

**Southeast Region
Healthcare Coalition**



Preparedness Plan

June 2018

Record of Review and Update

Date of Change	Changed by	Description of Changes
03/27/2018	Regional Hospital Coordinators	DRAFT Preparedness Plan-Reviewed by Executive Council & SERHC Members
06/05/2018	-----	SERHC Membership

1. Introduction

1.1 Purpose

The Southeast Region Healthcare Coalition Preparedness Plan is an operational resource tool for healthcare response partners to reference in disaster planning, response and recovery efforts. It provides resources for emergency preparedness and guidance for integrating the emergency medical response with other incident management partners. This plan explains how the HCC works collectively to prioritize and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery.

1.2 Scope

This plan was developed in compliance with 2017-2022 HPP funding requirements, and 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 Emergency Support Function 8 (ESF-8) of the Tennessee Emergency Management Plan (TEMP). The plan and its appendices address general coalition governance and authorities, planning and purchasing processes, operational concepts, inter-agency communication, resource sharing and allocation, patient tracking, 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 support a coordinated emergency response of ESF-8 in the event of a mass casualty incident.

This plan is not intended to 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 Southeast Region Healthcare 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 planning and preparedness, not response. However, the collaborative planning developed through the coalition is invaluable for a well-coordinated response among healthcare partners. Each member of the HCC has its

own plans, and members respond to emergencies in accordance with their organizations' plans. Conversely, each organization's plans take into consideration the existing local, state, and federal structures and how they can obtain or provide resources by working within those structures. Therefore, coordinated planning is essential to meeting the Coalition's goals.

The Southeast Region Healthcare Coalition 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.

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.

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 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 & response partners are regularly engaged in the planning process by collaborating with the following groups & agencies. Common planning partners are:

- 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. Coalition Overview

2.1 Introduction/Role/Purpose of Coalition

The Southeast Region Healthcare Coalition (SERHC) is a multi-agency coordinating group that assists the health care community and other emergency response agencies to jointly prepare for, respond to, and recover from disaster events and public health emergencies. The SERHC serves as a cooperative alliance of health, response and other governmental agencies, along with other community partners in the region through collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of people in Tennessee.

Using an all-hazards approach, the HCC promotes and coordinates preparedness and mitigation efforts of the Coalition's member organizations. This support is based on the capabilities identified by the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Centers for Medicaid/Medicare (CMS), the Tennessee Department of Health (TDH), and other regulatory agencies by:

- Using ASPR's Performance Measures as a guide to strengthen the community's medical resiliency, surge capacity, and capabilities.
- Providing a forum for healthcare providers and community partners to interact with one another at county, regional and state levels to build relationships and partnerships.
- Coordinating training to assist Coalition members in developing the necessary skills to prepare for and respond to disasters that may affect the healthcare system.
- Improving response capabilities through coordinated exercises and evaluations following the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine.
- Serving as a vehicle to prioritize the use of federal grant funds for planning, equipping, training, and exercising for the improvement of the healthcare community's preparedness, response, and recovery efforts.
- Providing technical assistance to individual member organizations with the development of their emergency plans.

2.2 Coalition Boundaries

The Southeast/Hamilton Regional Healthcare Coalition encompasses the 11 counties of the Southeast region of Tennessee and covers approximately 5000 square miles and is bordered on the south by Alabama and Georgia and on the east by North Carolina. It is

roughly dissected east/west by US Route 27 and, and north/south by Interstate 75 on the east side of the region. Interstate 24 is also a major thoroughfare through the region. The area consists of rural towns, small cities like Cleveland, Dayton and Athens with a major metro in Chattanooga with an aggregate population of approximately 800,000. Hamilton County comprises approximately 50% of this population. Hamilton County serves as the hub of the region, home to University of Tennessee at Chattanooga with a student body enrollment of greater than 11,000. The Southeast Region is centrally located between four major metropolitan areas; Nashville, Knoxville, Huntsville (AL), and Atlanta.



2.3 Coalition Members

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. 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. 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 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 <http://tn.gov/tema> under the Region information.

Regional Medical Communication Center

The Regional Medical Communications Centers (RMCCs) are part of the Tennessee Emergency Medical Services Telecommunications Plan found in Appendix B. There is a RMCC located in each EMS region across the state. Erlanger's MedComm, or E-ROC, serves as the Southeast Region's RMCC.

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 Regional Hospital Coordinators (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:

- 47 Advanced Life Support units
- 52 Basic Life Support units

In addition, 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. 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 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:

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, 7 days a week.

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

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Hospitals

There are 16 hospitals in the Southeast region with an approximate total licensed bed capacity of 2414 and staffed bed capacity of 1987. 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.

Trauma centers also in close proximity to the region are Vanderbilt University Medical Center and University of Tennessee Medical Center. Both are Level 1 Trauma Centers along with Erlanger Medical Center. Erlanger Medical Center also houses its Children's Hospital at Erlanger, a Comprehensive Regional Pediatric Center (CRPC).

Tennessee has only 2 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 a Mass Casualty Incident (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.

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 Regional Hospital Coordinator 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 and Chattanooga Hamilton County Health Department 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 to 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.

Healthcare System Partners

There are a total of 29 skilled nursing homes, 25 assisted living facilities, 11 surgical centers, 16 home health agencies, 9 hospice agencies, 13 dialysis centers and 17 home medical equipment providers within the Southeast/Hamilton County Region.

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.

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 11-county 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.

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

2.4 Organizational Structure/ Governance

In general, the HCC's organizational structure consists of the following:

- An Advisory Body composed of the Regional Hospitals Coordinators
- An Executive Council elected by the membership, composed of key

geographic and disciplinary representation, along with certain other requirements

- Sub-committees, which may be formed to address specific long-term or short-term issues as needed
- Caucuses, which are primarily formed for planning purposes, may include any HCC member with subject matter expertise in the topic being addressed

(For specific information regarding the HCC's structure and governance, see "Southeast Regional Healthcare Coalition By-laws/Administrative Procedures. September 2017, Revised and approved 3/2018." (Appendix K))

2.4.1 Role of Leadership within Member Organizations

Advisory Body

The Regional Hospital Coordinators serve as SERHC's advisory body, and are responsible for carrying out the coalition's daily business.

- Provides consultative and informed input into key decisions and ensures integrated planning, similar to that of a multi-agency coordinating group.
- As needed, appoints a sub-committee or caucus facilitator for coalition planning sessions and activities. Serve as facilitator, when needed.
- Assemble, finalize and submit all administrative documentation as required to appropriate agencies per funding requirements.
- May act under authority of the By-Laws Administrative Procedures as the designated representative and spokesperson of the SERHC
- Assist in the coordination of training, exercise and evaluation at the local, regional, and divisional level.

Executive Council

The Executive Council is responsible for:

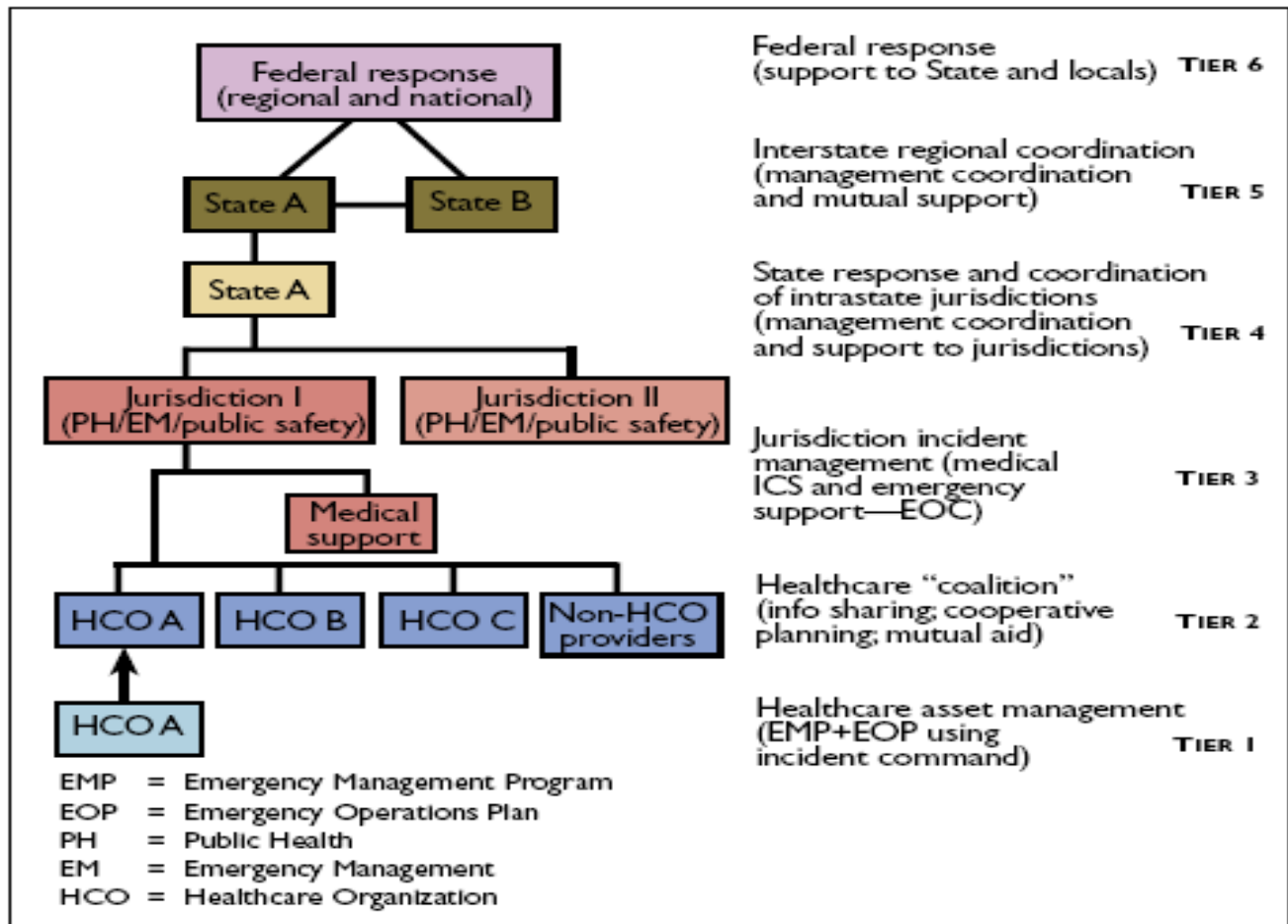
- Developing a Strategic Plan, and reviewing the expenditure of funds to ensure the expense facilitates improvement in community-wide preparedness.
- Ensuring safeguards are in place to protect the HCC contracting entity from liability resulting from the purchase of inappropriate items, or expense reimbursement.
- Working closely with the Regional Hospital Coordinators on current issues concerning the SERHC, including Preparedness, Response, and Communication Plans; Multi-Year Training and Exercise Plan; Fiscal year's budget
- Regular attendance at Executive Council meetings.
- Maintains Active Member status
- Acts in the general interest of the SERHCC and its membership.

(For specific information regarding the role of HCC leadership, see "Southeast Regional Healthcare Coalition By-laws/ Administrative Procedures. September 2017, Revised and approved 3/2018." (Appendix K))

Effective healthcare and medical response requires coordinated and integrated emergency management systems from the individual healthcare organization up to the federal response partners. Healthcare systems must coordinate effectively with one another and integrate with other response partners during an emergency. Healthcare system response is based on the US Department of Health and Human Services Medical Surge Capacity and Capability model of tiered emergency management.

The MSCC Handbook can be accessed at

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>.



Tier 1 focuses on the individual healthcare organization’s response efforts and resource management. This includes hospitals and other “hands on” healthcare organizations that provide patient care in an emergency. In a localized event, the local county 911 is notified and EMS is dispatched to the scene. EMS will move patients to the nearest available hospital. Local hospitals may activate their Emergency Operations Plan (EOP) based on situational awareness available at the time.

Tier 2 refers to the coordinated response of healthcare organizations within a defined geographical area whether county, district or region. If the number of injured overwhelms local EMS and hospitals, they will request mutual aid by contacting the Regional Medical Communications Center (RMCC). The RMCC will coordinate EMS response across all counties in the region. The RMCC will contact the EMS-RC and the RHC. Then the following activities may occur:

- RMCC will activate the Healthcare Resource Tracking System (HRTS) to alert regional hospitals & partners of the event. The policy regarding the Activation of HRTS is Appendix D.
- Activating the HRTS will trigger hospitals & health care system partners to evaluate the capacity and capability they can contribute to the response and enhances situational awareness.
- Availability of facilities to receive patients will be monitored through HRTS by the RMCC, EMS-RC and the RHC.
- The EMS-RC and the RMCC will manage the regional response of county EMS units.
- Allocation of medical supplies will be directed by the RHC.
- Depending on the event, the RHJ may activate the Regional Health Operations Center.

Tier 3 refers to the integration of the healthcare system response with other response partners within the jurisdiction's ICS. If the localized event escalates to the point that multiple response entities are activated within the jurisdiction, this is Tier 3 response.

Tier 4 response involves the activation of the SEOC in support of ESF 8 efforts by providing available state resources to regional and local jurisdictions. The Department of Health's ESC will be stationed at the SEOC. The ESC provides liaison and communications support to regional and local organizations to facilitate direct communications with TEMA. Department of Health will activate the State Health Operations Center (SHOC) and/or Regional Health Operations Center(s) (RHOC) as needed. The SHOC will communicate with the SEOC through the ESF 8 ESC.

Tier 5 response will be led by TEMA and involves the coordination of aid and assistance from other states. Requests for assistance from other states will be made using the Emergency Medical Assistance Compact.

Tier 6 response relates to the request, receipt and integration of Federal health and medical resources to maximize the response efforts.

2.5 Risk

In 2017, the Southeast Region's Healthcare Coalition participated in a collaborative

process between the eleven counties within the Southeast Tennessee Region to develop a coalition risk assessment focused on public health and medical using the Kaiser-Permanente model. Since that time, the Executive Council has been responsible for reviewing the hazards annually and coordinating with the healthcare facilities and emergency response partners in the region in order to update the HVA annually or more often when circumstances indicate a need. (See Appendix N.)

2.6 Gaps

The HCC addressed each of the five highest ranking vulnerabilities, and a gap analysis was conducted to determine what strategic priorities and actions could be taken to strengthen the HCC's capabilities to mitigate or more effectively respond to these identified threats. It was determined that these strategic initiatives need not be hazard specific, and that successful implementation of the HCC's overarching priorities would inherently address these gaps.

It is important to put the 2017-2022 preparedness strategy and priorities into context. In January 2012, ASPR released a set of 8 capabilities-based program objectives that have lead federal expectations for state and local healthcare preparedness programs during the previous 5 year cycle (July 2012 – June 2017).

2018 Capabilities List:

1. Foundation for Health Care and Medical Readiness
2. Healthcare and Medical Response Coordination
3. Continuity of Healthcare Service Delivery
4. Medical Surge

Southeast Region Healthcare Coalition Strategic Priorities

The HCC has identified five strategic priorities for the next five years. Within each priority, the Coalition has committed to a series of actions to enhance and sustain the capabilities in the region.

- **Engagement:** Engage all stakeholders in the work of advancing regional preparedness, and especially in those under-served healthcare sectors in the Region.
Category /Capability: Engagement/Foundation for Health Care and Medical Readiness
- **Operational Support:** Work to enhance the capabilities of regional stakeholders to tackle their biggest challenges.

Category /Capability: Patient Care/Medical Surge & Continuity of Healthcare Service Delivery

- **Situational Awareness:** Build a consensus among key stakeholders for identifying and prioritizing the region's major risks from disasters
Category /Capability: Resources and Planning/Healthcare and Medical Response Coordination
- **Leadership and Learning:** Help stakeholders and partners to grow and learn in their professional roles and develop their leadership capacities.
Category / Capability: Continuous Learning/Healthcare and Medical Response Coordination
- **Sustainability:** Help to create a regional presence that is financially solvent; eliminates unnecessary duplication of function, services, and assets.

Strategic priorities are reviewed annually by the Executive Council, in coordination with the overall coalition and planning direction provided by ASPR and the Tennessee Department of Health's Office of Preparedness and Response. Based on gaps identified by the HVA, After Action Reports, and Gap Analyses, projects and purchases are proposed that build on the four ASPR capabilities-based objectives, 22 performance measures, and the current regional training priorities. Although priority realignment in some associated capability programs may occur, no significant changes in the overarching preparedness strategy are expected.

2.7 Compliance Requirements/ Legal Authorities

The SERHC, 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 Healthcare Preparedness and Response Capabilities, 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.

3. Coalition Objectives

(See Section 2.6)

3.1 Maintenance and Sustainability

The Southeast Region Healthcare Coalition exists to assist the health care community and other emergency response agencies to jointly prepare for, respond to and recover from disaster events. The coalition supports collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of people in the Southeast Region community and Tennessee.

The HCC will enhance the emergency preparedness and response capabilities of healthcare entities through:

- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Promoting situation awareness among HCC members
- Coordinating training, drills and exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and Emergency Support Function (ESF) #8 partners
- Maximizing movement and utilization of existing resources

Funding is provided by a grant from the US Department of Health and Human Services, Assistant Secretary of Planning and Response (ASPR); therefore funding for the coalition is contingent upon available federal grant opportunities. The Tennessee Department of Health is the awardee and the Southeast Region Healthcare Coalition is the sub-awardee. A fiduciary agency is contracted through the Tennessee Department of Health to expend all funds.

HCCs in Tennessee are currently working collaboratively to develop communications tools that will allow for the sharing of information between coalitions, including ideas and strategies for promoting organizational and financial stability. This would encompass lessons learned and best practices, Q & A platforms, resource document collection files, etc.

3.2 Engagement of Partners and Stakeholders

The HCC continually strives to recruit and involve representatives from a wide range of healthcare providers and support groups. These include:

- Health Care Executives
- Clinicians

- Community Leaders

These also include individuals and entities which specialize in healthcare-related issues for:

- Children, through work with local Children in Disasters, CoPEC, Children's Hospital at Erlanger (CPRC) and the Erlanger Health System by providing research and educational programs for the public and healthcare providers, and purchasing of specific pediatric equipment through the HCC
- Pregnant women, through various health department and hospital-based education programs
- Seniors, by engaging Medical Reserve Corps personnel to provide programs for senior citizens
- Individuals with Access and Functional Needs by engaging Medical Reserve Corps personnel to provide programs for Special Needs populations and caregivers

4. Work Plan

4.1 Roles and Responsibilities

(See 2.4.1 and Appendix K.)

5. Appendices

5.1 Detailed Information on HVA









(See 2.5)









5.2 Commitment to Participate

(See Appendix K.)

5.3 Program Plan and Budget

(See Appendix P.)

Appendix A Tennessee Emergency Management Plan ESF 8	 ESF 8 2011.doc
Appendix B Tennessee Emergency Management Telecommunications Plan	 EMS Telecommunications F
Appendix C Medical Reserve Corp Volunteer Management Operational Plan	 Volunteer Management Operatio
Appendix D Hospital Resource Tracking System Activation Policy	 HRTS ACTIVATION Policy.doc
Appendix E State of Tennessee Emergency Alert System Plan	 2013 EAS Plan STATE OF TENNESSEE.docx
Appendix F State of Tennessee Disaster and Emergency Medical Assistance Shelter Guidance	 TDH_ Shelter_DOG_FINAL09
Appendix G Tennessee Disaster Mental Health Plan	 2013 Tennessee Disaster Mental Health
Appendix H Tennessee Department of Health Concept of Operations Plan Public Health Investigation Team	 PHIT Manual TDH 10 2014NEW.pdf

Appendix I Tennessee Department of Health Mass Fatality Plan	 Mass_Fatality _Plan_FINAL_13May13
Appendix J Continuity of Operations Plan	In Progress
Appendix K Bylaws and Administrative Plan	 Signed SERHC By-Laws--Administrat
Appendix L ASPR-TRACIE Resource List	 Resource List.pdf
Appendix M Coalition MOU	 MOU Acute Care Hospitals.pdf
Appendix N Coalition HVA/TA	 2017 SERHC HVA.pdf
Appendix O Coalition Gap Analysis	 SERHC Summary of Risks.pdf
Appendix P HCC Budget Document	 2017-2018 SERHC Budget.pdf  2018-2019 SERHC Budget.pdf