



Infectious Disease Annex

March 2021

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Introduction

1.1 Purpose

The purpose of this plan is threefold:

1. To Inform local, regional, tribal and state governments as well as our public and private stakeholders of strategies and actions related to emergency response when dealing with a highly infectious disease outbreak.
2. To provide guidance to healthcare coalition partners in dealing with highly infectious disease(s).
3. To assist in providing clearly defined roles and responsibilities across the continuum during a highly infectious disease outbreak.

1.2 Scope

This Highly Infectious Disease (HID) Annex describes the concept of operations for the Northeast Tennessee Healthcare Preparedness Coalition (NET HCC) which serves the area of Tennessee designated the Northeast Tennessee Region by the Tennessee Department of Health (TDH). The area of coverage includes the counties of Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.

The NET HCC is an entity comprised of participating organizations, governmental agencies and businesses as defined by its by-laws which are broadly identified as "Coalition Members" (CMs). It functions as a Multi-Area Coordination system, whereby each entity operationally responds within its own organization and/or discipline's incident command structure but works together to incorporate facilities, information systems, internal and external communication systems, interagency reciprocal and mutual aid agreements, common procedures, terminology, training and qualifications into an integrated common operating system that ensures effective interagency and inter-jurisdictional coordination.

The overall role of the coalition in an emergency or disaster event includes (but is not limited to) the following:

- Promote a common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources
- Support patient tracking
- Support evacuation activities.

1.3 Overview / Background of HCC and Situation

NET HCC provides a collaborative mechanism designed to support the work of coalition members to prepare and respond to disasters and emergencies in the region including infectious disease outbreaks.

In 2014, the coalition formalized their partnership and expanded its membership to include all healthcare agencies in the region. The coalition is sponsored by a grant from the Assistant Secretary for Preparedness and Response (ASPR) to fund emergency preparedness projects and activities.

Additional information about NET HCC can be found in the NET HCC Bylaws and Response Plan.

1.4 Assumptions

Planning assumptions for this plan include:

1. This plan is meant to provide an overview of healthcare system response to an acute infectious disease outbreak and will coordinate with other relevant regional plans and partners.
2. Acute infectious disease outbreaks may be anticipated and provide the ability to plan in advance or there may be no notice and require immediate response.
3. Patients with an acute infectious disease could present to healthcare organizations in the region through different modes.
4. Not all healthcare facilities in the region may be able to care for all acute infectious disease patients.
5. All healthcare facilities must be able to maintain a base level of preparedness to safely screen (in-person or remotely), stabilize, isolate if necessary, and arrange for the transport of a possible acute infectious disease patient(s).
6. Resources such as personnel, equipment, and personal protective equipment may be in short supply throughout the region, state, country, or the globe depending on the severity and nature of the acute infectious disease.
7. The objectives of public health and hospitals may differ in an acute infectious disease response: public health is primarily concerned with community disease control and healthcare facilities are focused on the clinical care of patients.
8. This plan does not apply to routine disease responses such as tuberculosis, measles, and foodborne illness cases or outbreaks, unless the response requires coordination above and beyond normal operational procedures.
9. Coalition members maintain plans for pandemic/avian influenza as well as isolation and quarantine. This plan is meant to complement other local planning efforts.
10. Responses to large scale acute infectious disease response may require coordination with other regional, state and federal partners.
11. Local Health Officers (LHOs) have the authority to change or implement procedures to protect the public's health, including isolation and quarantine.
12. Healthcare organizations and systems throughout the region will commit their own resources to address internal challenges prior to releasing resources to other healthcare organizations.
13. Pediatric, obstetric and other specialty care patients, including those that are critically ill, may present to ANY healthcare facility during an acute infectious disease response.
14. Healthcare organizations will rely on existing contracts with medical suppliers and pharmaceutical vendors to the maximum extent possible.
15. Hospitals and healthcare systems have, or are in the process of completing, internal plans and systems for an acute infectious disease response. This plan may be activated during any acute infectious disease scenario that warrants coordination between healthcare organizations.

Concept of Operations

2.1 Activation

The HID annex for the NET HCC is activated by any one of the following:

1. The declaration of a state of emergency by duly appointed local, regional, tribal, state or federal authorities for an area served by the NET HCC
2. The activation of a similar HID annex for an area served by the NET HCC
3. On the request for activation by a coalition member of the NET HCC.

Following activation, public health (ERCs, RHCs, TDH) will coordinate to determine the level of activation required from monitoring to a fully staffed response with public health representatives deploying to the local or regional EOC. The public health partners work with the Regional Medical Communications Center (RMCC) who activates their internal plans.

2.2 Notifications

The activation of the HID annex shall be communicated to any persons or entities identified by the roles and responsibilities section. The mechanisms may include but are not limited to:

1. The Tennessee Health Alert Network (TNHAN): TNHAN is Public Health's notification system for rapidly disseminating alerts, updates and advisories to local, state and federal partners.
2. Email: A memorandum providing details
3. HRTS event activation triggering alerts to regional partners of the event.
4. Phone calls/conference calls

2.3 Roles and Responsibilities

| L=Lead S=Support R=Resource A=ALL Northeast Tennessee Healthcare Preparedness Coalition Roles and Responsibilities | Epidemiology & Surveillance | Infection Control & Prevention | Laboratory Services | Operations Coordination | Surge Staffing | Worker Safety and PPE | Staff Training | Patient Transportation | Patient Care and Management | Public Information and Warning | Fatality Management |
|---|-----------------------------|--------------------------------|---------------------|-------------------------|----------------|-----------------------|----------------|------------------------|-----------------------------|--------------------------------|---------------------|
| NET HCC | R | R | R | R | R | S, R | S, R | R | R | S, R | R |
| Regional Health Jurisdictions (RHJ) | L | L,S, R | S, R | L, S, R | R | L, S, R | L, S, R | | L,S,R | L,S, R | |
| Hospital System | S,R | L | L, S, R | L, S, R | L, S | L | L | | L | L,S, R | L,S |
| Emergency Medical System | R | S | | L, S | L, S | L, S, R | L | L | L | | L,S |
| Long-Term Care Facilities | R | S | S | L, S | L, S | L, S | L | S | L | | L,S |
| Emergency Management | R | R | R | R | R | R | R | R | R | R | R |
| Funeral Homes | | | | | | | | | | | L,S, R |
| Congregate Settings ^(3.3.1) | | S | | | | | | | | | |
| Medical Reserve Corp | | | | | S, R | | | | | | |
| Governmental Partners | R | R | R | R | R | R | R | R | R | L,S, R | R |
| Non-Governmental Partners ^(3.3.2) | | | | | R | | | | | | |
| Community Health Partners | | | S, R | | | | | S, R | S,R | | |
| | | | | | | | | | | | |

Regional Health Jurisdictions:

Northeast Tennessee Regional Health Office
Sullivan County Regional Health Department
7 County Health Offices

Hospitals:

12 Hospitals

- x1 Level 1 Trauma Center that includes HID Assessment Hospital
- x1 Level 2 Trauma Center
- x1 Level 3 Trauma Center
- x1 VA hospital

- EMS Services: - Approximately 1,636 Acute Care hospital beds in the NET HCC
11 Primary EMS Providers
1 Secondary EMS Provider
3 Specialty EMS Provider
1 Hospital Service Provider
- Medical Reserve Corp: The MRC serves as TDH's volunteer organization. Volunteer information is maintained in the statewide web-based registry called Tennessee Volunteer Mobilizer (TVM). It is designed to serve as a single, centralized source of information to ease the intra-state, state-to-state and state-to-federal deployment or transfer of medical professionals and other volunteers. A part of the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), TVM gives Tennessee the ability to quickly identify and assist in the coordination of volunteers in an emergency. There are two within the region, the Northeast Regional Medical Reserve Corps and the Sullivan County Regional Medical Reserve Corps.
- Governmental Partners: Supporting agencies of the Public Health and Medical Services Response are Department of Agriculture, Department of Environment and Conservation, Department of Military, Department of Human Services, Department of Commerce and Insurance, Department of Mental Health and Mental Disabilities, Department of Safety, Tennessee Bureau of Investigation and Tennessee Emergency Management Agency.
- Non-Governmental Partners: The region has a number of private and chartered partners who are routinely engaged in regional exercises, assessment and planning. Some examples of these are American Red Cross, Frontier Health, Nursing Homes and assisted care living facilities.

2.4 Operational Mission Areas

2.4.1 Surveillance



The NET HCC will be a resource to public health and healthcare coalition members in the surveillance of an identified infectious disease. When applicable, Coalition members will assist TDH with the identification of a newly detected HID and with efforts to determine the rate of infection within the community. NET HCC will support these efforts by helping to facilitate sharing of information and resources when necessary.

In addition, the HCC will support TDH efforts to inform coalition members and the community at large of appropriate measures required to prevent transmission of the HID including but not limited to support of phone banks, distribution of information through appropriate mechanisms and regular updates on the NET HCC website. The NET HCC is positioned to establish surveillance tools designed to monitor response outcomes among coalition members through information sharing mechanisms including HRTS, conference calls and notification systems as examples.

Where appropriate, the NET HCC will partner with regional healthcare delivery systems and public health on informatics initiatives designed to establish and maintain the flow of electronic information.

Identification and Implementation of screening protocols should be immediate for NET HCC facilities and CMs.

2.4.2 Safety and Infection Control and Prevention



Where appropriate, HCC personnel should assist in all aspects of safety and infection control. These activities should include but are not limited to:

1. Keeping CMs updated on the latest guidance regarding Safety and Infection Control. The guidance should be obtained from sources recognized by federal, state, tribal, regional or local governments as being an authority in safeguarding the public health. Guidance should be the most currently available version. Dissemination of the information can occur in person or through the use of electronic communications including virtual meetings and trainings or email. For the purposes of the IDA, guidance can include but is not limited to:
 - a. Advisements on transmission methods for the infectious disease(s) (ID) triggering the current activation of the IDA.
 - b. Individuals at greatest risk for the transmission of the ID
 - c. Engineering and administrative controls recommended to reduce / prevent transmission of the ID
 - d. Advisements on appropriate levels of PPE to be utilized to reduce / prevent the transmission of the ID.
 - e. Instructions on how to use PPE including processes for donning and doffing PPE, recommended frequencies of change,
2. Providing assistance to coalition members in procuring appropriate Personal Protective Equipment (PPE). This assistance can include:
 - a. Advising CMs on procurement sources and methods

- b. Procuring and maintaining a stock of PPE to serve as a stop-gap resource for coalition members in the event their stock of PPE falls to a level that puts that member at risk.
3. Providing a resource for information to coalition members emergency planning. Examples include Emergency Operations Planning, Continuity of Operations Planning, and Respiratory Protection Program.
4. Communicating appropriate means of notification for identified exposures to or transmissions of the ID.

2.4.3 Non-Pharmaceutical Interventions



The NET HCC should serve as a resource to provide a common operating picture to CMs regarding the use of non-pharmaceutical interventions. These interventions should be based on latest guidance and should include:

1. Participation in the notification of all CMs and the public on actions that can be taken by individuals and entities to mitigate the spread of the ID
2. Communication of appropriate protocols to prevent transmission of the disease including isolation and quarantine procedures appropriate to each role or responsibility. Protocols may include
 - a. Guidance on testing mechanisms to be used for identification of those infected by the ID
 - i. Testing tools available
 - ii. Appropriate handling of testing tools
 - b. Guidance on the transport of individuals with a suspected or confirmed infection by the ID including:
 - i. Appropriate methods of transport
 - ii. PPE use and protocols that should be exercised during transport
 - iii. Most appropriate mechanisms and protocols that should be used during handoff.
 - c. Restrictions on visitor types and frequencies to those infected or at risk of infection by the ID.
 - d. Surveillance questions designed to identify potential carriers of the ID and guidance on notifications to appropriate agencies or individuals when a potential carrier is identified.
 - e. Guidance on current restrictions for gatherings and/or travel
 - f. Guidance applicable to supply transport and delivery protocols needed to ensure continued response to the outbreak by CMs.

2.4.4 Surge Staffing



The need to maintain adequate staffing in the event of an outbreak cannot be overstated. Indicators for the need of additional staffing should be established and pre-incident identification and creation of mechanisms is critical to preparedness. NET HCC can be utilized as a resource to share information regarding staffing resources available in the region. This could include working with TDH, MRC, and EMA agencies to assist CMs.

Surge Staffing for an HID outbreak requires special considerations. The level of the outbreak and the route(s) and ease of transmission will have an impact on the availability of not only personnel, but potentially on the availability of supplies and transportation.

Emergency responses may last less than an hour and may run for days, weeks, months or even years. Surge Staffing should not only assess needed roles, but the length of time that role will be required and the level of availability for that role.

NET HCC Stakeholders:

Emergency planning for all NET HCC stakeholders should address the issue of surge staffing.

Credentialing

When considering the use of surge staff, the need to implement expedited credentialing should be evaluated.

2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)



One of the goals of the NET HCC is to ensure the availability of needed PPE for CMs in the event of an outbreak. This is accomplished by working with available resources and members to maintain a local stockpile of PPE and plan for the stabilization of those stockpiles in the event of shortages.

Stabilization of Resources:

The stabilization of resources can be accomplished through ensuring the following:

1. Adequate and consistent training across the response on the utilization of PPE. This training should include appropriate use and useful life (including reuse and decontamination procedures) of each piece of PPE.
2. Supply availability through partnerships with multiple vendors and TEMA / FEMA.
3. Available transport of PPE throughout the supply chain and to CMs.

Stockpiles:

A complete and accurate assessment of available stockpiles for use by the NET HCC is of the utmost importance. The accuracy of this assessment hinges on the following:

1. An accurate assessment for burn rate of PPE by CMs.
2. Current and routine inventories of all PPE stockpiles.
3. Adequate planning of stockpiles with clearly defined baseline thresholds for each type of PPE.
4. The establishment of vendor relationships prior to an outbreak

Please see section 3.2 for information on the NET HCC stockpile levels.

Procurement:

Procurement of PPE and additional supplies should be initiated with the distribution of any supplies from a NET HCC stockpile. Where possible and advantageous, the utilization of joint purchasing by coalition members should be considered. Multiple Vendors for each stockpiled item should be identified as part of the inventory assessment process.

If necessary, the HCC will work with EMA and TDH partners after initial stockpile distribution to continue to assist with CM PPE needs.

Distribution:

In all cases, fair and equitable distribution of stockpiled PPE should be exercised. The NET HCC is a non-discriminatory entity, and all reasonable efforts should be taken to maintain equality in the selection of CMs to receive needed PPE.

A formal and trackable request process for CMs to obtain PPE from the stockpile exist in the form of ASPR grant expenditure form, SNS request form and/or TEMA request form. CMs should have been trained on the utilization of these forms including appropriate destination and forms of transmission for those requests. Copies of forms can be found in section 3.2. RHCs and VPCs are available to assist with requests. The process can be found on the Regional Asset Loan Agreement.

2.4.6 Support Services

2.4.6.1 Laboratory

The coalition does not maintain laboratory equipment but will identify laboratory resources within the region most appropriate for the outbreak and should communicate that information to CMs as early as possible.

The HCC may gather a listing of regional laboratory facilities capable of testing for known HIDs and contact names/numbers used in the event of newly discovered HIDs to assess that laboratory's ability to serve as a resource during the current outbreak.

2.4.6.2 Waste Management, Decontamination

EMA partners maintain a list of waste management and decontamination services within the region capable of handling known HIDs. NET HCC may assist in identifying these services through the coalition partnership.

As early as possible, waste generated in the transport and treatment of individuals with suspected or confirmed infection by HIDs should be assessed for its risk of transmitting the disease and what levels of precautions should be exercised beyond the typical universal precautions. This information should be communicated to all CMs without delay with updates as new information becomes available.

Appropriate handling and disposal of all materials at risk of contamination should be exercised



2.4.7 Patient Care/ Management Surveillance

At the activation of this annex, appropriate screening protocols should be implemented by NET HCC based on the most current information with an expectation that those screening protocols may change. These protocols are designed to mitigate the risk of transmission to those involved in the response to the outbreak to promote the health and safety of the population and to preserve staffing availability for response operations. Dissemination of appropriate screening protocols to CMs should occur as quickly as possible and updates to those protocols reflect the most current data.

Early implementation of screening protocols by EMS dispatch are essential to aiding in the treatment and transport of those infected. While first responders are trained to exercise due care in the treatment and transport of the sick, an effective screening protocol serves to:

1. Help first responders prepare the treatment of an individual exhibiting signs and symptoms of a highly infectious disease and
2. Aid responders in determining they are utilizing the most appropriate PPE from initial patient contact to decontamination.

The NET HCC encourages coalition members to train on and utilize the HRTS system. HRTS, when maintained can serve as an effective tool for the identification of available resources.

In the event that existing systems are overwhelmed, the NET HCC may assist coalition members with the following:

1. identification of resources available to expand coverage
2. providing of guidance to coalition members on crisis staffing.
3. Utilization of HRTS to identify available resources
4. Coordination of appropriate resources needed to develop Crisis Standards of Care for NETN.
5. Collaborate with coalition members to develop and implement memoranda of understanding and protocols for patient load balancing.
6. Serve to aid in the identification and development of alternative care sights for coalition members.

2.4.8 Medical Countermeasures



The NET HCC can assist public health in distributing medical or non-medical countermeasures with participating CMs.

Examples of medical and non-medical countermeasures may include but are not limited to:

1. Vaccine(s)
2. Antibiotics

3.

2.4.9 Community-based Testing



Health Departments and health systems play an integral role in the administration of testing to individuals in the event of an outbreak of a HID.

For known HIDs, the NET HCC members will have established supply chains for testing mechanisms to facilitate procurement and distribution as needed. For infectious diseases without existing testing mechanism, the NET HCC members should monitor the CDC for the release of updated information related to testing and be ready to establish a supply chain as tests become available.

In the event of wide-spread infections, additional resources may be needed to establish high-volume testing locations. These locations will require staffing resources in addition to equipment. NET HCC members have procured and can provide access to equipment necessary to maintain these testing sites.

Regionally, the following locations were identified as part of the response to COVID-19 and should be considered potential locations should the need arise.

| | |
|--------------------|--|
| Carter County: | Great Lakes Workforce Development Facility |
| Greene County: | Greene Valley Developmental Center |
| Hancock County: | Hancock County High School |
| Hawkins County: | Phipps Bend Industrial Park |
| Johnson County: | Johnson County Industrial Park |
| Sullivan County: | Bristol Motor Speedway |
| | Kingsport Civic Center |
| | Whitetop Creek Park |
| Washington County: | Freedom Hall Civic Center |
| Unicoi County: | Unicoi County High School |

In addition to primary locations, additional locations may be established through relationships with coalition members. Hospitals, colleges, universities, primary care providers and pharmacies have proven effective partners for community testing and should be utilized for HID outbreaks.

2.4.10 Patient Transport



The primary method of patient transport of individuals requiring transport for interventions and treatments will be through local EMS services dispatched by regional 911 Communications systems. The Regional Medical Communications Center (RMCC) may assist with establishing transfers between facilities within the region or with HID transport of high consequence. These dispatch systems should have screening protocols in place to mitigate risk to responders and to facilitate the transport of the individual to the most appropriate facility.

Local EMS systems will have established their own HID annex with protocols in place for the assessment, care, and transport of individuals with suspected or confirmed infections. The protocols begin at dispatch and end with the decontamination of all patient transport and handling equipment and personnel. Applicable guidelines from OSHA and CDC will have been incorporated into all protocols. The NET HCC may serve to support these protocols with tools and supplies as appropriate.

In the event of widespread outbreak, it may be necessary for ambulance services to exercise discretion related to the loading of patients into appropriate facilities in order to help reduce the risk of overwhelming facilities. The RMCC is established to assist with transferring patients to alleviate overwhelming facilities. The RMCC can be reached by calling 1-800-645-9670.

Mass Casualty / Mass Evacuation

It may become necessary of either uninfected individuals or infected individuals to be evacuated from a hospital or surge site within the region. This would allow the designation of a particular facility to serve as the primary destination and point of care for those infected by an HID. In the event that a mass casualty incident occurs, the EMS division staff can help local ambulance services manage the consequences. This includes contacting other services for help, identifying staging areas for responding ambulances and distributing patients to hospitals within the region. The RMCC can assist EMS with tasks including calling in additional resources and ambulances if necessary. The emergency evacuation of health care facilities is part of this responsibility. The EMS Consultant is the regional representative for ESF 8 coordination within the NET HCC region.

2.4.11 Mass Fatality



When deaths or injuries occur in a disaster, Tennessee Emergency Management Agency (TEMA) tasks the EMS Division with the responsibility of verifying deaths and injuries, determining where patients were transported and by what means. Official state casualty reports are produced by EMS Division staff.

In the event of mass fatalities related to an ID outbreak, the NET HCC will assist in providing guidance and support to agencies charged with the handling of deceased individuals with suspected or confirmed infections. The NET HCC offers the following resources related to mass fatalities:

1. **Cadaver Bags:** In the event of Mass Fatalities, the need for cadaver bags may exceed available stock. The NET HCC maintains a limited supply of these bags as well multiple sources for procurement.
2. **Mass cadaver transport:** In the event of mass fatalities, the need for mass transport of infected cadavers should be handled in a method consistent with current OSHA and CDC guidance. Emphasis on infection prevention and decontamination of equipment and personnel cannot be overstated. EMS protocols for decontamination may be referenced and implemented on all non-standard transport vehicles and mechanisms.
3. **Portable Morgue Trailers:** The NET HCC has resource information related for the storage of cadavers in the event that local storage capacities are exceeded.
4. **Information Sharing to funeral homes and crematoriums** related to infection prevention among staff.

The CDC and/or TDH may provide additional guidance on handling of cadavers during a specific outbreak based on transmission methods and level of risk.

2.5 Special Considerations

2.5.1 Behavioral Health



There is a significant need for continued support for those with behavioral health issues during a response to a HID. Within the NET HCC region, there are a number of resources available to provide training and guidance to responders on how to effectively support these individuals.

| | | |
|--|---|--------------|
| Frontier Health | Frontier Health is the region's leading provider of behavioral health services, offering treatment for mental health, co-occurring, and substance abuse problems, recovery and vocational rehabilitation, and developmental and intellectual disabilities services. https://www.frontierhealth.org/crisis-response/ | 877-928-9062 |
| Tennessee Disaster Mental Health Strike Team | The Strike Team is a cadre of trained Chaplains, Mental Health, and Emergency Service Peer Professionals who will serve specific regions with two primary purposes. 1. To provide Mental Health First Aid, Crisis Intervention, and initial mental health triage for citizens and emergency responders following major disasters. 2. To provide a timely initial referral to Licensed Mental Health Care Professionals — including immediate emergency referrals when appropriate. https://www.tffc.org/crisis-response-strike-team.html | 423-979-4633 |

2.5.2 At-Risk Populations



At-Risk populations should be an immediate concern during the initial phases of an HID outbreak. These individuals may not be as well informed of an ongoing response and may pose a higher risk of disease transmission. Additionally, they may have limited access to PPE, may struggle to obtain early access to care, and may have unmanaged preexisting conditions that make them more susceptible to infection by an HID.

A volume of toolkits and guidance is available to aid coalition members in planning for a disaster response impacting these at-risk populations. TRACIE makes these available at <https://asprtracie.hhs.gov/technical-resources/122/covid-19-at-risk-individuals-resources>.

The NET HCC also incorporates the use of a Vulnerable Populations Coordinator to aid in monitoring and supporting these at-risk populations, particularly during an outbreak. The primary goal of the VPC is to assist LTCFs, ACLFs, DIDDs and others with preparedness before a disaster and with their response during a disaster.

2.5.3 Situational Awareness



The NET HCC utilizes several mechanisms for maintaining situational awareness:

HRTS:

Healthcare Resource Tracking System (HRTS), the statewide bed and service availability system, is used on a daily basis by hospital, EMS, RMCC's and eventually long-term cares. Hospitals update the system daily and more frequently in mass casualty situations. EMS and long-term Care update weekly.

The purpose of the system is to provide situational awareness to assist hospitals, Regional Hospital Coordinators (RHCs), EMS Consultants, and RMCC controllers in managing the following:

1. Regional notifications, alerts, and incident communications
2. availability of beds and services within hospitals, including isolation beds and Alternative Care Facilities (ACF)
3. inventory of critical equipment and supplies, including, ventilators, antidotes, decontamination units and PPE
4. movement of patients between hospitals
5. coordination of EMS
6. communication with hospitals in the region and other RMCCs within the State.

TDH Patient Tracking System

NET HCC will utilize the TDH Patient Tracking System located on the Tennessee Emergency Medical Awareness, Response and Resources (TEMARR) website at: <https://www.tn.gov/health/cedep/cedep-emergency-preparedness/temarr.html>. RHCs will provide training and access for the patient tracking system to NET HCC partners. Also, RHCs will notify NET HCC partners of patient tracking system activation during events through HRTS, TNHAN, and/or the NET HCC website (nethealthcoalition.org).

Conference Calls / Virtual Meetings

Regular interactions with NET HCC members should be held at a frequency appropriate to the level of response. These meetings should allow stakeholders to provide updates / feedback on the response and allow for the submission of data to the common operation picture.

2.5.4 Communications



The coalition and its partners make every effort to maintain quality communications internally, among coalition members and throughout the served community. To facilitate these communications, the collation strives to:

1. Have mechanisms in place to maintain awareness of current conditions in the community and adjust resources as needed.
2. Assure provision of information to coalition members with timing and content adjusted to operational tempo of the response.
3. Monitor multiple sources of information and adapt to changing circumstances.

4. Establish mechanisms to enable consistent media access policies and coordinated messaging.
5. Provide real-time information through coordinated HCC and jurisdictional public health information sharing systems.

Coalition members should have a process for internal and external communications. In addition, provisions for secure communications should exist to facilitate the exchange of PHI between coalition members when necessary and appropriate.

Rumors and Misinformation

The NET HCC encourages coalition members to monitor regional communications for rumors and misinformation. Appropriate responses to counter these problem communications should be considered by regional leadership and disseminated to coalition members as needed.

Primary and Alternative Communication Methods

NET HCC has identified several primary and alternative communication methods. These methods are listed in approximate priority or preferred and attempted use:

1. **Landlines**
2. **Cellular telephones**
3. **TNHAN:** The Tennessee Health Alert Network is a web-based alerting system that provides for timely dissemination of emergency and health related information by telephoning, emailing and texting. Department of Health, hospital, EMA, EMS, RMCC and limited local Emergency Operations Center staff are activated with this system.
4. **HRTS:** The Healthcare Resource Tracking System provides a means of communication between the hospitals, the Regional Hospital Coordinators, Emergency Medical Services and the Regional Medical Communication Centers during a disaster event by means of the Message Board or Event pages.
5. **Regional Medical Communications Center:** The communication resources of the RMCC is vast and robust and key to NET HCC communication efforts in emergencies. They maintain every type of radio communication capability available (VHF, UHF, 800, HAM, Winlink). They ensure communication channels are capable between all hospitals and EMS providers. Additionally, they have the ability to communicate with state and local Emergency Operations Centers, other Regional Medical Communication Centers across the state, and many other agencies.
6. **NET HCC Website:** The NET HCC is an ever-evolving on-line tool that serves as a key resource tool for the healthcare community. Not only is it used routinely to push out information, but it is being used to gather information as well. Updates to the website include on-line tools that can be modified as needed to meet the needs of the event. These tools, such as the on-line facility assessment tool allow incoming information to be provided quickly from multiple sources. The website can also be used to contact both RHCs as the administrators of the system.
7. **Hospital and EMS Emergency Radio System:** The Division of Emergency Medical Services coordinates provision of effective and rapid delivery of emergency medical services to the general population and operational radio communications between ambulances and hospitals. The Division maintains liaison with emergency service agencies and the Tennessee Emergency Communications Board concerning access of emergency medical services through the 911 emergency-telephone system. Special radio systems and frequencies are used to dispatch ambulances and provide for medical communications between the ambulance and hospital. Hospital-to-EMS communications on frequency VEMS340. Hospital-to-hospital communication is available on frequency VEMS280. The frequency VEMS205 may be

used for ambulance mutual aid activities. A redundant UHF radio system supports the hospitals in the region.

8. **TDH Mobile Operations Center (MOC):** The Tennessee Department of Health houses one Mobile Operations Center (MOC) in the East Tennessee Region (located at AMR). The MOC can be mobilized if needed by contacting the RMCC. The MOC communication abilities include: an extensive radio system consisting of the following ten public safety radios: low-band, VHF high band, Tennessee Emergency Management Agency- compliant external Motorola Data Communications (MDC) board two-way radio (UHF), 700/800 MHz, Aircraft, CB radio, Bearcat digital scanner, NOAA weather radio, Amateur all band and marine. The MOC also has a specialized satellite and cellular based voice and data broadband system. Eight Cisco Voice Over Internet (VoIP) phones consisting of satellite and cellular based broadband are available. The unit houses a 1,000 fiber optic cable that allows hook up to an outrigger to provide additional workspaces. Audio-visual inputs are available from digital satellite, local TV and computers. The electrical system can be powered from an onboard diesel generator or shore power input cord.
9. **Tennessee Disaster Support Network:** The Tennessee Department of Health maintains as part of their public access website, the Tennessee Disaster Support Network, <http://health.state.tn.us/CEDS/TNDisSup/keyword>. Because individuals with special needs may be disproportionately affected by a disaster, the Tennessee Disaster Support Network (TDSN) offers resources to help meet those needs before, during, and after a disaster. This web-based resource also has materials for agencies and providers who work with special needs populations. In addition, this website could be utilized to post important information for the public.
10. **Satellite telephones:** Each RHOC and the SHOC are equipped with satellite phones. Also, some hospitals have satellite phones. These would be used in the event that all other forms of communication failed.
11. **Amateur radios:** The RHOC, SHOC, RMCCs, local EMAs and hospitals are equipped with amateur radios. Amateur radios may be used for communication between health care facilities and local, county and state emergency organizations. Quarterly the NET HCC hospitals conduct a monthly hospital net call to test equipment and systems. The Amateur Radio Emergency Service (ARES) is a communication service consisting of licensed operators that have voluntarily registered their qualifications and equipment for duty in public service. Local ARES Emergency Coordinators are listed at http://tnarrl.org/wp/?page_id=23. Additionally, Winlink capabilities are in place at all NET HCC hospitals to further enhance amateur radio capabilities by sending data during emergency events.
12. **Video-conferencing:** All CHO and RHJ have video conferencing capabilities with each other and the State health Operations Center.
13. **Emergency Alert System (EAS):** Tennessee has established procedures for issuing emergency messages or safety advisories to the public utilizing major media (radio/television). At the state level, TEMA and the National Weather Service have the authority to activate the EAS. Local authorities may initiate EAS messages through the appropriate radio stations for their operational area.
14. **Reverse 911:** The reverse 911 system allows residents and businesses to be notified by telephone of emergency situations. It works in conjunction with GIS mapping systems and allows residents of a particular area to be notified by dialing each landline phone and playing a pre-recorded emergency message. The system can make thousands of calls in a matter of minutes. Not all counties in the region maintain this capability. Local emergency management and/or the 911 Dispatch in each county with Reverse 911 capabilities would be able to activate this system.

The NET HCC routinely test alternative communication systems to be used in the event of a disaster which impacts the normal communication methods. Alternative radio systems capable of exchanging voice and data communications are maintained by the NET HCC, hospitals and emergency response entities.

Public Information

NET HCC will liaison with the two Public Information Office (PIO)s in the respective public health regions and can coordinate with the two regional medical directors for HID clinical information.

2.5.5 Jurisdictional-Specific Considerations



Due to its proximity to the border states of Virginia, Kentucky and North Carolina, the NET HCC makes efforts to maintain a working relationship with entities having roles similar to the roles to those addressed by this annex in bordering jurisdictions regardless of state boundaries. In some cases, coalition members may have MOUs with entities in neighboring jurisdictions of similar function.

Healthcare preparedness coordination for adjoining states occurs through the Mountain Empire Public Health Emergency Coordination Council (MEPHECC). This interagency participation group meets quarterly to share updates on current planning events, exercises and best practices. This group has also developed a cross-border notification policy which details how the two states will communicate during an emergency involving one or both jurisdictions.

2.6 Training and Exercises



The NET HCC updates their Hazard Vulnerability Assessment annually, which informs preparedness, planning, training, and exercise efforts.

Health care agencies participate in annual local and/or regional exercises. Best practices and lessons learned, identified in after-action reports and improvement plans, will be utilized in updating this plan and in planning the necessary training to support the effective use of this plan. The RHCs will work with Northeast Tennessee Healthcare Preparedness Coalition, emergency management, EMS and other appropriate community partners in updating this plan. The plan will be reviewed and updated annually or after identification of best practices and lessons learned in regional and local drills and exercise.

The HCC has developed and utilizes multiple training, exercise and evaluation programs designed to assess and improve its capabilities in an HID scenario. These scenarios are designed to test:

- Coalition members proficiency in PPE use
- Coalition members Crisis standards of care
- Facilities management of individuals with suspected special pathogens or HIDs
- EMS capabilities for management of individuals with suspected or confirmed infection by HIDs
- System capabilities for the management and distribution of individuals with suspected or confirmed infection by HIDs

2.7 Deactivation and Recovery



The deactivation of this HID annex shall be executed upon the termination of all other response activations by NET HCC coalition members and on the order of the designated incident commander.

Subsequent to the deactivation of this annex and within 90 days, an after-action review will be conducted by NET HCC appointees and a Recovery Plan should be developed utilizing the TRACIE Healthcare Coalition Recovery Plan Template. This template is available at <https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-recovery-plan-template.pdf>.

Regardless of the plans that are already in place, HCCs should establish liaisons with major community recovery activities and be prepared to offer the HCC as a mechanism to communicate and coordinate during the recovery phase between and across stakeholders (by working with/through the Emergency Operations Center if it is still open).

Appendices

1.1 Definitions

ARES-Amateur Radio Emergency Service
ASPR-Assistant Secretary for Preparedness and Response
CM-Coalition Members
EMA-Emergency Management Agency
EMS-Emergency Medical Services
EOC-Emergency Operations Center
ERC-Emergency Response Coordinator
ESAR-VHP-Emergency Services for Advanced Registration of Volunteer Healthcare Professionals
HCC-Health care Coalition
HID-Highly Infectious Disease
HPP-Healthcare Preparedness Program
HRTS-Healthcare Resource Tracking
ID-Infectious Disease
LHO-Local Health Officer
LTC-Long Term Care
MEPHECC-Mountain Empire Public Health Emergency Coordination Council
MOC-Mobile Operations Center
MRC-Medical Reserve Corps
NET HCC-Northeast Tennessee Healthcare Preparedness Coalition
PPE-Personal Protective Equipment
RHC-Regional Healthcare Coordinator
RMCC-Regional Medical Communications Center
TDH-Tennessee Department of Health
TEMARR-Tennessee Emergency Medical Resource Center
TEMA-Tennessee Emergency Management Agency
TNHAN-Tennessee Healthcare Alert Network
TVM-Tennessee Volunteer Mobilizer
VPC-Vulnerable Populations Coordinator

1.2 Ethical Allocation of Scarce Resources

[Ethical Allocation of Scarce Resources](#)

1.3 TDH Pandemic Plan

[SCRHD-TDH Novel Virus Pan Flu Plan 2020.docx](#)

Approved by vote of the HCC Advisory Committee 6-24-21

Meranda Belcher, MPH, CHERP - Regional Healthcare Coordinator
M. Massey, ERC Advisory Board Member

NHC of Johnson City

Natural Disasters

| TOP 10 I/E/A | Rank | Risk |
|----------------------|------|------|
| Earthquake | 1 | 21% |
| Hail Storm | 2 | 17% |
| Severe Thunderstorm | 3 | 17% |
| Snow/Ice Storm | 4 | 17% |
| Tornado | 5 | 17% |
| Infectious Disease | 6 | 15% |
| Demaging Winds | 7 | 13% |
| Temperature Extremes | 8 | 13% |
| Wild Fire | 9 | 8% |
| Blizzard | 10 | 7% |

Technological Disasters

| TOP 10 I/E/A | Rank | Risk |
|--|------|------|
| Fire, Internal | 1 | 39% |
| Vendors, Inability to deliver supplies | 2 | 35% |
| Fire Alarm System (Detection) failure | 3 | 10% |
| Flood, Internal | 4 | 10% |
| Vendors, Inability to respond to repairs | 5 | 8% |
| Water Supply Disruption (external) | 6 | 8% |
| Cyber Attack | 7 | 7% |
| Communication System Disruption | 8 | 7% |
| Fire Protection System Load Suppression | 9 | 6% |
| Generator failure | 10 | 6% |

Human Events

| TOP 10 I/E/A | Rank | Risk |
|---|------|------|
| Active Shooter/Person with Weapon | 1 | 23% |
| Suspicious Package or Substance | 2 | 23% |
| Violating Patient OHV restriction | 3 | 19% |
| Chill Disturbance | 4 | 15% |
| Event Threat (Civilized) | 5 | 13% |
| Community or Respond team (Quality) | 6 | 13% |
| Workplace Violence | 7 | 13% |
| Escalate Situation | 8 | 11% |
| Mass Casualty Incident < 5 patients needing | 9 | 9% |
| Mass Casualty Incident > 5 patients needing | 10 | 9% |

Overall

| TOP 10 I/E/A | Rank | Risk |
|------------------------------|------|------|
| Pandemic/Infectious Disease | 1 | 23% |
| Active Shooter | 2 | 23% |
| Missing Patient | 3 | 21% |
| Severe Thunderstorm | 4 | 19% |
| Hail | 5 | 17% |
| Fire, Internal | 6 | 17% |
| Tornado | 7 | 17% |
| Snow/Ice Storm | 8 | 17% |
| Earthquake | 9 | 16% |
| Suspicious Package/Substance | 10 | 15% |

APPENDIX A