

2022-2023

Operational Plan

TASK 1
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TASK 4



Region 3 Healthcare
Coalition Alliance

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REGION 3 HEALTHCARE OPERATIONAL PLAN

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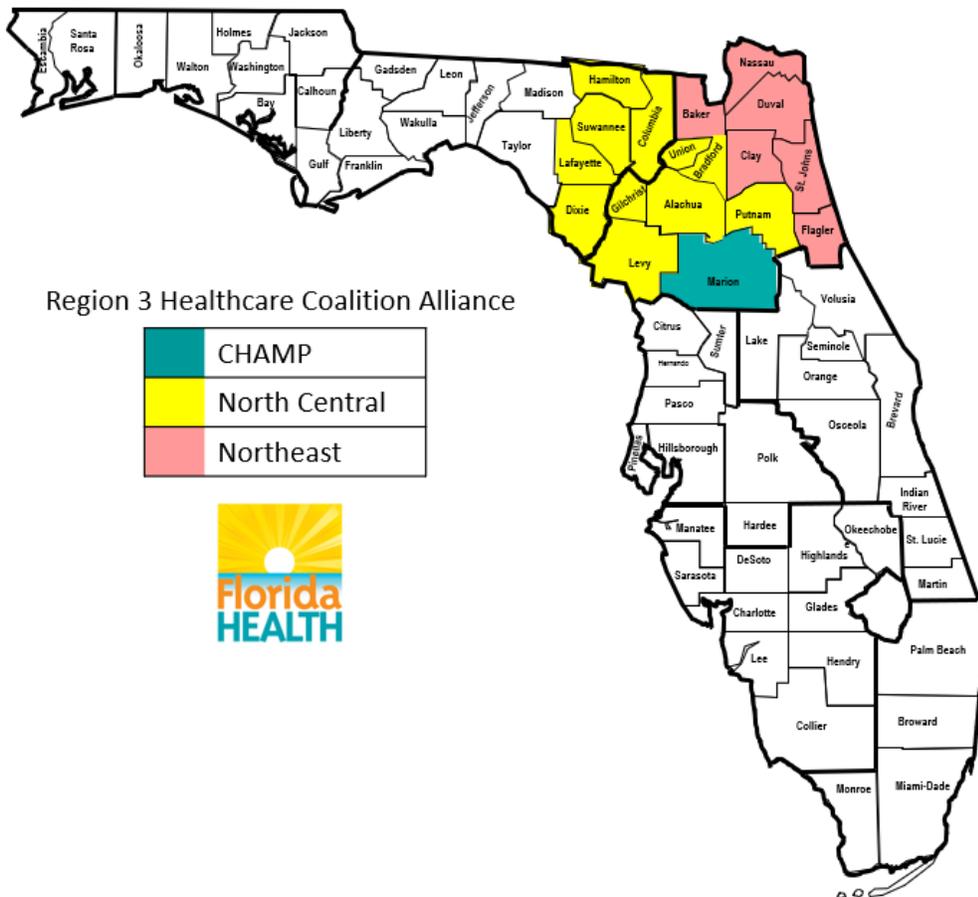
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1. INTRODUCTION

The Northeast Florida Regional Council (NEFRC) is contracted by the Florida Department of Health (FDOH) to manage the healthcare coalition contract for the three healthcare coalitions in north Florida. Referred to as the Region 3 Healthcare Coalition Alliance, the actual geographic area, as defined by FDOH, includes all 13 counties in Region 3 Regional Domestic Security Task Force (RDSTF) and five counties from RDSTF Region 2. The Alliance’s three established healthcare coalitions are:

- Northeast Florida HCC
- North Central HCC
- the Coalition for Health and Medical Preparedness (CHAMP)



1.1 Purpose

The Region 3 HCC Alliance Operational Plan establishes and describes the operational and response roles and responsibilities of the Coalition and its members during all hazards events that threaten the healthcare system within the healthcare coalition boundaries.

1.2 Scope

The Alliance represents all members of its three coalitions that serve 18 counties: Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union Counties. Each county's Emergency Operations Center is responsible for coordinating the overall disaster response within its jurisdiction, but the Alliance can be used in support of an EOC's Emergency Support Function 8- Health and Medical (ESF8) or Operations Section activities. Each Alliance member organization is expected to have organizational plans for preparedness and response, but members of the Alliance may be called upon to assist during the activation of the coalition's operational plan.

1.3 Situation and Assumptions

Planning for response and recovery for the Alliance's 12,000 square mile geographic area can be challenging as it includes immense diversity from rural to urban areas and includes both coastal and inland counties. The Alliance developed and annually update a Hazard Vulnerability Assessment and Risk Assessment to identify regional hazards that have the highest impact on the regional healthcare system.

HAZARD RANKING

Results of the probability and severity scoring using the Regional HVA tool determined the following priority levels of hazards.

Prioritized Healthcare Hazards for Region 3

Region 3 Healthcare Hazards	
Level of Risk	Hazard
Major	Hurricane / Tropical Storm (including storm surge)
	Regional Electrical Failure (i.e. blackout)
	Flooding with potential for disruption / harm
	Cyber Terrorism
	Infectious Disease
	MCI Incident General Injuries
Moderate	Regional Communications Disruption
	Multi-Jurisdictional Wild Fire
	Widespread Supply Chain Interruption
	Armed Individual/Active Shooter incident (Large Scale)
	Tornado or Microburst
	Pandemic
	Multiple Facility Evacuations
	Regional Sewer / Water Treatment Failure
	Regional Water Disruption / Interruption
Minor	Widespread Transportation Disruption / Failure
	Regional Fuel Shortage(s)
	Temperature Extremes
	MCI involving chemical, biological or radiological materials
	MCI involving conventional weapons
	Winter Weather Event

Scoring matrix and detailed criteria on the ranking of these hazards can be found in the Region 3 Alliance Healthcare HVA.

In all-hazards events impacting the health and medical system, the following assumptions include:

1. Coalition member organization have Emergency Operations Plans (EOP) to provide guidance for response of the organization.
2. Coalition members will respond according to their organization’s regulatory requirements, rules, authorities, and plans.
3. County Emergency Management is the jurisdictional authority for each county and manages the local Emergency Operations Centers (EOC) operations.
4. County Health Departments assist the EOC in managing health and medical issues through ESF8/Health and Medical Branch.
5. Healthcare organizations will report their status to the appropriate regulatory entity, AHCA and/or the local ESF8/Health and Medical Branch.
6. Guidance, process or procedures outlined in this or other Alliance plans are designed to support local, regional or state response efforts and are not intended to supersede the jurisdictional authority.
7. The National Incident Management System (NIMS) is used to integrate all public and private response.

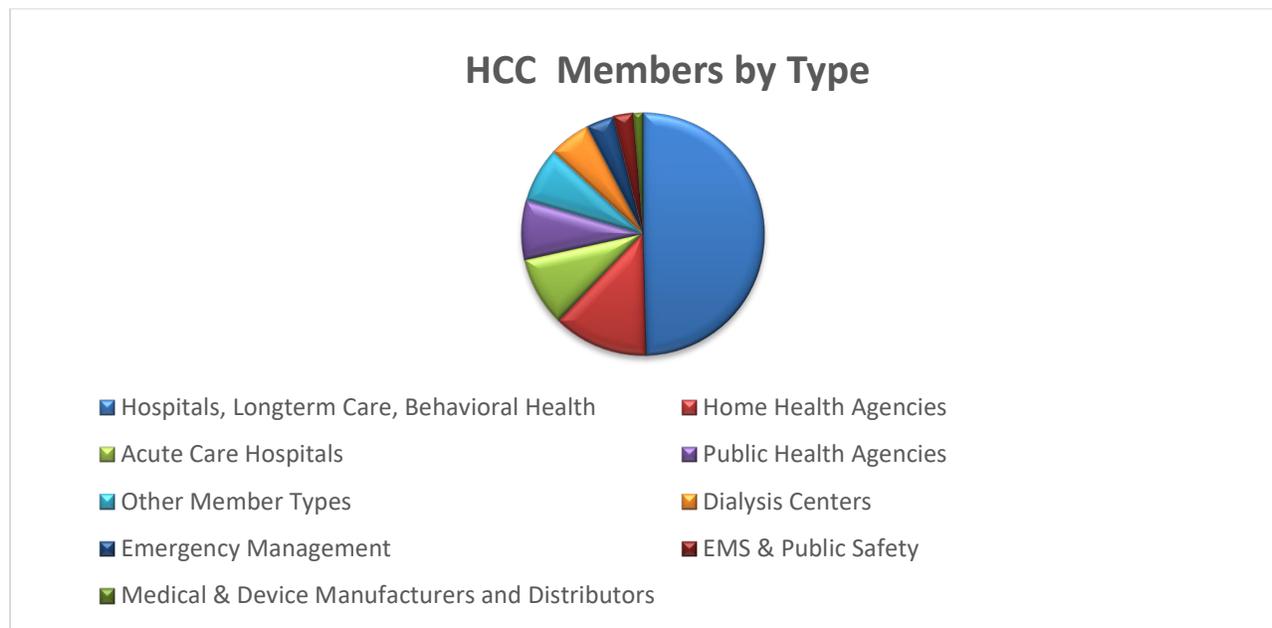
1.4 Administrative Support

The Alliance Coordinator will review and recommend updates and changes to the plan annually or as needed following an exercise, activation, or in accordance with contract requirements. The Alliance Operational Plan is annually approved by consensus by each Coalition.

2. CONCEPT OF OPERATIONS

2.1 Introduction

Members of the three healthcare coalitions included in the Alliance come from many sectors of the healthcare system, governmental and non-governmental organizations. Each of these member types has an essential role in the overall operation of the health and medical system for the region.



2.2 Role of the Coalition in Events

The Region 3 Healthcare Coalition Alliance will function as a Multi-Agency Coordination Center (MACC) which is a multi-disciplinary organizational model that allows healthcare entities a means to obtain additional support during disasters. The Alliance MACC provides offsite support of ICS and EOC organizations and serves as a “clearing house” function by collecting, processing, and disseminating data and information to Coalition members and partners, as applicable, during a disaster or event.

The Region 3 Alliance MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitate information sharing and situational awareness among Coalition members
- Facilitate resource support and resource sharing among Coalition members
- Assist ESF8 in obtaining regional situational awareness
- Support the request for and receipt of assistance from local, State, and Federal authorities
- Support incident management policies and priorities

The Alliance MACC will assist in promoting a common operating picture with the membership and provide a shared understanding of the regional effects of the event by:

- Providing situation reports, regional status updates and information on critical resource shortages
- Assist ESF8 with resource management and resource sharing between the health care coalition membership, as well as local emergency operations centers
- Assist with providing support to our local emergency operation centers by providing a link to our members and their resources

2.2.1 Member Roles and Responsibilities

Coalition member organizations are expected to plan, train and exercise staff for all hazards emergencies to ensure the organization will respond as defined in the organization's Emergency Operations Plan (EOP) or Comprehensive Emergency Management Plan (CEMP). They have a responsibility to prepare for situations that could negatively impact the operations of the health and medical system. A minimum level of preparedness is expected from participating organizations to minimize undo pressure on the community due to a lack of preparedness and response capability. Coalition members are expected to manage the consequences of emergencies, independent of support from the Coalition.

During declared state of emergency events, coalition members licensed by the Agency for Healthcare Administration (AHCA) are required to enter facility status updates and bed availability information into an online status system provided by AHCA.

County Emergency Management and ESF8 have local procedures for tracking healthcare facility status and have access to AHCA's system. Local, regional and state ESF8 have local and regional views of facility status information. AHCA may provide a 'view-only' status to the Alliance for reports generated from the reporting system, if the Alliance is requested to contact member facilities impacted by an event.

All member facilities needing assistance with log-in access or updating their facility information should contact their AHCA licensing unit. Assisted Living Unit: (850)412-4304; Laboratory and In-Home Services Unit: (850)412-4500; Hospital and Outpatient Services Unit: (850)412-4549; Long Term Care Services Unit: (850)412-4303.

Healthcare Coalition Members that are not licensed by AHCA should report status and unmet needs to the local EOC or ESF8 as appropriate in their organizational structure. The Alliance may send a request for Essential Elements of Information to assist local ESF8 during an event.

Attachments 1: State ESF8 Essential Elements of Information

2.2.2 Coalition Response Organizational Structure

The Alliance may integrate into the existing Incident Command structure augmenting the ESF8/Health and Medical operations, if requested. It is the expectation that the Alliance will coordinate regional situational awareness and information sharing with the FDOH Regional Emergency Response Advisor (RERA) but may work directly with a member organization or county ESF8, as needed.

2.3 Response Operations

2.3.1 Stages of Incident Response

Awareness / Alert

The Alliance Coordinator is made aware of weather, public health or emergency alerts through existing communication channels (e.g., TV, radio, NOAA radios, direct agency notification, phone applications, Health Alert Network notifications) No specific action/activities are conducted. Coalition members should have a heightened awareness that a Region 3 Healthcare Coalition Alliance activation is possible.

Monitoring

When notified of an incident, the Alliance Coordinator or designee will conference call with affected organization or jurisdiction to gain situational awareness. If no Coalition support is requested, a process for situational monitoring will be established.

The Alliance Coordinator will:

- 1) Determine if an alert notification should be sent to Coalition members or if a Coordination Room should be established;
- 2) Determine the level of monitoring needed;
- 3) Establish a process to meet situational monitoring needs for the Alliance and its members; and
- 4) Determine if the Alliance Operational Plan needs to be implemented.

Activation

Activation without Local EOC Activation

In this type of activation, the incident is significant enough to require additional support from other healthcare organizations, but not large enough to require a jurisdictional Emergency Operations Center activation. The Alliance may communicate directly with organizations and/or RERA to obtain Essential Elements of Information and facilitate information sharing to create regional situational awareness and resource support.

Activation with Local EOC Activation

In this type of activation, the incident is significant enough to require additional support from other healthcare organizations and activation of one or more jurisdictional Emergency Operations Centers

(EOC). In this situation, the Alliance supports one or more local EOCs by supporting pre-hospital and hospital response operations and helping to create a common operating picture for the regional partners.

When activated, the Alliance Coordinator, or designee, will notify Coalition members, affected Local Emergency Operation Centers and Regional Department of Health RERA, as appropriate, that the Region 3 Healthcare Coalition Alliance has been activated.

An Alert notification will be sent to Coalition members to provide situational awareness and/or provide awareness for potential resource needs. If requested, the Alliance will support information management, situational awareness of resource and patient transfer requests. Each member organization will submit resource requests through its local EOC following local guidelines and procedures, but the Alliance may assist in identifying available resources to assist the local EOC in filling these requests.

Deactivation

The Alliance Coordinator will notify Coalition members, affected Local Emergency Operation Centers and Regional Department of Health RERA, as appropriate, that the Alliance operational activities are complete.

The Alliance Coordinator will 1) compile any records, documentation or reports created during the activation; 2) survey members as part of the hotwash and 3) create an Alliance After-Action-Report to document operational activities and identify improvement planning items.

3. RESOURCES

3.1 Member Management

The Alliance uses a vendor software product called ReadyOp to manage its membership list and member contact information. Members request membership using a form located on the HCC's website and the data collected in ReadyOp. Using this contact information, Alliance staff assigns members to various distribution lists based on HCC membership, facility type, etc. for communication and notification purposes.

For redundancy, using Excel, the Alliance staff will maintain a current membership list with email and phone contact information for each of the acute care facilities, county emergency management representatives and public health representatives to be used in the monitoring and activation phases.

3.2 Information Sharing

The Alliance uses ReadyOp system to provide communications and situational awareness. ReadyOp allows the Alliance to send surveys and other information to assist with regional situational awareness.

Use of the Alliance's ReadyOp situational awareness tool is not intended to supersede any local or state reporting, communication, information sharing or resource request processes and requirements.

3.3 Electronic Health Records

All Alliance member organizations that maintain electronic health records should have organizational records management processes in place. The Alliance does not have access to these medical records or other HIPAA protected information.

When evacuation orders are in place or other emergency causing long-term power/network outages, each evacuating facility is responsible for maintaining and sharing medical records to provide for continuity of care. Typically, facilities provide paper records for basic care needs for a receiving facility.

The Alliance will continue to research opportunities to provide assistance with the sharing of electronic medical records during a disaster.

3.4 Patient Tracking

Currently, there is no standardized system used by all 18 counties to track patients during a large MCI or evacuation. Pre-hospital providers use their day-to-day processes to track and distribute patients to facilities across the region.

The ReadyOp system purchased by the Alliance is developing a patient tracking component. The Alliance plans to test this system during future exercises and determine the possibility of use during large medical surge events.

4. ATTACHMENTS

4.1 State ESF8 Essential Elements of Information

State ESF8 Essential Elements of Information for Situational Awareness

The State ESF8 Situation Unit utilizes a variety of information sources to answer the following questions during incidents. The information is triaged, analyzed and prioritized to inform the development of incident objectives and to establish a common operating picture for the incident.

Healthcare System	
1. What healthcare facilities are in the area of operations? a. Hospitals b. Nursing Homes c. Assisted Living Facilities d. Dialysis Centers e. Group Homes for Developmentally Disabled f. Pharmacies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Are there any special concerns related to the facilities in the area?	
3. What are the current census, status and patient demographic in healthcare facilities?	
4. What is the fuel status of the facilities?	
5. Are any facilities without power?	
6. Have any facilities evacuated? If yes, a. What type of facility? b. What is the status of the evacuation? (planned, in progress, complete) c. Where did they evacuate to? d. How many patients were evacuated? e. When did they evacuate or when will it be complete? f. Have they returned?	
7. What is the bed availability in facilities outside of the area of operations?	
8. If necessary, is there a facility in the state that might be able to accept patients based on bed availability, transport times and specialty capabilities? Are any facilities on diversion?	

<p>9. What is the impact to the Emergency Departments of hospitals in the impacted area? What is the throughput?</p>	
<p>10. What type of medical specialties may be required for this incident?</p>	
<p>11. What type of injuries has this incident (or might this incident) cause?</p>	
<p>12. What is the status of blood banks in the impacted area? Is the blood supply adequate to meet incident needs?</p>	
<p>13. What is the status of pharmacies? Might the incident disrupt routine pharmacy delivery services?</p>	
<p>14. What is the status of dialysis centers?</p>	
<p>15. What type of resources might the medical system need during this incident?</p>	
<p>16. What are the results of the healthcare facility assessments, being conducted both by phone and on-site?</p>	
<p>17. What damage have healthcare facilities sustained?</p>	
<p>18. Where are healthcare services interrupted?</p>	
<p>19. What is the status of the EMS transport system?</p>	
<p>20. Has the impacted area implemented any alternate care sites?</p>	
<p>21. Have the critical nodes for the healthcare facilities been disrupted?</p> <ul style="list-style-type: none"> a. Food service b. Electrical service c. Gas service d. Water service e. Sewage service f. Medication delivery g. Staff accessibility h. Durable Medical Equipment 	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </p>

Public Health System	
1. What diseases are currently circulating in the area of operations?	
2. Are the diseases circulating an operational concern? If yes, what is the status of the control measures?	
3. What are routine surveillance systems reporting in the area of operations?	
4. Has there been a change in reporting trends since the incident occurred?	
5. Are existing surveillance systems capable of meeting incident reporting needs or is supplementation needed?	
6. What is the status of the county health department? a. Open or closed? b. Sustained any damage? c. Implemented COOP? d. What is the status of staff and/or there projected staffing shortages?	a.
	b.
	c.
	d.
7. What is the current health status of the public in the area of operations? What are the vulnerable populations?	
8. How many onsite sewage disposal systems are in the area of operations?	
9. Are there cemeteries in the area of operations (only needed for flooding)? Location?	
10. What resources might the public health system need during this incident?	
11. Have any boil water notices been issued?	
12. Have potable water sample fees been waived?	
13. Are mosquito borne illnesses circulating in the area?	
14. Are foodborne illnesses being reported?	
15. What is the status of children's medical services programs? Any issues reported?	

<p>16. Have any issues been reported about infant formula? Has any formula been deployed by ESF6? If yes, what type and where to?</p>	
<p>17. What behavioral health impacts are occurring/may occur as a result of the incident?</p>	
<p>Incident Specific</p>	
<p>1. What is the current status of the threat? (i.e., location/track of the storm, area of fire, locations impacted)</p>	
<p>2. Has your county issued an evacuation order?</p>	
<p>3. Is there a Special Needs Shelter open in your county? If not, has the special needs clients been sent to another host county SpNS? If yes, which county?</p>	
<p>4. How many general population shelters are open? Are any of these shelters serving as functional needs shelters (FNSS model)? If yes, what is the census by resident type?</p>	
<p>5. Has an Executive Order been issued by your county?</p>	
<p>6. How many missions have been assigned to ESF8? What is the status of the missions?</p>	
<p>7. What and how many resources have been deployed?</p>	
<p>8. What ancillary impacts might affect ESF8?</p> <ul style="list-style-type: none"> a. Road closures b. Power outages c. Bridge closures 	<p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>
<p>9. Are any Special Events scheduled to take place in the area of operations?</p>	