**Northeast Tennessee Healthcare Preparedness Coalition**

Response, Continuity, and Recovery Plan



**January 2019**

**RECORD OF REVISIONS**

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# MISSION

The Northeast Tennessee Healthcare Preparedness Coalition (NET HCC) mission is to support the development of cooperative partnerships in order to promote and enhance the well-being of the region’s healthcare system by providing support for coordinated disaster preparedness, education, public information, response/recovery activities, and sharing of resources.

# PURPOSE

The purpose of this plan is to provide general guidelines and an overview for preparation, response, and recovery activities to natural and manmade events that threaten the healthcare system.

# SCOPE

The plan describes the roles and functions of critical response partners (hospitals, regional health jurisdictions, emergency medical services, emergency management, etc.), under Emergency Support Function 8 (ESF-8) of the Tennessee Emergency Management Plan (TEMP). The plan and its appendices address general operational concepts, roles and responsibilities, inter-agency communication, resource sharing and allocation, Healthcare Resource Tracking System (HRTS), Tennessee Health Alert Network (TNHAN) and training and exercise components.

This plan does not supersede any local or internal emergency response plans. Rather, it is intended to augment and support plans across agencies and disciplines to assist in a coordinated emergency response in the event of a healthcare system disruption. This plan is not intended to circumvent or supersede existing lines of emergency communications between hospitals or healthcare organizations and local emergency agencies. Local and county Emergency Management and/or Emergency Operations Centers (EOCs) remain the first line of contact for the coordination and acquisition of emergency resources.

The Northeast Tennessee Healthcare Preparedness Coalition is not an independent response body. Rather, each member of the coalition has a primary organization to which they are accountable. The purpose of the coalition is to plan, prepare, share information, and coordinate resources. The organized planning developed through the coalition is invaluable for a well-coordinated response among healthcare agencies. **The NET HCC Memorandum of Understanding describes how member organizations plan to work together and share assets during times of need. The bottom line is that member organizations agree to share assets and resources as they are able to do so during emergency events.**

# OVERVIEW

The Northeast Tennessee Healthcare Preparedness Coalition encompasses the Sullivan County and Northeast Tennessee Health Department Regions (Region I EMS Region). The NET HCC primary boundaries include the following counties: Carter, Greene, Hawkins, Hancock, Johnson, Sullivan, Washington, and Unicoi counties in the Northeast region of Tennessee.

Coalition background and governance structure is explained fully in the NET HCC bylaws and Preparedness Plan. The NET HCC updates their Hazard Vulnerability Assessment annually, which informs preparedness, planning, training, and exercise efforts. Membership is comprised of regional hospitals, public health, emergency management, emergency medical services, long-term care, outpatient providers, homeland security, and other healthcare-related response partners. Details regarding the NET HVA (Hazard Vulnerability Analysis) and Gap Analysis process are located in the NET Preparedness Plan. Full membership information and all referenced documents can be obtained from the NET HCC website (<https://nethealthcoalition.org>). Plans are reviewed annually and updated as needed, and the website is updated as needed.

# PLANNING ASSUMPTIONS

An emergency event or other healthcare system disruption could overwhelm the capacity and capability of NET HCC healthcare partners and resources (staff, supplies, equipment). Development of this plan assumes the following:

* + Depending upon the magnitude of the incident, this entire plan or parts of it may be activated within single or multiple regions.
  + A large number of victims requiring treatment and those seeking medical assistance will result in a reduction in the overall level of patient care.
  + A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.
  + Healthcare system partners will activate their emergency operations plan, staff their command centers, and coordinate closely to ensure continuation of critical services.
  + Emergency response will require the participation of many healthcare system partners, as well as coordination with communal, government and non- governmental agencies to ensure a successful response. Roles and responsibilities of medical response partners are guided by ESF 8.
  + State and federal resources may not be available for 72-96 hours after incident onset.
  + Hospitals may cancel elective procedures, discharge non-critical

patients, convert private rooms to semi-private rooms, establish alternate care facilities, and take other steps necessary to increase their surge capacity.

* + Disaster Mental Health partners from psychiatric facilities coordinated by the American Red Cross and state and local public health will provide support for behavioral health programs during a disaster event.
  + The regional trauma centers will continue to receive trauma and other patients requiring specialty services during an incident.
  + Smaller rural hospitals may become overwhelmed quickly during mass casualty or highly contagious events and may require staffing and logistical support. Alternate care facilities will be needed to support the medical mission in very rural areas.
* The rural hospitals will have to hold and care for acute injuries that they would ordinarily transfer to a more specialized facility.
* Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.
* The use of National Incident Management System (NIMS) consistent processes and procedures by the HCC will promote integration with public sector response efforts.
* Except in unusual circumstances, individual healthcare organizations retain their respective decision-making sovereignty during emergencies.
* This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Therefore, flexibility is built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

# 1.0 CONCEPT OF OPERATIONS

* 1. **INTRODUCTION**

The process outlined below describes the basic flow of a response to a disaster and emergency situations with the steps and activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

* 1. **ROLE OF THE NET COALITION IN EVENTS**

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.

Overall the NET HCC response effort would be essentially a multi-area coordination system, whereas 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.

* 1. **HEALTH CARE SYSTEM PARTNER ROLES & RESPONSIBILITIES**

**1.2.1 EMERGENCY MEDICAL SERVICES**

The Emergency Medical Services (EMS) in Sullivan County and Northeast Tennessee are comprised of the following elements:

* + - 11 Primary EMS Providers
    - 1 Secondary EMS Providers
    - 3 Specialty EMS Service Providers
    - 3 Helicopter Service Providers with 7 helicopters (for emergent emergency response)

The EMS Division has an important role in state government disaster planning and operations. The Division’s responsibilities are delineated in the Tennessee Emergency Management Plan (TEMP). EMS Division responsibilities include:

* + - Ensure continuity of normal 911/EMS operations during events.
    - 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.
    - Division staff provides initial damage assessment and help to any health care facility damaged or disabled in a disaster. This includes reporting to TEMA and the Division of Health Care Facilities.
    - When a mass casualty incident occurs, 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 emergency evacuation of health care facilities is part of this responsibility.
    - To ensure that these emergency management responsibilities can be carried out rapidly, EMS Division management and all regional staff are on call 24 hours per day, 7 days a week.

## Emergency Medical Services Director is the primary Emergency Services Coordinator (ESC) for ESF 8 in the SEOC. The EMS Consultant is the regional representative for ESF 8 Coordination.

* + - Additionally, the Regional Medical Communications Center (RMCC) falls under EMS leadership within the state of Tennessee. This serves as the 24/7 communications coordination center during events. The RMCC has communication capabilities coalition hospitals, EMS, other RMCCs, and local and state Emergency Operations Centers. RHCs generally respond to the RMCC during events to perform the information sharing and resource coordination roles of the healthcare coalition.
    1. **HOSPITALS**

There are 12 hospitals in Northeast Tennessee. There is one Level 1 Trauma Center and two Level 3 trauma centers. The closest Comprehensive Pediatric Referral Center is located in the neighboring Knox/East Healthcare Coalition.

In addition, there is one mental health hospital associated with the major healthcare system and one Veterans Affairs Hospital in the region.

During an emergency hospitals are responsible for providing secondary triage and assessment, basic decontamination, emergency care/treatment, and isolation/quarantine of patients. Each hospital has an emergency response plan to address internal plan activation, emergency staffing, surge capacity including additional bed expansion, isolation patient management, acquisition of additional

supplies/equipment/pharmaceuticals, emergency evacuation, shelter-in-place, fatality management, and coordination with their local office of emergency management and other hospitals in the region.

As patient numbers increase beyond the capacity of the impacted hospital, they will:

* + - * activate their internal Emergency Operations Plan (EOP)
      * contact the Regional Medical Communications Center (RMCC)
      * contact their county Emergency Management Agency (EMA)
      * coordinate response efforts through their Regional Healthcare Coordinators (RHC) and the NET HCC
      * share information and resources as outlined in the NET HCC bylaws and MOU. Appendix D
    1. **REGIONAL HEALTH JURISDICTIONS**

The NET HCC consists of 2 Regional Health Jurisdictions (RHJ) which is governed by the Tennessee Department of Health (TDH). The Northeast TN Regional Health Office oversees and supports the administration of public health services at 7 County Health Offices (CHO). The NET HCC also consists of the Sullivan County RHJ which is governed by its county government.

The role of the RHJ is to command (as ESF 8 Lead) and support the response to a medical disaster within their jurisdiction. Each jurisdiction’s emergency planning efforts are led by an Emergency Response Coordinator (ERC) who is responsible for developing their emergency response plan, detailing lead responsibilities during public health emergencies, and the roles of the CHOs. Through the ERC, each RHJ is responsible for coordinating with other RHJs, TDH, health care practitioners, hospitals, veterinarians, other health care professionals, and disease-reporting agencies for disease surveillance and control activities. ERCs also assist in coordination of ESF 8 activities at the regional and local level.

The Tennessee Department of Health maintains the State Health Operations Center (SHOC) that assists with coordinating medical response at the state level, working closely with the ESF 8 Coordinator (ESC) at the State EOC (SEOC). Additionally, each RHJ maintains a RHOC to support local public health coordination efforts during events. Under state law an Emergency Service Coordinator has the authority to commit state resources without gaining departmental approval.

Additionally, each RHJ has a Regional Healthcare Coordinator that is assigned to advise and coordinate coalition planning, preparedness, and response efforts. RHCs work closely with coalition partners and serve as a point of contact to the RHJ during emergency events.

* + 1. **EMERGENCY MANAGEMENT**

Emergency Management in Tennessee operates at the county level under the larger umbrella of the Tennessee Emergency Management Agency (TEMA) at the state level. TEMA’s responsibility is to coordinate disaster response and recovery efforts across the state. TEMA developed and updates the Tennessee Emergency Management Plan (TEMP) which provides the foundation for all disaster and emergency response operations conducted within the state. Within the TEMP are Emergency Support Functions (ESF). Each ESF details the lead agency and support agency roles in disaster response. ESF8, Public Health and Medical Services, provides the mechanism for coordinated State assistance to supplement regional and local resources in response to public health and medical care needs for potential health and medical situations. ESF 8 is coordinated by the Department of Health principally through the Emergency Services Coordinators (ESC). ESF 8 is Appendix B.

TEMA is divided into three grand divisions across the state which closely aligns with the healthcare coalition divisions. The Northeast Tennessee Healthcare Preparedness Coalition is encompassed by the TEMA East Region.

TEMA regions were established to support and improve services to the local emergency management directors and agencies. Services include technical guidance, information on federal and state requirements for emergency management, updates on laws and regulations, technical advice on grants, NIMS and other reports required for federal funding, information on other training, and a rapid avenue to submit requests for state or other external mutual aid or assistance.

All county emergency management plans are required to mirror the TEMP in terms of structure and purpose. The county offices of emergency management will facilitate interagency coordination, provide centralized situation assessment and public information, coordinate the mobilization of local government resources in response to an emergency, and coordinate community disaster recovery. In the event that responding agencies, including the hospitals, have exhausted critical resources available through routine channels and through mutual aid, local EMA will request resources from the State Emergency Operations Center (SEOC) at TEMA. TEMA will coordinate emergency assistance to local jurisdictions from state agencies, other counties, other states, or the federal government. A list of all county EMAs can be found at <https://www.tn.gov/tema.html>under the Region information.

* + 1. **MEDICAL RESERVE CORPS**

Medical Reserve Corps (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.

The NET HCC has 2 active Medical Reserve Corps (MRC) units. Both the Northeast Regional Health Office and Sullivan County Regional Health Department have an MRC Coordinator assigned to the Public Health Emergency Preparedness Section that works to recruit and train medical and general volunteers to support ESF 8 in an emergency. All requests for MRC Volunteers should be made to the SEOC through the County EMA or the Regional Healthcare Coordinators.

* + 1. **GOVERNMENTAL PARTNERS**

The NET HCC and public health partners work closely with law enforcement, fire services, city government offices and county-level agencies where appropriate for planning purposes.

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.

* + 1. **COMMUNITY HEALTH PARTNERS**

There are numerous skilled nursing homes, assisted living facilities, surgical centers, home health agencies, hospice agencies, dialysis centers, primary blood provider, durable medical equipment providers, and other healthcare partners within the NET HCC. Most of these facilities have, at best, limited resources to participate in emergency preparedness planning. The NET HCC is working to broaden input from these providers through the Licensed Care subcommittee of the Healthcare Coalition.

At this point in time, there is expanding participation from these partners in emergency planning. Many have partnered with TDH for Medical Countermeasure Distribution Planning. This generally includes a plan to vaccinate or dispense medication to their staff and patients in a public health emergency that requires medical countermeasures. In addition, a few of these partners participate at the RHJ level for Medical Assistance Shelter planning. Currently, NET HCC is working to onboard nursing homes into HRTS to ensure

more broad bed availability information and enhanced resource coordination with this sector of the healthcare system.

The Northeast Tennessee Healthcare Preparedness Coalition continues to reach out to these partners at both the region and division levels to strengthen all-hazards preparedness. Our immediate goal is to encourage these partners to participate in NET HCC subcommittee meetings and Local Emergency Planning Committees (LEPCs). Contact information for LEPCs can be found at <https://www.tn.gov/tema.html>under the region information.

* + 1. **BORDERING STATES**

Virginia Department of Health, Kentucky Department of Health, North Carolina Department of Health and TDH along with the bordering healthcare coalitions in those relative states have been meeting for cross-border planning since 2007. This group is known as the Mountain Empire Public Health Emergency Coordination Council (MEPHECC). This 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.

* + 1. **OTHER PARTNERS**

## American Red Cross

The American Red Cross is the only non-profit, non-government agency required by congressional charter to undertake disaster relief activities to ease human suffering caused by disasters. As such, they are the only organization in the country that responds to the immediate, disaster-caused basic needs of anyone in our community, with a focus on vulnerable populations who have no safety net.

American Red Cross has locally active chapters in most counties in the region with active participation in the NET HCC, with the utmost goal of meeting ESF 6 (mass care) needs as they relate to ESF 8.

American Red Cross actively participates with the TDH in emergency planning for Disaster Mental Health, General Population Shelters, Medical Assistance Shelters, and Children in Disasters.

## Disaster Mental Health

State and local Disaster Mental Health plans are available to guide recovery operations. There is a local Disaster Mental Health Committee that is made up of Red Cross, Public Health, and key mental health providers within the region that has plans in place to respond to a wide variety of situations that may require disaster mental health services. NET HCC members participate on the committee

and actively assist in planning, training, and exercising. There is currently an MOU among the partner agencies, pledging their support to the state and local plans.

* + 1. **COALITION RESPONSE STRUCTURE**

The Northeast Tennessee Healthcare Preparedness Coalition is not an independent response body. Rather, each member of the coalition has a primary organization to which they are accountable, and each member oversees their own response structure. The NET HCC serves as an information and resource coordination body for the healthcare community within its region – much like a multi-area coordination system. Each healthcare organization must staff an Incident Commander and/or Liaison Officer to communicate with the RHCs and the RMCC during events. Accordingly, the RHC role and the RMCC must be staffed during response operations. Together, these entities form the NET HCC response operations positions. Furthermore, the RMCC interacts directly with on-scene responders to provide information to NET HCC partners during events. Finally, the NET HCC communicates with local and state Emergency Operations Centers through the RMCC and RHCs during response operations, with the RHCs communicating with and providing situation awareness to the ESF 8 ESC and/or SHOC as required.

# SYSTEM RESPONSE & RESOURCE COORDINATION

* 1. **INCIDENT RECOGNITION**

The NET HCC will be notified or become aware of an event that will trigger response via various avenues described below:

* + - A request to activate or monitor by a coalition member or partner
    - Multi-jurisdictional outbreak
    - Awareness through open source media, notification by a partner, notification by a local, state, or federal entity
    - Any substantive Health Alert Network message requiring action from public health and/or healthcare.
  1. **ACTIVATION**

Following incident recognition, public health (ERCs, RHCs, and EMS Consultants) 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, RHCs to the RMCC, and EMS Consultants to a scene (when applicable). The public health partners work with the Regional Medical Communications Center (RMCC) who activates their internal plans.

Then the following activities may occur:

* + - RMCC will activate the Healthcare Resource Tracking System (HRTS) (the statewide system that can track the availability of hospitals, EMS, and long term care partners) to alert regional hospitals and partners of the event.
    - Placing HRTS in disaster mode triggers hospitals & health care system partners to evaluate the level of response required and enhances situational awareness.
    - Availability of facilities to receive patients will be monitored through HRTS by the RMCC, Regional Healthcare Coordinator, and the EMS Consultant.
    - Resource coordination will be managed via the Regional Healthcare Coordinators, Emergency Response Coordinators, EMS Consultant, and local and state Emergency Management utilizing HRTS and WebEOC (for emergency management).
  1. **NOTIFICATION AND INFORMATION SHARING/ESSENTIAL ELEMENTS TO BE**

**SHARED DURING EVENTS**

Notification to NET HCC members will be made via Tennessee Health Alert Network (TNHAN), and HRTS. NET HCC essential information elements to be shared include:

* Bed Availability (HRTS)
* Resource Capabilities (HRTS)
* Organization and Service Capabilities (HRTS)
  1. **MOBILIZATION**

When necessary, RHCs will request NET HCC mobilization of key healthcare organization decision makers. This is most often done via region-wide conference call but can occur face-to-face. However, most efforts are coordinated through communications via the HRTS event message board.

# 2.5 INCIDENT OPERATIONS

* + 1. **INITIAL NET HCC ACTIONS**

Initial NET HCC actions include establishing points of contact with jurisdictional

authorities and other entities involved in the response for the particular incident. Also, gathering initial information and sharing it with responding HCC members. Finally, the operational period and initial goals should be established to include creation of an incident action plan for the coalition.

**2.5.2 ONGOING NET ACTIONS: RESOURCE COORDINATION (STAFF A)**

**BED TRACKING**

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 Healthcare Coordinators (RHCs), EMS Consultants, and RMCC controllers in managing the following:

* + - * regional notifications, alerts, and incident communications
      * availability of beds and services within hospitals, including isolation beds and Alternative Care Facilities (ACF)
      * inventory of critical equipment and supplies, including, ventilators, antidotes, decontamination units and PPE
      * movement of patients between hospitals
      * coordination of EMS
      * communication with hospitals in the region and other RMCCs within the State.

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.

* + 1. **ONGOING NET ACTIONS: DEMOBILIZATION**

When it is determined that the situation is contained, through the local EM or the on-scene IC / UC, the RMCC will communicate to health care agencies via HRTS, phone, radio, website and/or other communication methods that the disaster or situation has been contained and the region has returned to a normal state of operation. For region wide events, NET HCC member organizations will be polled for input regarding demobilization.

# Policies and Processes for the Allocation of Scarce Resources

The TDH has provided *Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee* document that specifies the State’s adopted position on the management of scarce resources.



This document includes information regarding modified standards of care. The HCC will follow this guidance, which includes specific information describing levels of crisis and predetermined alterations to standards of care under given circumstances.

• Ethical considerations and the subject matter experts for consultation and engagement during emergencies

• Guidance for EMS and health care providers on recommended crisis care strategies

• Community and provider engagement, education, and communication activities (completed and planned)

• Indicators and triggers for activation and the actions the jurisdiction will take to support prolonged crisis care conditions that cannot be rapidly addressed through standard mutual aid or other mechanisms

• Operational framework for information management and policy development including real-time engagement of subject matter experts for technical support with allocation decisions and the coordination and decision processes for the allocation of scarce resources (e.g., pharmaceuticals or PPE) to the health and medical sector.

• Legal and regulatory actions to be taken (as well as proposed changes to regulations/statute) that can support health care strategies during catastrophic/crisis care conditions, to include:

1. City declarations and their powers

2. Credentialing and licensure support for intra-state and inter-state assistance

3. Provider protection from liability during disasters

4. Support for alternate systems of care practices both in health care facilities and alternate environments

5. Relief from specific regulations that may impede appropriate billing and collection for services rendered under crisis conditions

6. City agency support for crisis care (e.g., EMS regulatory agency relief, hospital licensure requirements, fire marshal)

# CONTINUITY OF OPERATIONS

* 1. **EMERGENCY/REDUNDANT COMMUNICATION SYSTEMS**

The NET HCC has several alternate forms of communication available. Preferred forms of communications may vary by discipline. The alternate forms are listed below in approximate priority of preferred and attempted use.

## Landlines

* + - **Cellular telephones**
    - **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.
    - **HRTS:** The Healthcare Resource Tracking System provides a means of communication between the hospitals, the Regional Healthcare Coordinators, Emergency Medical Services and the Regional Medical Communication Centers during a disaster event by means of the Message Board or Event pages.
    - **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.
    - **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, 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.
    - **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.

* + - **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.
    - **Tennessee Disaster Support Network:** The Tennessee Department of Health maintains, as part of its public access website, the Tennessee Disaster Support Network, Because individuals with special needs may be disproportionately affected by a disaster, the [**Tennessee Disaster Support Network (TDSN)**](https://www.tn.gov/health/cedep/cedep-emergency-preparedness/community-resilience/tennessee-disaster-support-network.html)offers resources to help meet those needs [before](http://health.state.tn.us/Ceds/TNDisSup/planning.html), [during](http://health.state.tn.us/Ceds/TNDisSup/during.html), and [after](http://health.state.tn.us/Ceds/TNDisSup/recovery.html) a disaster. This web-based resource also has materials [for agencies and providers](http://health.state.tn.us/Ceds/TNDisSup/providers.html) who work with special needs populations. In addition, this website could be utilized to post important information for the public.
    - **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.
    - **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 <https://www.tnares.com/index.php/district-9>. Additionally, Winlink capabilities are in place at all NET HCC hospitals to further enhance amateur radio capabilities by sending data during emergency events.
    - **Video-conferencing:** All CHO and RHJ have video conferencing capabilities with each other and the State Health Operations Center.
    - **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.
    - **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.
  1. **HCC COORDINATION KEY STAFF SUCCESSION PLANNING**

Public health entities (ERCs, RHCs, and EMS Consultants) that do the majority of coordination activities are trained to provide back-up to each other within the jurisdiction. Additionally, there are personnel with the same jobs assigned throughout the state; therefore, back-up can be requested from another jurisdiction to meet extended operational periods. RMCC functions can be covered by the TDH MOC, 911 Center’s EMS Operations Section, and County Emergency Agency Mobile Command Post.

* 1. **DATA AND DOCUMENTATION PROTECTION**

Public Health entities responsible for maintaining coalition activities are all located within local or state health department buildings. As such, data is protected through TN and local government servers.

# 5.0 SURGE CAPACITY

Healthcare system partners operate within the context of this plan and authority is derived through regional agreements/acknowledgments, relationships, and authority given under various legislative actions, Tennessee Code, and Executive orders. In general, coalition members strive to reach at least 20% of the staffed acute care beds in the region during a surge exercise, which is accomplished by coordinating resources between healthcare coalition partners to include hospitals, long-term care, home health and other agencies. Triggers will vary depending on the event; they can be acute events such as a mass casualty incident or less overtly recognized such as a disease outbreak. Nevertheless, the plan may be activated at the request of a coalition member organization.

Surge capacity may be identified early with specialty patients such as pediatric or burn patients. The initial course of action for hospitals experiencing a surge capacity

issues is to contact the Regional Medical Communications Centers, as they have regularly utilized referral options in place associated with their additional role as the region’s air medical critical care transport. They have pre-established contacts with the closest burn, pediatric, and other specialty centers. If needs cannot be met through these channels or are specific to the region, the RHCs should be contacted. The RHCs will then convene each hospital and other pertinent organizations to develop a course of action to address the immediate needs.

Healthcare partners experiencing equipment and supply shortages may utilize established agreements and relationships with other agencies and/or vendors to include the NET HCC Memorandum of Understanding. Additionally, each healthcare organization has emergency delivery agreements established with suppliers of fuel for back-up generator power, medical supplies, laundry service, medical gases, blood, food, potable water, medical equipment rental, service equipment, etc. If an internal or external disaster results in a shortage of essential supplies, 24/7 contacts can be made with the appropriate suppliers. Similar agreements are in place for other healthcare partners within the healthcare coalition.

The NET HCC maintains an inventory of medical surge equipment resources. The RHCs will be responsible for coordinating the regional surge supplies for additional medical surge resource requests. Regional surge supplies that are in limited quantity will be provided on a first come, first serve basis unless the RHCs have regional intelligence that indicate they will better be served elsewhere or the crisis standards of care (CSC) plan has been activated, then they will follow the guidance by the convened CSC ethics committee. For large quantity resources (such as surgical masks), the NET HCC will provide resources based on regional bed and/or staff percentages.

For events that exceed the scope of local, regional, and state resources, Tennessee has developed the “Guidance for Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee.” The Northeast Tennessee Healthcare Preparedness Coalition understands that crisis standards of care may be invoked following both a Governor’s Proclamation and an Executive Order. The guidance is available on the coalition website. Additionally, NET HCC partners are encouraged to ensure internal plans address crisis standards of care and a method of implementing the plans (to include a pre-established ethics committee) is in place.

Additionally, state and federal resource support should be requested through the requesting organization’s local emergency management agency. RHCs may assist in facilitating the request if needed.

* 1. **BED TRACKING**

Healthcare Resource Tracking System (HRTS), the statewide bed and service availability system, is used on a daily basis by hospital, EMS, and RMCC’s. Hospitals

update the system daily and more frequently in mass casualty situations.

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

* + - regional notifications, alerts, and incident communications
    - availability of beds and services within hospitals, including isolation beds and Alternative Care Facilities (ACF)
    - inventory of critical equipment and supplies, including, ventilators, antidotes, decontamination units and PPE
    - movement of patients between hospitals
    - coordination of EMS
    - communication with hospitals in the region and other RMCCs within the State.
  1. **ALTERNATE CARE FACILITIES**

Alternate Care Facilities (ACFs) are facilities or structures designed to temporarily augment the existing healthcare infrastructure during an emergency or to temporarily replace damaged facilities. An Alternate Care Facility Plan is the responsibility of each healthcare facility. The Alternate Care Facility can be located at an off-site location, internal hospital space, on-campus facility (preferably a licensed health care facility) or a community-based alternate care site for a Federal Medical Station. This model allows a flexible and timely response by the medical community to patient surges and may serve as a framework to support a massive medical response. It is designed to augment existing medical systems, not replace them. This site is to be activated when hospital capacities have been reached and projections suggest casualties will continue to accumulate.

The Alternate Care Facility should be operated in cooperation with the Tennessee Department of Health, but public health does not typically run alternate care facilities. The alternate care facility must be organized with support and commitment from local and regional hospitals and other healthcare organizations. Therefore, staffing, management, and administration must come from healthcare system partners. The Alternate Care Facility Plan must take into account ownership, command and control, staffing, scope of care to be provided, criteria for admission, standard operating procedures, safety and security, housekeeping and other complex considerations.

FMS is a federal asset that contains cache of medical supplies and equipment that can be used to set up an ACF for non-acute medical care or quarantine. Each FMS has beds, supplies and medicine to treat up to 250 patients for three days. The RHC will be the regional hospital link to federal assets such as the FMS. The RHC may be asked to provide information as to the existing regional situation.

* 1. **EVACUATION AND RELOCATION**

NET HCC members must individually maintain evacuation and relocation plans and ensure they are coordinated with RHCs and the NET HCC. During a facility evacuation, NET HCC will activate and provide information sharing and resource coordination support just as with any other event. The evacuating organization should first make every effort to decompress their patients. After decompression, generally, bed and transport resources within our region and neighboring regions will be identified via HRTS. The RMCC, RHCs, and EMS Consultants will work to provide the resource information to evacuating and receiving organizations and transport organizations. The evacuating organization will utilize the bed and transport information provided and will work with the lead EMS transport organization to make patient destination decisions. Patients will be tracked utilized the statewide patient tracking system.

# HEALTHCARE SYSTEM CRITICAL ISSUES

**6.1 SECURITY**

Most hospital and healthcare organization emergency response plans indicate a reliance on local law enforcement, Tennessee Highway Patrol, and/or other agency contracts for facility security during a large-scale event. Building and personnel security procedures are addressed in individual emergency response plans. Requests for security support should be sent through the local county emergency management agency first and then the RHC.

* 1. **FUNCTIONAL NEEDS POPULATIONS**

The delivery of health and medical care in a mass casualty event should address how the functional needs of several groups within the general population can be met. These needs may vary from providing for alternate means of decontamination for babies and other non-ambulatory persons, to having translators available at intake centers, to providing mental health assessment resources within the health care setting. Currently, a Functional Needs Planning Group exists in East TN, which includes NET HCC members to ensure that coordination exists.

During public health emergencies and disasters, it is the responsibility of the Tennessee Department of Health (TDH) to take the lead in ensuring the Functional Needs Population (FNP) receives necessary and appropriate shelter and healthcare throughout the course of the event. During such events, it is often the case that damage will occur, within one or more communities, to the infrastructure of healthcare systems (including physical structures/facilities) that provide services to the FNP. In such circumstances, it will be necessary for non-impacted communities to be involved in absorbing the needs of the FNP of impacted communities. Among potential absorption solutions, displaced persons in the FNP could be admitted to unaffected, neighboring health care facilities that have vacancies and/or the capacity

to receive such persons. Such facilities generally possess many of the resources necessary to provide care and shelter to the FNP. The TDH in carrying out its role and responsibilities would initiate, coordinate, manage, and oversee the implementation of any such absorption system.

The Tennessee Disaster Support Network (TDSN) is a web-based resource to assist Tennessee communities in meeting their needs before, during, and after a disaster. The TDSN was designed to specifically reach out to populations that have unique needs, as well as the agencies that serve them.

Populations recognized as having functional needs in a mass casualty event include but may not be limited to the following:

* + - Children
    - Persons with Physical or Cognitive Disabilities
    - Persons with pre-existing mental health and/or substance abuse problems
    - Frail or immune compromised adults and children
    - Non-English speakers
    - Persons with dementia/Alzheimer’s or reduced activities of daily living
    - Homeless and Transient Populations

All hospitals address functional needs populations in their individual emergency response plans, including but not limited to communication, mobility, behavioral and mental health, and age-related issues. Hospitals will coordinate with other agencies such as public health and ESF 6 agencies to develop protocols on the transfer of patients between mass care shelters and healthcare organizations. Other healthcare organizations within the NET HCC shall consider functional needs populations when developing their internal plans.

The National Response Framework (NRF) and the Tennessee Emergency Management Plan (TEMP) tasked ESF 8 to assist ESF 6 with sheltering individuals who have special medical needs. ESF 6 will remain the primary ESF for all shelter operations. The Tennessee Medical Assistance Shelter will support a catastrophic event, such as any event that would result in the need to open and operate mass care shelters in East Tennessee. It could also be utilized to support a more localized event such as a devastating flood or large scale tornado event requiring the evacuation of a community or healthcare facility.

* 1. **PEDIATRIC EMERGENCY CARE**

The State of Tennessee has developed comprehensive regulations concerning the readiness of all hospitals with emergency departments to care for the pediatric population. Under these regulations, known as “The Pediatric Emergency Care Rules,” there are four levels of pediatric care including hospitals that have been designated at the highest level, Comprehensive Pediatric Emergency Care Facilities. These facilities are capable of providing comprehensive specialized pediatric

medical and surgical care to all acutely ill and injured children. East Tennessee Children’s Hospital in Knoxville is the only such facility in the East region of Tennessee. They also are a partner with the Tennessee Emergency Medical Services for Children Foundation and the Southeast Regional Pediatric Disaster Surge Network. A representative from East Tennessee Children’s hospital serves on the NET HCC to represent Pediatric Care in the region.

The Tennessee Emergency Medical Services for Children (TNEMSC) Foundation is dedicated to ensuring public and professional education, provider training, research, and advocacy regarding injury prevention, disaster preparedness, and quality family- centered, emergency and critical care services for Tennessee’s children, and thereby, promoting the development of all aspects of the EMSC continuum in Tennessee. TNEMSC provides educational programs and advice to health care providers, including emergency medical responders, nurses, and physicians that care for children being treated for either an injury or acute illness.

Tennessee also participates in the Southeast Regional Pediatric Disaster Surge Network. This is a regional network of hospitals, public health agencies, emergency management agencies, emergency responders, private practitioners, and volunteer agencies that effectively cooperates to meet the medical care needs of pediatric populations during an emergency or disaster in the states of Tennessee, Florida, Mississippi, Georgia, Alabama and Louisiana.

* 1. **BEHAVIORAL MENTAL HEALTH**

The State of Tennessee has a Tennessee Disaster Mental Health Response Plan to facilitate coordinated state, regional, and local mental health planning, intervention, and response efforts relative to disasters of any type in order to maintain quality of care, safety, and security for survivors, their families, disaster responders, and volunteers. The plan provides for behavioral health information, referrals, telephone support counseling, psychological first aid, crisis counseling and spiritual care. Requests for assistance will be made through the ESC at the SEOC. Additionally, in the region, Disaster Mental Health partners from psychiatric facilities are coordinated by the American Red Cross and state and local public health will provide support for behavioral health programs during a disaster event.

* 1. **MEDICAL EVACUATION / SHELTER IN PLACE**

Healthcare facilities and providers should have a Medical Evacuation Plan and a plan for the receipt of evacuated patients from other health care facilities. This plan must address the decision process to determine whether sheltering-in-place or evacuation is best for the patients and staff. The evacuation plan should be based on the personnel, equipment and systems, planning, and training needs to ensure the safe and respectful movement of patients and the safety of personnel. This plan may be a separate plan or the required elements of the plan may be incorporated into the healthcare facility EOP.

* 1. **PHARMACEUTICAL RESOURCES / CACHES**

A Healthcare Regional Surge Capacity Cache Deployment Plan Standard Operating Guide provides guidance to each RHJ on planning for responder safety and distribution of medical countermeasures in a public health emergency such as Anthrax. At present, medical countermeasures are located centrally with the Tennessee Department of Health.

The state pharmaceutical cache must ensure a sufficient supply of Ciprofloxacin, Doxycycline, and Amoxicillin to provide adult and pediatric prophylaxis for three (3) days to hospital personnel (including medical staff and ancillary staff), patients and their families.

Statewide, the cache contains enough antibiotics to treat a population of 500,000 for 3 days. Additionally, TDH maintains an agreement with a pharmaceutical supplier to provide the necessary medications to meet the needs of Tennessee residents.

In the event of a terrorist induced or naturally occurring disease outbreak that requires distribution of antibiotics for prophylaxis or treatment, the Tennessee Department of Health (TDH) will be in charge of countermeasure distribution. Once the TDH identifies the need for medical countermeasures, the RHC working in conjunction with the TDH central office staff will direct the appropriate amount of antibiotics to be distributed to the affected hospital(s) and healthcare organizations based on the prevention and treatment recommendations of the Tennessee Department of Health at the given time.

Each participating agency within the East Tennessee Division should have a plan to distribute medical countermeasures to at least their primary and ancillary medical personnel. They can also distribute to employee family members and inpatients if they so choose.

* 1. **PATIENT DECONTAMINATION**

All hospitals have access to either a portable or fixed decontamination system for managing adult and pediatric patients as well as healthcare personnel who have been exposed during a chemical, biological, radiological, nuclear, or explosive incident. While gross decontamination should occur at the scene before transport to the hospital, hospitals must be prepared to decontaminate those that self-report to the emergency room. Therefore, hospitals must have the capacity to decontaminate more than one patient at a time and be able to decontaminate both ambulatory and stretcher bound patients. The decontamination process must be integrated with local, regional, and state planning.

* 1. **NEGATIVE PRESSURE ISOLATION**

All Northeast Tennessee hospitals have the capacity, to maintain, in Negative

Pressure Isolation (NPI), a suspected case of a highly infectious or febrile patient with a suspect rash or other symptom of concern that might be developing a highly communicable disease. Each hospital has at least one NPI room in the emergency department and one on the inpatient unit.

* 1. **HIGHLY INFECTIOUS DISEASE HEALTHCARE PREPAREDNESS**

NET HCC partner organizations will be familiar with statewide highly infectious disease and pandemic influenza plans. NET HCC will facilitate information sharing of guidance and response activities to coalition partners during infectious disease events. If necessary, resource coordination may be activated as well. As a last resource, crisis standards of care will be implemented and the NET HCC will follow the guidance as outlined in the plan.

* 1. **FATALITY MANAGEMENT**

The Tennessee Department of Health Mass Fatality Plan and Regional Forensic Center Mass Fatality Plan information will be shared with coalition partners. Hospitals must have a Fatality Management Plan that meets their internal requirements. Organizational plans should consider alternative methods of transport for decedents to the Regional Forensic Center or designated location for medical examiner operations.

Healthcare organization morgue capacity is a premium asset with hospitals and other partners having little to no in-house morgue capacity. Therefore, in order to supplement the morgue capacity available, the Regional Forensic Center in Washington County maintains additional morgue capacity and MOU with ETSU medical college for additional space. Additional morgue trailers are available throughout the state and may be requested through the SEOC and the SHOC.

# RECOVERY

**7.1 GENERAL COALITION RECOVERY PLANNING**

Each coalition member organization should complete an internal recovery plan utilizing guidance in the National Disaster Recovery Framework. As with response, the NET HCC will continue to play a role in information sharing and resource coordination through the recovery period by sharing recovery related local, state, and federal resource information, planning, and activities with coalition members. NET HCC will remain flexible in planning recovery operations and tactics, so that specific event-based needs may be addressed, ensuring a coordinated transition from response to recovery. The RHCs and other NET HCC member organizations will strive to integrate with pre-incident recovery planning efforts in their communities, identify critical infrastructure dependencies, and meet workforce needs to ensure the healthcare system remains operational following a disaster.

* 1. **COMMUNICATION**

When it is determined that the situation is contained, through the local EM or the on- scene IC / UC, the RMCC will communicate to health care agencies via HRTS, phone, radio, website and/or other communication methods that the disaster or situation has been contained and the region has returned to a normal state of operation.

**7.3 FACILITY RE-ENTRY AUTHORIZATION**

If a facility has been evacuated as a result of an event, Hospital Administration, and/or health care agencies in conjunction with lead local, state and/or federal agencies, will authorize re-entry to the facility in accordance with their internal re- entry guidelines.

**7.4 ADDITIONAL POTENTIAL COALITION RECOVERY SUPPORT ROLES**

* + - Data collection and analysis to identify priorities in the reconstruction and delivery of community health care services at the outset of an emergency.
    - Collaboration with federal infrastructure assessment teams to enhance knowledge of disaster impacts on physical infrastructure and inform future risk mitigation strategies.
    - Implementation of emergency management organizations’ disaster impact assessments to assess post-disaster community health concerns.
    - Family Assistance Center in partnership with law enforcement and the American Red Cross as appropriate.
    - Facilitate patient repatriation and system operations restoration.
    - Support mental health need requests for responding agencies and support community efforts where appropriate.
    - Assist HCC members by linking them to resources and information to support processes for reimbursement, reconstitution, and resupply in concert with emergency management activities.
    - Utilize current communications practices to identify long-term health care and community health recovery gaps, and assist in community-wide efforts to develop potential strategies to address them when possible.
    - Develop and communicate short and long-term priorities to the jurisdiction’s government and emergency management functions related to healthcare operations.
    - Collaborate with emergency management organizations and government officials to identify opportunities for future mitigation strategies or initiatives to enhance the resilience of the physical healthcare infrastructure.

# 8.0 TRAINING

Coalition-wide training of all healthcare system stakeholders will ensure effective use of this coordination plan. Additional training needs will be identified by the Northeast Tennessee Healthcare Preparedness Coalition through gap analysis.

# 9.0 ADMINISTRATIVE SUPPORT: MAINTAINING, EXERCISING AND UPDATING THE PLAN

The master version of the Plan will be maintained by the RHCs and be available on the NET HCC website. It will be shared with NET HCC member organizations, Tennessee Department of Health, EMS, emergency management, and other response partners.

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, exercises or actual events.

Healthcare system leadership & response partners are regularly engaged in the planning process by collaborating with the following groups & agencies.

# 10.0 ACRONYMS

ACF: Alternate Care Facility

ARES: Amateur Radio Emergency Service

ASPR: Administration for Strategic Preparedness Response

CHO: County Health Office

DMAT: Disaster Medical Assistance Team

DMORT: Disaster Mortuary Operational Response Team EAS: Emergency Alert System

EMA: Emergency Management Agency

EMAC: Emergency Medical Assistance Compact

EMS: Emergency Medical Services

ECS: Emergency Services Coordinator EOC: Emergency Operations Center EOP: Emergency Operations Plan ESF: Emergency Support Function

FCC: Federal Communications Commission FMS: Federal Medical Station

FNP: Functional Needs Population

HICS: Hospital Incident Command System HRTS: Hospital Resource Tracking System IC: Incident Commander

ICS: Incident Command System

JIC: Joint Information Center

LEPC: Local Emergency Planning Committee MCI: Mass Casualty Incident

MRC: Medical Reserve Corps

NDMS: National Disaster Medical System NIMS: National Incident Management System NRF: National Response Framework

PIO: Public Information Officer

RHJ: Regional Health Jurisdiction RHOC: Regional Health Operations Center

RMCC: Regional Medical Communications Center SEOC: State Emergency Operations Center SHOC: State Health Operations Center

SNS: Strategic National Stockpile TDH: Tennessee Department of Health

TDSN: Tennessee Disaster Support Network

TEMA: Tennessee Emergency Management Agency

TEMP: Tennessee Emergency Management Plan

TNEMSC: Tennessee Emergency Medical Services for Children TNHAN: Tennessee Health Alert Network

TVM: Tennessee Volunteer Mobilizer UC: Unified Command

Appendix A: NET HCC Bylaws

Appendix B: NET HCC Preparedness Plan

Appendix C: Coalition Contacts

Appendix D: NET HCC MOU

Appendix E: Regional Disaster Mental Health Plan

**7. APPENDICES (IF NEEDED)**

**Approval of Response Plan**

**The Response Plan is approved and adapted by a vote of the Northeast Tennessee Healthcare Preparedness Coalition:**

**Approval/Adapted Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**