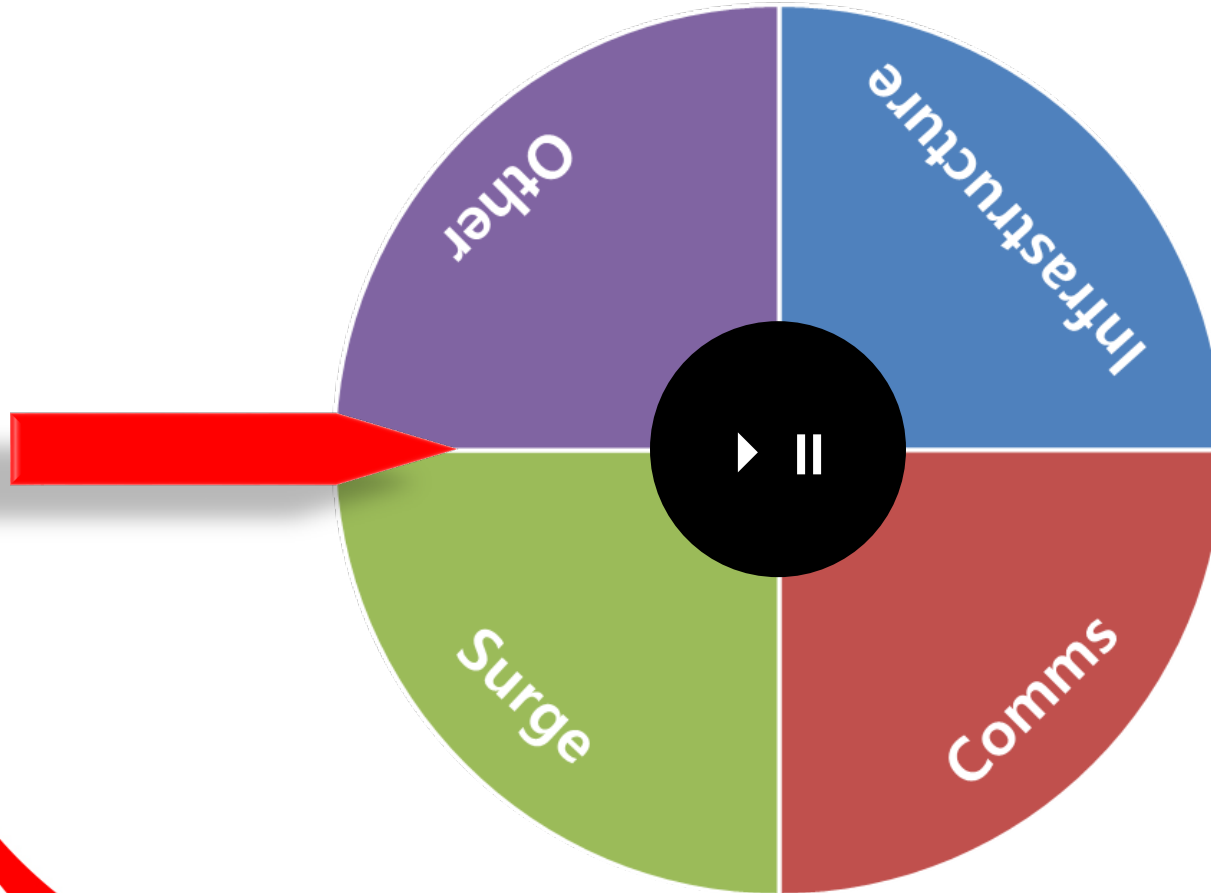
- 4 modules covering 120 hours before landfall until after landfall
- Open, no-stress environment
- Respond to the scenario using your existing knowledge of your current plans and capabilities
- Decisions/discussions are not precedent setting and may not reflect your organization's final position on an issue
- The questions for each module have been written with the understanding that both new and experienced hospital emergency managers are participating

Module 1

Scenario

- OVERVIEW: Hurricane Remi, currently a Category 3 storm, is threatening the Eastern Coast of North Carolina. Currently, the expected landfall is within 120 hours. State preparedness activities have begun to prepare for the potential impact.
- WEATHER REPORT: Meteorologists are predicting that Hurricane Remi will produce high tornado risk, moderate inland flooding, life-threatening storm surge, heavy rainfall, damaging winds, and moderate power outages.
- COALITION ACTIVITY: EHPC staff have started their 11am conference calls and have initiated the pre-storm Essential Elements of Information collection. Staff are monitoring storm reports and preparing supplies (fueling equipment, checking supplies, and ordering just-in-time supplies). SMAT team members are being messaged via TERMS. ACF email reminders have been sent out.

Module 1- Injects

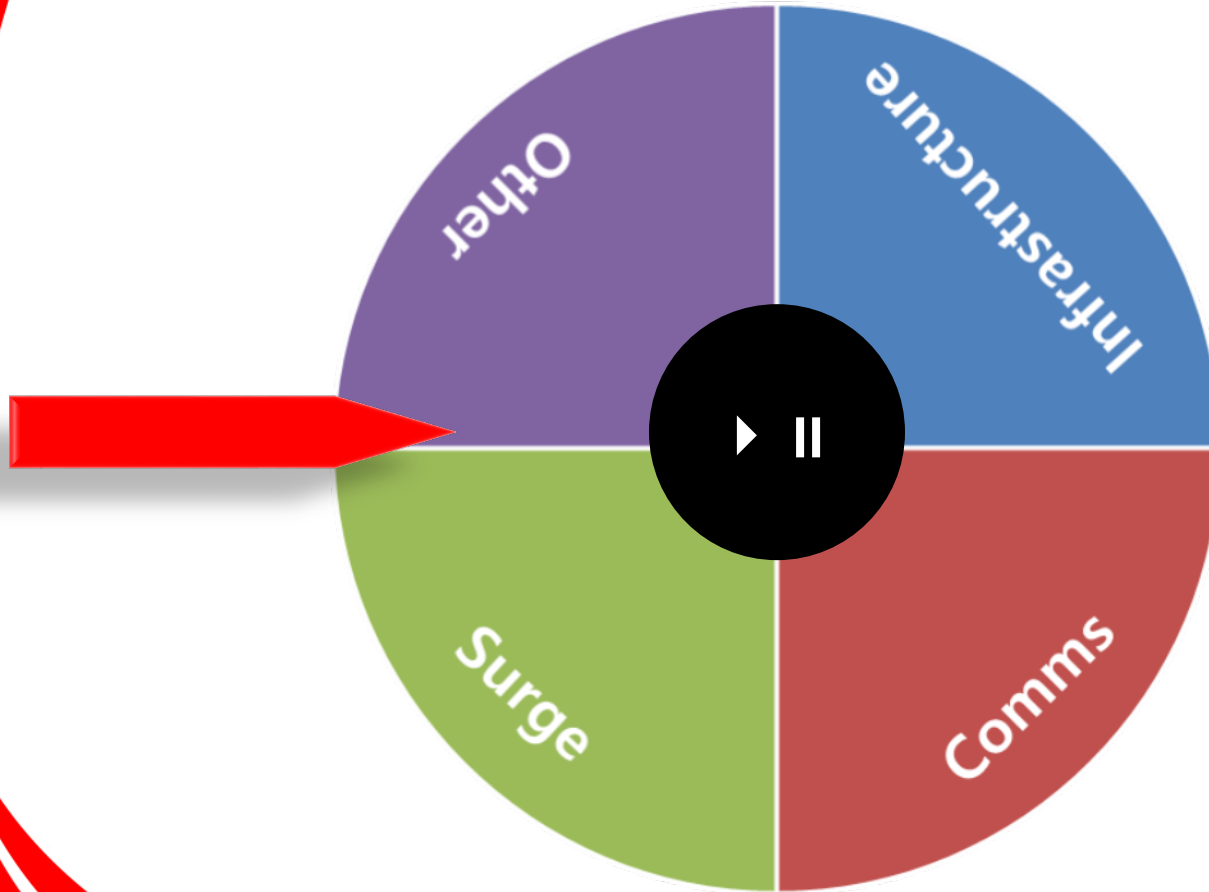


Module 2

Scenario

- OVERVIEW: Hurricane Remi is expected to make landfall within the next 72 hours. Decisions on pre-landfall setup of State Medical Support Shelters (SMSS) and State Coordinated Shelters (SCS) have been made.
- WEATHER REPORT: Meteorologists are predicting that Hurricane Remi will likely make landfall somewhere between Onslow County and the Virginia border. Storm surges of up to 2 feet along coastal regions are currently anticipated. Winds of up to 115 miles an hour are anticipated at landfall.
- COALITION ACTIVITY: EHPC staff are continuing to monitor storm reports, holding 11am conference calls, collecting EEI, assisting with patient transfers and SMSS patient transfers as necessary. Coordinating with regional transfer centers.

Module 2- Injects

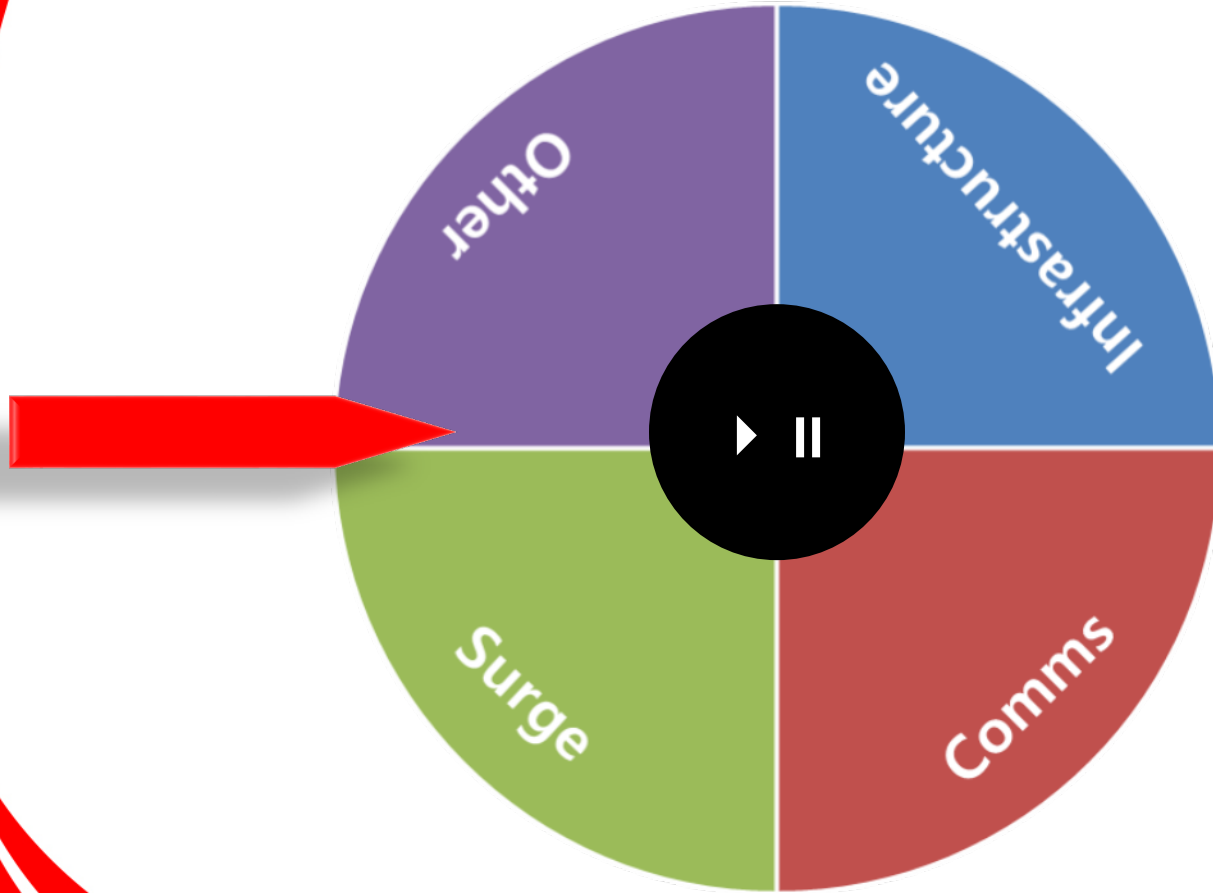


Module 3

Scenario

- OVERVIEW: Hurricane Remi is expected to make landfall within the next 48 to 24 hours.
- WEATHER REPORT: Meteorologists are predicting that Hurricane Remi will likely make landfall as a Category 3 Hurricane in Carteret County, NC. Storm surges of up to 3 feet are currently anticipated. Other expected impacts have not changed from previous weather reports.
- COALITION ACTIVITY: EHPC staff are still conducting the 11am conference call, EEI collections, and monitoring storm reports. Pre-arranged transports to the SMSS have been completed by local EMS with EHPC coordination assistance. AST requests have started for Jones and Pamlico County.

Module 3- Injects



Module 4

Scenario

- OVERVIEW: Hurricane Remi made landfall as a Category 3 Hurricane overnight on the Eastern Coast of Carteret County. Heavy rains and damaging winds were reported across Onslow, Jones, Craven, and Pamlico counties while moderate rain and winds were reported in surrounding counties. Damage assessments are ongoing however the following is being reported:
 - Carteret Health Care has been cut off from part of the island due to flooding
 - Carolina East is reporting an influx of patients and damage to their top floor resulting in a difficulty managing patient surge
 - Power outages are being reported in regions of Carteret, Craven, and Onslow Counties.

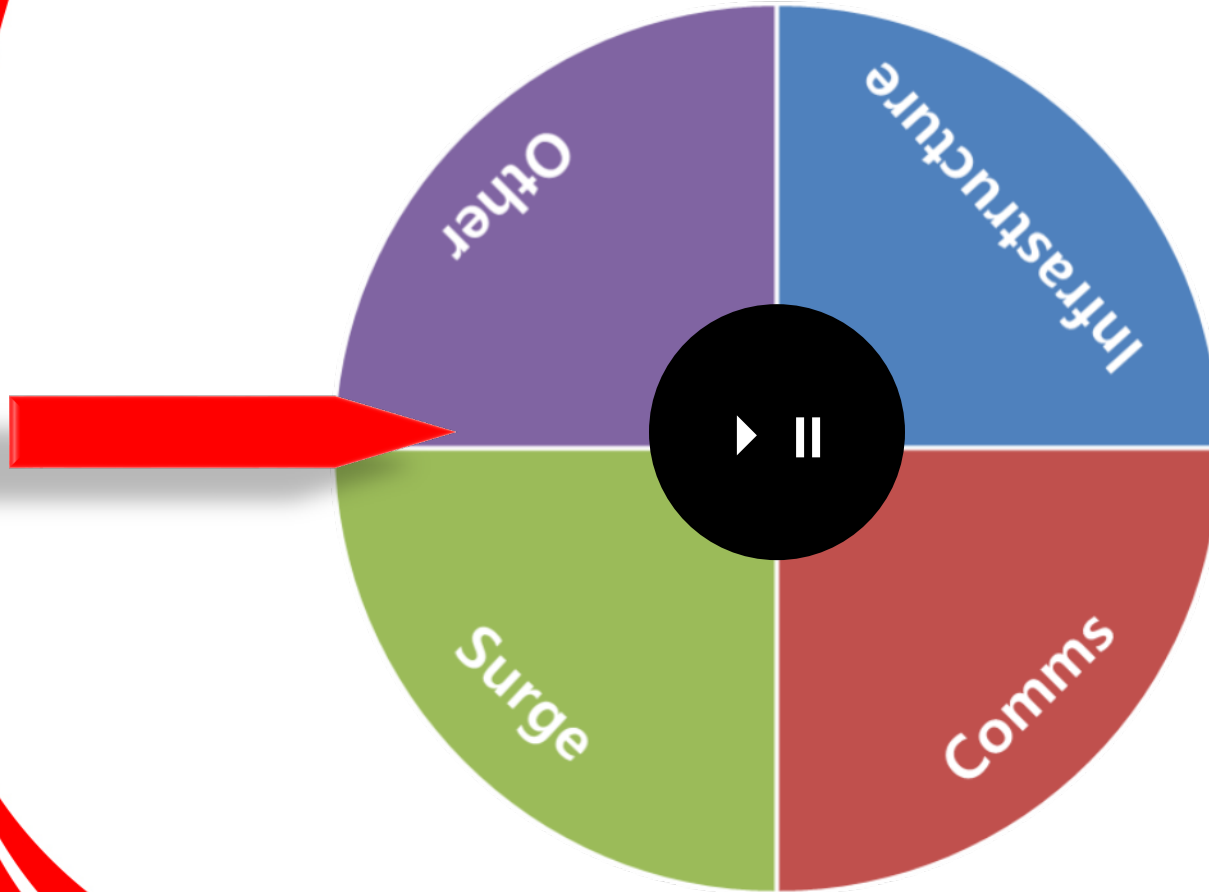


Module 4- continued

Scenario

- Weather Report: Weather is currently clear skies without any threats for additional severe weather however flooding remains throughout regions of Eastern NC.
- Coalition Activity: EHPC staff are currently filling resource requests for HVAC's and generators at one community hospital and one large long-term-care facility. EHPC warehouse and staff homes were undamaged by the storm**.

Module 4- Injects



CLOSING DISCUSSIONS



- Questions
- Takeaways