

Southeast Regional Healthcare Coalition



February 2019

Reviewed & updated 3/2020

Reviewed & updated 5/2021

Record of Review and Update

Date of Change	Changed by	Description of Changes
02/2019	SERHC	New document
3/2020	SERHC Membership	Pg. 10, Emergency Medical Services: added Behavioral Health transport service, Pg. 11, added Trauma Center's designation, & defined CRPC, Pg. 12 & 14, corrected Hamilton County Health Dept. name. Updated Appendix K & Appendix O.
5/2021	SERHC Membership	Pg. 9, Emergency Medical Services: updated EMS advanced life support transport services with an increase in those services.

Southeast Regional Healthcare Coalition Response Plan 2019

1.0 Introduction

1.1 Purpose

The Southeast Region Healthcare Coalition (SERHC) Response Plan serves to document the organization and processes of the healthcare coalition (HCC) and to explain how it works collectively to promote communication, information sharing, resource coordination, and operational response and recovery. The Plan also describes the integration of HCC response efforts into Emergency Support Function-8 (ESF-8) at local and state levels.

1.2 Scope

This plan was developed in coordination with HCC membership and in compliance with 2017-2022 Hospital Preparedness Program (HPP) funding requirements. Nothing contained herein is intended to supersede local, State, or Federal requirements or authorities. The Plan is consistent with ESF-8 and other applicable standards, including the Tennessee Emergency Management Plan (TEMP.)

The plan describes the roles and functions of critical response partners (hospitals, regional health jurisdictions, emergency medical services, emergency management, etc.) under ESF-8 of the TEMP. The plan and its appendices address general operational concepts.

The plan is intended to augment and support plans across agencies and disciplines to support a coordinated emergency response of ESF-8 in the event of a mass casualty incident and does not circumvent or supersede existing lines of emergency communications between hospitals 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 SERHC 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 planning and preparedness, not response. It is a “reactionary” entity; not a “response” entity in the traditional usage of these terms. However, the collaborative planning developed through the coalition is invaluable for a well-coordinated response among healthcare partners.

The HCC and healthcare system partners operate within the context of this plan and authority is derived through regional agreements/acknowledgements, relationships and authority given under various legislative actions, Tennessee Code and Executive Orders.

The SERHCC, in collaboration with the ESF-8 lead agency and other applicable state authorities regularly assess and identify regulatory compliance requirements that are applicable to coalition partners' day-to-day operations as well as planning and responding to an emergency. The preparedness, training and exercise activities of the SERHC take into consideration the HPP Health Care Preparedness and Response Capabilities, Centers for Medicare and Medicaid Services (CMS)Conditions of Participation, the Joint Commission accreditation requirements, Occupational Safety and Health Administration regulations and the Tennessee Department of Health Division of Licensing and Regulations.

1.3 Administrative Support

This plan will be reviewed at least annually by HCC Executive Council members, and initial approval and modifications will be presented to the remainder of HCC membership for their approval. During each review, particular attention will be paid to identifying gaps and developing strategies to address these issues, planning for exercises to evaluate the effectiveness of corrective actions, and considering the need for further revision of this plan based on findings. It may be updated more frequently than the annual review based on information gained from exercises and real-world events.

2.0 HCC Coordination and Collaboration

The HCC exists for the purpose of coordination and collaboration in all aspects of emergency preparedness including planning, training, equipment and supply purchases, and sharing of information to promote readiness among all its members. Such collaboration proves beneficial before, during and after incidents, and aids in identifying strategies that will mitigate the effects of disaster events.

2.1 Strategic Planning

The Southeast Region HCC serves a variety of purposes, one of which is the exchange of information between member organizations to support both strategic planning at the regional level, and strategic planning among individual member organizations. This is achieved by offering various forums for informational exchanges among hospital organizations, non-hospital healthcare providers, and public safety/emergency management entities.

The HCC has served its hospital members in this regard since its inception. Non-hospital providers are accommodated through the establishment of non-hospital working groups and/or subcommittees to allow for collaboration among similar organizations who share ideas, lessons learned, and problem-solving techniques that

will support both broad and entity-focused strategic planning. The HCC as a whole will offer funding for training and equipment purposes (as appropriate) to bring these entities into an enhanced state of preparedness.

Public safety and emergency management entities may also be included in this process to provide technical expertise and awareness of the support systems that exist to assist with the management of resources and information during disasters.

This plan will be maintained by the Southeast Regional Healthcare Coalition and shared with the various coalition partners including 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 Regional Hospital Coordinator (RHC) will work with emergency management, EMS and other appropriate coalition 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.

Health care system leadership and response partners are regularly engaged in the planning process by collaborating with the following groups and agencies. Common planning and/or exercise partners include:

- State and Regional EMS
- Tennessee Emergency Management Agency
- Tennessee Health Care Association
- Tennessee Hospital Association
- Regional Medical Communication Center
- Local Emergency Planning Committees
- State, Regional and Local Health Jurisdictions
- County Emergency Management
- Behavioral Health Disaster Response Committee for the Southeast Region
- Tennessee Department of Mental Health and Substance Abuse Services

Distribution

- Southeast Region and Hamilton County hospitals
- Southeast Region Health Jurisdiction
- Tennessee Hospital Preparedness Program
- Tennessee Emergency Management Agency
- Tennessee Hospital Association
- Regional Medical Communications Center
- Southeast Region and Hamilton County Emergency Management Agencies, Emergency Medical Services, 911 Communications Centers
- Southeast Region Healthcare Coalition partners
- Tennessee Department of Health, Office of EMS
- Others as deemed appropriate

2.2 Information Sharing

Information sharing throughout the HCC takes on two forms. First is the process of sharing information in a collaborative environment, such as workshops, regular meeting that include the entire HCC, and the workgroups or subcommittees that may address individual problems at the facility level.

Second is the sharing of information during emergent situations that may require support from the HCC community as a whole. Forms of information that may be shared under these circumstances primarily include status reports and resource requests. This is managed through a variety of systems that include the Tennessee Healthcare Alert Network (TNHAN), which serves to inform members of events that may require an unusual level of activity in response to an event or general updates that may require attention from member organizations, and the Healthcare Resource Tracking System (HRTS), through which more specific messaging may be broadcast throughout the

membership. This information may include status reports, resource requests, and posting of available resources that may be needed by other entities.

In any of these circumstances, the RHC monitors all of these systems and serves as the first contact for healthcare-related management of resources and critical information. Using these systems, the RHC maintains situational awareness and anticipates or responds to direct requests for resources. Certain information on HRTS is visible to all users, which further enhances the HCC's ability to maintain situational awareness among members.

2.3 Resource Management

The RHC works with all HCC members to manage resources throughout the region by monitoring the systems described in 2.2. These systems are regularly updated at specified intervals to ensure that the RHC can track where resources are needed and where they may be available. As facilities report their needs or availability to assist others with needs, the RHC coordinates the sharing of these resources.

2.4 Resource Requests

Primarily by using the HRTS platform, resource requests are managed by posting needs to the system for all members to see (through a messaging system within the program) to allow members to respond directly. If no member responds, the RHC may begin to look for needed resources within the region. In some cases, this may begin with the local Emergency Management Agency or locally-activated EOC.

If the needed resource is not available within the region, the request will be sent outside the HCC in a variety of ways. If a regional or state EOC has been sufficiently activated, requests may be routed to the ESF-8 representative at the EOC, who will manage the request from there. If no EOC has been sufficiently activated, the RHC may contact other RHCs in surrounding areas to secure the needed resources, especially if the resource is for medical supplies or other assets (such as morgue trailers, ambu-buses, communications trailers, etc.) that are under the control of HCCs or health departments. Other assets may be more appropriately requested through emergency management agencies. These might include fuel, food and water, generators, etc.

3.0 Coalition Member Organization and Contact Information

Consistent with the overall approach of HCC organization, the Southeast Region Healthcare Coalition consists of a wide variety of partners who support healthcare preparedness, planning, and organization within the region. (A contact list may be

found in Appendix O.) The following is a general list of these members and their responsibilities, by type:

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. (See Appendix A.) The TEMP is organized by Emergency Support Functions (ESFs). Each ESF details the lead agency and supporting agencies' roles in disaster response. ESF 8, 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 disasters. ESF 8 is coordinated by the Department of Health principally through the Emergency Services Coordinators (ESC) assigned to the State Emergency Operations Center (SEOC).

TEMA is divided into three grand divisions across the state. 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 healthcare, have exhausted critical resources available through routine channels and through mutual aid, local EMA can request resources from the 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 <http://tn.gov/tema> under the Region information.

Regional Medical Communication Center

Regional Medical Communications Centers, authorized by the EMS Telecommunications Act, TCA 68-140-201 and designated by the State EMS Director, serve each EMS Region to provide coordination of care between EMS and receiving hospitals, provide EMS with access to physician consultation and medical orders, provide coordination of EMS resources for mass casualty incidents, and support local agencies in disaster planning and response to mass casualty incidents and large-scale events. The Southeast Region's RMCC, Chattanooga MedComm is located in EROC at Erlanger.

These RMCCs are staffed 24 hours a day to assist in the coordination of patient transport in situations where local authorities and healthcare organizations request aid. They can coordinate communication between hospitals and EMS agencies and can communicate with the other RMCCs around the state.

During a disaster of regional or statewide proportion, the respective Emergency Medical Services Regional Consultant (EMS-RC) and the RHC will work with the RMCC to move patients to appropriate facilities and medical assets where they are needed most.

Emergency Medical Services

The Emergency Medical Services (EMS) in Southeast Tennessee is comprised of the following elements:

- 16 Advanced Life Support Services (Ground)
- 3 Basic Life Support Services (Ground)
- 3 Air Ambulance Services (These serve various portions of the region, but not all are based within the region.)
- 118 Advanced Life Support Units
- 47 Basic Life Support Units
- 3 Invalid Vehicles
- 2 MedVans
- 2 AmbuBuses

Erlanger's LifeForce has six rotor-wing, three special ground units, and a neonatal team that provides staffing for four neonatal transport units that are operated by Puckett EMS. (These are included in the numbers shown above.) LifeForce operates bases in Southeast Tennessee and the bordering states of North Carolina and Georgia. These are located at Sparta, Winchester and Cleveland, Tennessee and at Blue Ridge and Calhoun, Georgia, and at Andrews, North Carolina. UT LifeStar operates medical aircraft that

serve the northern portion of Rhea, Meigs, and McMinn Counties. The area is also served by Air Evac Lifeteam from its Manchester, TN location.

The State of Tennessee Department of Health/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.)

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 (through the ESF-8 representative at the SEOC) 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, 7 days a week.

The Emergency Medical Services Director is the primary Emergency Services Coordinator (ESC) for ESF 8 in the SEOC.

Hospitals

There are 16 hospitals in the Southeast region with an approximate total licensed bed capacity of 2434 and staffed bed capacity of 1582. Meigs, Polk and Grundy counties have no hospitals. Rhea, Sequatchie, and Bledsoe counties have Critical Access Hospitals. The Southeast Region has one Trauma Center at Erlanger Medical Center in Chattanooga.

Erlanger Medical Center in Chattanooga is the region's Level I Trauma Center. Other Level I Trauma Centers in close proximity to the region are Vanderbilt University Medical Center (located in Nashville) and University of Tennessee Medical Center (located in Knoxville.) Erlanger Medical Center also houses its Children's Hospital at Erlanger, a CRPC facility.

Tennessee has only two burn centers. Vanderbilt University Medical Center has one, and the other is at the Regional Medical Center in Memphis. The Vanderbilt Burn Center is a 25-bed Level 1 burn center and serves both adult and pediatric burn patients. The Firefighters Burn Center in Memphis is a 14-bed unit that treats adults and adolescents.

In an MCI 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, on loading and off-loading of patients, isolation patient management, acquisition of additional supplies/equipment/pharmaceuticals, emergency evacuation, business continuity, shelter-in-place, fatality management, and coordination with their local office of emergency management and other hospitals in the region.

Licensed Non-hospital Entities

Due to the recent CMS rules, the SERHC continues to add a number of different types of facilities to its membership. Specific capabilities and potential roles for these entities in disaster situations are widely varied, but as members of the HCC, they all may offer assistance under the right conditions. In some cases, they may assist with transportation needs or overflow of particular types of patients that fall within their levels of care. Requests for assistance to or from these entities would be made on a case-by-case basis.

Non-hospital healthcare entities within the region include:

- 32 skilled nursing facilities
- 32 assisted living facilities
- 11 outpatient surgical centers,
- 7 MD Office based surgical centers
- 27 home health agencies
- 16 nonresidential hospice agencies
- 16 dialysis centers
- 50 home medical equipment companies

Currently, there is increasing participation from these partners in emergency planning. The Southeast Region Healthcare Coalition continues to reach out to these partners at both the regional and divisional levels to strengthen all-hazards preparedness.

Regional Health Jurisdictions

The Southeast Region consists of two Regional Health Jurisdictions (RHJs) which are governed by the Tennessee Department of Health (TDH). These include the Chattanooga-Hamilton

County Health Department, and the Southeast Regional Health Office. Each has its own RHC and separate Regional Health Offices (RHOs). The Southeast Regional Office oversees and supports the administration of public health services at the 11 local health offices (CHOs). The Chattanooga-Hamilton County Health Department oversees and supports four health clinics within Hamilton County.

The role of the RHO is to lead and coordinate the public health response during a public health emergency and support other agencies' response to a disaster within the Southeast Region. The RHO has an all-hazards emergency response plan detailing lead responsibilities during public health emergencies and the roles of the CHOs. The RHO is responsible for coordinating with other RHJs, TDH, healthcare practitioners, hospitals, veterinarians, and other healthcare professionals for disease surveillance and intervention activities.

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 Southeast Region has 2 active Medical Reserve Corps (MRC) units. The RHO has a MRC Coordinators 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 through the SEOC.

Governmental Partners

Public Health works closely with local law enforcement, fire services, local emergency management, city government offices and county and state 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, Tennessee Department of Safety and Homeland Security, Tennessee Bureau of Investigation, and the Tennessee Emergency Management Agency.

Bordering States

Alabama's and Georgia's Departments of Health, Chattanooga-Hamilton County Health Department, and TDH Southeast Regional Office continue to meet for cross-border planning and have had past events that required cooperation between the states. This includes the counties located on the eastern border of the southeast region bordering North Carolina. Staff at the state level within both jurisdictions also participates in groups that meet regularly but future involvement should include state to state discussions to share updates on current planning events, exercises, and best practices.

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 serves its local chapters from their offices in Chattanooga, Nashville, and Knoxville. The American Red Cross supports the counties throughout the region. Further information on chapters can be found at <http://www.redcross.org/find-your-local-chapter#>.

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

Blood Assurance

Blood Assurance is the supplier of blood and blood-related products for the entire region, as well as for other areas of the state. This service was started in the Chattanooga area and has served the medical community since 1972.

Poison Control Center

Tennessee Poison Center located at Vanderbilt University Medical Center is the only poison control center in Tennessee and serves all counties in the state. Tennessee Poison Center is the statewide poison control center designated by the Tennessee Department of Health. Additionally, it is nationally certified by the American Association of Poison

Control Centers (AAPCC). It operates 24 hours a day, 365 days a year. It can be accessed by calling 1-800-222-1222.

National Disaster Medical System

The National Disaster Medical System (NDMS) is a federally-coordinated system that augments the Nation's medical response capability. Components of the NDMS system include Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Teams (DMORT), and National Veterinary Response Teams (NVRT). The Tennessee Disaster-1 Medical System (TNDMAT) is based in the Southeast TN region and is a member of NDMS. The overall purpose of the NDMS is to supplement the medical response capability of State and local authorities during major disasters. NDMS provides support in the form of:

- Personnel, teams and individuals, supplies, and equipment
- Patient movement from a disaster site to unaffected areas of the nation
- Definitive medical care at participating hospitals in unaffected areas

(Additional information regarding member organizations can be found in Appendix K.)

4.0 Multi-agency Coordination Locations

The Regional Medical Communications Center's purpose, description, and operations are described in Section 3.0. This would normally serve as the primary coordination center location for the region. Other potential locations are local EOCs, regional EOCs, and the Regional Health Operations Centers (RHOCs) located within the local health department facilities.

4.1 Virtual Multi-agency Coordination Process

The process for multi-agency coordination remains essentially the same regardless of which sites are involved. The process is described in 2.4.

5.0 Summary of Individual Members' Resources and Responsibilities

(See Section 3.0)

6.0 Integration with appropriate ESF-8 Lead Agencies

The TDH Office of Emergency Medical Services Director is the primary ESC for ESF 8 in the SEOC. During times of large-scale disaster, the RHC maintains contact with the ESF-

8 ESC through a variety of means, including HRTS, radio, telephone, email, text, etc. Access to patient tracking and resource requests may be viewed simultaneously by those with authorized access to these systems.

HRTS and TNHAN allow the RHC to monitor the status of all healthcare-related services and entities within the HCC region. Both systems allow for the transmission of alert notifications and acknowledgement of the receipt of critical information.

7.0 Emergency Activation Thresholds and Processes

Activation of this response plan (or any portion thereof) is determined on a case-by-case basis. Considering that the HCC does not actually “respond” in the usual sense, almost all of the components of this plan are active on a daily basis. Hospitals report status information daily through existing channels and processes. Generally speaking, the only significant difference in day-to-day operations and activation of the plan would be the frequency of status reporting, resource requests, and the possible relocation of the RHC to the RMCC, if warranted. The decision to activate local and state EOCs would be left to EMA officials at those levels, but the communication and coordination systems to support activation are always in place, and in most cases, active.

7.1 Alert and Notification Procedures

The procedure involved in alerting and notifying members of an event consists of two primary systems that are under the control of the RHC or other authorized health department personnel. These are TNHAN, the primary purpose of which is notification, and HRTS, which also has an alert function. Because TNHAN is a more limited and purpose-specific platform, it is most commonly used to broadcast more time-sensitive information.

(These systems are more thoroughly described in Sections 2.2. and 9.0)

8.0 Essential Elements of Information (EEI)

EEI include bed availability (throughout the region and statewide,) resource requests and allocation, patient distribution and tracking, and tracking of unidentified patients. All of these may be accomplished through HRTS and HC Standard, the State’s patient tracking system. The formatting for each of these types of information is defined by the electronic systems that support their exchange. Access to these systems is available to any member of the coalition who subscribes, including non-hospital entities.

Other types of information may be requested depending on the nature of the event. This would normally be accomplished by the RHC sending alerts through HRTS as circumstances dictate.

9.0 Communication and Information Technology Platforms

A variety of platforms are available to support the exchange of EEI. Tennessee's online systems are available on the "Tennessee Emergency Medical Awareness, Response and Resources" (TEMARR) web page that is maintained by the Tennessee Department of Health. (<https://www.tn.gov/health/cedep/cedep-emergency-preparedness/temarr.html>) The provided link explains the use of these systems as follows:

In general, these systems are designated for the following:

- The Healthcare Resource Tracking System (HRTS) manages healthcare facility bed, service and asset availability. HRTS provides for event activation and management locally, regionally or statewide.
- The HRTS Mental Health Portal provides visibility of available Mental Health and Addiction Treatment inpatient beds and services.
- Tennessee Department of Health HC Standard Patient Tracking module is integrated into the national system for patient tracking. This system is used to provide situational awareness, family reunification, and repatriation for emergency evacuees. It provides a means to quickly register, record assessments, triage, and document patient treatment. The system is scalable and can be deployed for mass casualties, health care facility evacuations, and medical assistance shelter operation.
- PsySTART (Psychological simple Triage and Rapid Treatment): Triage mental health needs and assess and manage behavioral health impact.
- Registration site for Regional Medical Reserve Corp (MRC) volunteers – both non-medical volunteer registration, as well as registration and credentialing of medical volunteers.
- Tennessee Health Alert Network (TNHAN) is the TDH-managed system used by state and federal agencies for alerting emergency responders at the local, state and federal levels.

- The TNMedMap application transforms data from HRTS, HCF, TNCRN, and TNVM data systems into geo-spatial information that can then be used in support of medical and public health planning and response.
- The TDH dashboards transform data from HRTS, Healthcare Facilities, TNCRN, and Surveillance Programs into information that can then be used in support of medical and public health planning and response.
- WebEOC is a web-enabled crisis information management system that provides real-time information sharing. It is web-based allowing for users to log on from any computer connected to the Internet.

While there are other systems included in TEMARR, these are the ones most likely to be used during an event. Other systems are primarily for data storage and collaboration activities.

The HCC also has a number of redundant communications methods available, including those listed above, as well as various radio systems, landline telephones, satellite telephones, cell phones, email, text, etc. Barring a truly catastrophic event, at least some of these methods could be used as backup communications to one another.

The State of Tennessee has built redundancy into its computer-based systems to ensure operation should a site be taken offline, either for maintenance or during a disaster event. The capacity of these systems, as well as their operational performance, is constantly being reviewed and improved upon when possible.

10.0 Support and Mutual Aid Agreements

SERHC members sign written agreements to provide support to one another when required, and assets that are not available within a particular region may be shared statewide when properly requested and available. To the greatest extent possible, each HCC, through the Hazard and Vulnerability Analysis (HVA) process, attempts to maintain ready access to resources that are most likely to be needed in the case of an event within their own regions. In some cases, the location of a particular resource may not be immediately known. Depending on the type of resource, local EMA offices may be able to provide or locate it. Requests for healthcare-specific resources may be coordinated with other HCC entities through the RHC.

The HCC maintains a cache of medical equipment on its own. These resources may be accessed through requests to the RHC.

Assistance may also be obtained from the ESF-8 ESC during SEOC activation. The ESC may submit the request to other ESCs or attempt to locate it independently.

Resources may also be obtained through the Emergency Management Assistance Compact (EMAC). Local requests that cannot be fulfilled at local, regional, or state levels may become EMAC requests. These must be submitted through TEMA. A mission number must be assigned by TEMA before the process can move forward. In general, these requests are overseen by FEMA and specific information is required to determine costs and reimbursement information.

11.0 Evacuation and Relocation Processes

The “State of Tennessee Disaster and Emergency Medical Assistance Shelter Guidance” document (Appendix F) provides a general framework for managing evacuation and relocation in Tennessee. Local HCCs may or may not have adequate resources for evacuating or sheltering large populations without assistance. The HCC has identified several locations for sheltering, and HCC member organizations have identified facility-owned vehicles that may be suitable for transporting individuals to shelters or other safe locations during disasters. Some of these are buses or courtesy vehicles operated by both hospital and non-hospital entities.

If the evacuation involves injured people, the resources required may be different from those needed for simple transportation of uninjured populations. In some cases, only an ambulance would be appropriate. Available EMS resources are identified in Section 3.0 under “Emergency Medical Services.”

Relocation and sheltering processes are different depending on whether a shelter is setting up for delivery of medical care or not. ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) would be the lead for sheltering operations, working with ESF-8 if the shelter is expected to treat injured victims. Such coordination might involve only local EMA and support groups within the region, or in a larger-scale event, support from TEMA, Red Cross, and other groups.

In cases where the evacuation and relocation require transportation to a medical facility, the Tennessee Department of Health Office of Emergency Medical Services would provide access to the EMS-RC to assist with coordinating ambulance transports, and working with the RHC, destinations. Destination facilities are identified using the HC Standard Patient Tracking System and HRTS data obtained from the hospitals. The

RHC will determine how often this data needs to be updated in order to maintain current and accurate information on bed availability and proper levels of care.

12.0 Additional HCC Roles

The HCC has no specific roles that have not already been discussed in this plan, but the members remain flexible to support other HCCs, local and state agencies, and individual facilities or organizations whenever possible. There are no defined roles mandated by state or local guidance aside from what would normally fall within the scope of the HCC's mission.

13.0 Medical Surge Response Coordination

The most commonly anticipated response role of the HCC involves medical surge coordination, and outside of the preparedness role, this is what the HCC is designed to do best. The HCC uses data collection to determine its highest threats and seeks to mitigate the effects of these threats through planning, training, and exercises. Despite these efforts, every coalition faces challenges and must manage them as best they can with limited resources. This makes the coordination role critical to any successful response to disasters.

13.1 Management of Incidents that Overwhelm Regional or Specialty Care Capacities

The Southeast Region is a combination of rural and urban areas. Pediatric patients would likely be admitted at Children's Hospital at Erlanger. Seriously injured burn patients would have to be sent out of the region, primarily to Nashville or Memphis. A similar circumstance exists when non-specialty care patients are sufficient in number to overwhelm regional hospitals.

In these circumstances, the RHC would most likely work with RHCs in other areas to find bed space for patients who could not be cared for within the region. This would likely involve assistance from the RMCCs and TDH EMS-RCs for both the originating and receiving regions. The RHCs would work to identify appropriate receiving hospitals, and the EMS RCs would assist with arranging transportation of these patients. Potential transportation options would include medical helicopters, ground ambulances, ambu-buses, and other private and public passenger vehicles that might be appropriate depending on patient needs and conditions.

13.2 Strategies for Patient Tracking

HC Standard would be used to track patients throughout the process of moving patients, whether they remain within the region or must go outside of the region for proper care. (See 9.0 for a more detailed description of HC Standard.)

13.3 Strategies for Initial Patient Distribution

Initial patient distribution follows the normal practice of transporting every patient to the nearest appropriate facility, or to the destination of the patient's choosing. If special circumstances exist that make this impractical, such as long transport times that would result in unacceptable levels of ambulance availability within the region, the EMS authority may invoke restrictions on which patients may be transported to specific locations.

Bed availability and patient condition are the primary considerations regarding patient distribution, and these decisions must be made on a case-by-case basis. In some cases, hospitals may "de-compress" by moving less critical patients to alternate care sites, nursing homes, or shelters with appropriately qualified medical staff. If additional personnel are required to implement this strategy, nurse strike teams may be requested from TDH.

If the disaster is of sufficient scale, coordination could require assistance from local and state emergency management, public health, and other organizations. HCC membership includes representatives of all of these organizations, and strategies for managing resources have been developed collaboratively with each of them during the planning process. Communications systems are in place to allow for joint decision making during the response phase.

14.0 Policies and Processes for the Allocation of Scarce Resources







The HCC maintains a list of available resources and needed inventories in order to mitigate the likelihood of any resources becoming truly scarce. Caches of supplies are maintained and tracked within the region, and needed items are purchased on a regular basis with input from HCC membership.

The State has provided a "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. **(APPENDIX N)**










14.1 Crisis Standards of Care

The document “Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee” 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.

Appendices and References

<p>Appendix A Tennessee Emergency Management Plan ESF 8</p>	 ESF-8 TEMP.pdf
<p>Appendix B Tennessee Emergency Medical Services Telecommunications Plan</p>	 EMS Telecommunications F
<p>Appendix C Medical Reserve Corp Volunteer Management Operational Plan</p>	 Volunteer Management Operatio
<p>Appendix D Hospital Resource Tracking System Activation Policy</p>	 HRTS ACTIVATION Policy.doc
<p>Appendix E State of Tennessee Emergency Alert System Plan</p>	 2013 EAS Plan STATE OF TENNESSEE.docx
<p>Appendix F State of Tennessee Disaster and Emergency Medical Assistance Shelter Guidance</p>	 TDH_Shelter_DOG_FINAL09

Southeast Regional Healthcare Coalition Response Plan 2019

<p>Appendix G Tennessee Disaster Mental Health Plan</p>	 2013 Tennessee Disaster Mental Health
<p>Appendix H Tennessee Department of Health Concept of Operations Plan Public Health Investigation Team</p>	 PHIT Manual TDH 10 2014NEW.pdf
<p>Appendix I Tennessee Department of Health Mass Fatality Plan</p>	 Mass_Fatality_Plan_FINAL_13May15
<p>Appendix J Continuity of Operations Plan (Template for hospitals)</p>	 COOP_ANNEX.doc
<p>Appendix K Bylaws and Administrative Plan</p>	 Finalized & Signed Mar. 2019.pdf
<p>Appendix L ASPR-TRACIE Resource List</p>	 Resource List.pdf
<p>Appendix M Coalition MOU</p>	 MOU Acute Care Hospitals.pdf
<p>Appendix N Tennessee Department of Health “Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee”</p>	 2016 Guidance for the Ethical Allocation
<p>Appendix O Coalition Member Contact List</p>	 SERHC Membership Roster.xlsx