**Jefferson County Health Care Coalition (HCC)**

**Attachment**

**Response plan**



**Jefferson County, Alabama**

 **March 2024**

Record of Change

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Change Number | Plan Section | Date | Change | Author |
| 2017-01 | 2.3.1.5.4 Resource Coordination | June 2017 | Addition of Resource Only Requests process | HCC CoordinatorJ. Cobb, RN |
| 2018-01 | 2.2 Role of the Coalition in Events | January 2018 | Addition of Adopting Crisis Standards of Care when indicated during a declared public health emergency in accordance with Emergency Support Function 8 of the Alabama Emergency Operations Plan | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-01 | Plan Outline and name change to Jefferson County Health Care Coalition Response Plan | April 2019 | Adopted the ASPR-TRACIE Health Care Coalition Response Plan Template | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-02 | 1.4 Administrative Support | April 2019 | Addition of Plan Review and Maintenance  | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-03 | 2.2.1 Member Roles and Responsibilities | April 2019 | Defined Core Members of Coalition Leadership Team | HCC Readiness and Response CoordinatorJ. Cobb, RN |

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| Change Number | Plan Section | Date | Change | Author |
| 2019-04 | 2.3.1.5.2 Ongoing HCC Actions | April 2019 | Addition of Evacuation and Relocation process | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-05 | 2.3.1.5.4 Resource Coordination | April 2019 | Addition of Essential and Critical Elements of Information | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-06 | 2.3.1.5.5 Patient Tracking | April 2019 | Addition of Patient Tracking strategies | HCC Readiness and Response CoordinatorJ. Cobb, RN  |
| 2019-07 | 3. Appendices/Annexes | April 2019 | Addition of Appendices and Annexes (see page 19 for listing) | HCC Readiness and Response CoordinatorJ. Cobb, RN |
| 2019-08 | 2.2.1 Member Roles and Responsibilities | January 2020 | Updates to existing roles; addition of JCDH; Lead Hospitals, Clinical Advisor and Clinical SME’s identified | HCC Readiness and Response Coordinator, J. Cobb, RN |

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| Change Number | Plan Section | Date | Change | Author |
| 2019-09 | 2.3 Response Operations | January 2020 | Addition of ReadyOp Alert | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2020-01 | 2.2.1 Member Roles and Responsibilities | October 2020 | Addition of the Skilled Nursing Facility Sub-Committee | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2021-01 | 2.2.2 Coalition Response Organizational Structure | June 2021 | Addition of Unified Command | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2021-02 | 2.3.1.2 Activation | June 2021 | Addition of HCC Member request process | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2021-03 | 2.3.1.3 Notifications | June 2021 | Redundant Communications Drill corrective action results | HCC Readiness and Response Coordinator, J. Cobb, RN |

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| Change Number | Plan Section | Date | Change | Author |
| 2021-04 | 3.4.1 Medical Surge Coordination | June 2021 | Addition of the Pediatric Surge Annex and Infectious Disease Annex to 3. Appendices/Annexes list | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-01 | 1.2 Scope | January 2022 | Removal of CEMP revision to EOP | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-02 | 2.2 Role of the Coalition in Events | January 2022 | Additional wording from Preparedness Plan  | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-03 | 2.2.1 Member Roles and Responsibilities-Volunteer Agencies | January 2022 | Role of Family Assistance Center operations added | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-04 | 2.2.2 Coalition Response Organizational Structure | January 2022 | Updated Jefferson County HCC ICS Chart | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-05 | 2.3.1.3 Notifications | January 2022 | Descriptions of HCC purchased Motorola APX 900 800 MHZ radios and Southern Linc phones added  | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2022-06 | 2.3 Response Operations | November 2022 | Updated terminology to align with actions; Process updated based on recent response efforts and plan review with Captain Link | HCC Readiness and Response Coordinator, J. Cobb, RN |
| Change Number | Plan Section | Date | Change | Author |
| 2202-08 | 3. Appendices/Annexes | November 2022 | Updated  | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2202-09 | 2.3.3 Notifications | December 2022 | Everbridge description update to include HCC Leadership Team Nixle Alert Group | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2023-01 | 2.1 Role of Coalition in Events | April 2023 | Levels of Activation during an MCI or Medical Surge | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2023-02 | 2.1.1 Membership Roles and Responsibilities | April 2023 | Membership recognized by online registration | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2023-03 | 2.1.1 Membership Roles and Responsibilities | April 2023 | Hospital, BREMSS and EMS Roles updated | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2023-04 | 2.4 Recovery | April 2023 | HCC Role in Recovery defined | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2024-01 | Plan | March 2024 | Healthcare Coalition changed to Health Care Coalition | HCC Readiness and Response Coordinator, J. Cobb, RN |
| Change Number | Plan Section | Date | Change | Author |
| 2024-02 | Title Page | March 2024 | Replaced EMA logo with new Jefferson County HCC Logo | HCC Readiness and Response Coordinator, J. Cobb, RN |
| 2024-03 | 2.1.1 Member Roles and Responsibilities | March 2024 | Addition of Law Enforcement Representatives as HCC Leadership Team Core Members  | HCC Readiness and Response Coordinator, J. Cobb, RN |

Table of Contents

1. Introduction

1.1 Purpose

1.2 Scope

1.3 Situation

1.4 Administrative Support

2. Concept of Operations

2.1 Role of the Coalition in Events

2.1.1 Member Roles and Responsibilities

2.1.2 Coalition Response Organizational Structure

2.2 Response Operations

2.2.1 Alert/Incident Recognition

2.2.2 Notifications

2.2.3 Activation

2.2.3.1 Information Sharing

2.2.3.2 Resource Coordination

2.2.3.3 Patient Tracking

2.3 Demobilization

2.4 Recovery/Return to Pre-Disaster State

3. Appendices/Annexes (available in AIMS Document Library)

 HCC Membership Spreadsheet

 2023 HVA

HCC Communications Guidelines

HCC Continuity of Operations

 Scenario Specific

Infectious Disease Surge Plan

Pediatric Surge Plan

Burn Surge Plan

Radiation Emergency Surge Plan

Chemical Surge Annex (DRAFT)

BREMSS/TCC Mass Casualty Incident Plan

Jefferson County Area Hospital Compact

Alabama Healthcare Provider Mutual Aid Compact

Alabama Crisis Standards of Care

Mass Casualty Incident/Mass Fatality Incident Guidelines

Introduction

The Jefferson County Health Care Coalition (HCC) Response Plan describes the coordination of emergency activities in response to an event that would impact the healthcare system as a whole within Jefferson County. The plan is coordinated with the Jefferson County Comprehensive Emergency Management Plan (CEMP), Public Health Emergency Response Plans, hospital facility plans and other individual HCC member agencies plans and protocols. Annual plan maintenance represents an ongoing commitment to the coordination that will be necessary in the event of a significant mass casualty event and/or public health emergency.

* 1. Purpose

The HCC Response Plan describes the coordination of emergency activities in response to a public health emergency or mass casualty event with the potential to impact the healthcare system as whole within Jefferson County. The HCC will coordinate response strategies, track member resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the Jefferson County Department of Health, Emergency Support Function 8 (ESF-8) lead agency. The HCC, in collaboration with its members, will provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.

* 1. Scope

 The HCC Preparedness and Response Plans are coordinated with the Jefferson County Comprehensive Emergency Management Plan (CEMP) maintained by Jefferson County Emergency Management Agency (JCEMA). The CEMP provides the framework and legal basis for emergency operations, while the HCC Response Plan provides guidance to support local operations during incidents requiring specialized health and medical resources beyond the affected jurisdiction’s capabilities The HCC Response Plan applies to all member organizations when an event occurs that is beyond the individual health care organization’s ability to manage the response. Authority is limited to the Jefferson County Area Hospital Compact and the Alabama Healthcare Provider Mutual Aid Compact signed by the CEO of each healthcare facility. This guide does not supersede or conflict with applicable laws and statutes.

1.3 Situation

The Response Plan is designed to improve response to any major medical event that would impact the healthcare system as a whole within Jefferson County.

1.4 Administrative Support

Plan Review and Maintenance

The Jefferson County Health Care Coalition Response Plan is a "living" document under continual refinement and improvement. The plan is reviewed formally on an annual basis by the Healthcare HCC Leadership Team. Change(s) to the plan result from annual Hazard Vulnerability Assessments, resources and gap analysis, Coalition Assessment Tool (CAT) progress reports as well as the identification of deficiencies during planned exercises as a part of the After Action Report process or actual plan activation and are documented in the Record of Changes in each plan. The review process is designed to determine the ability of Jefferson County to implement plans in response to a public health emergency affecting the healthcare system as a whole. Development and maintenance of the HCC Response Plan represents an ongoing commitment to the regional coordination that will be necessary in response to a major medical event in Jefferson County.

2. Concept of Operations

2.1 Role of the Coalition in Events

The primary role of the Jefferson County HCC is to assist with coordination of emergency activities in response to a public health emergency, medical surge or mass casualty event with the potential to impact the healthcare system as whole within Jefferson County. The HCC will maintain situational awareness, coordinate response strategies, track member resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the ESF-8 lead agency, the Jefferson County Department of Health. The HCC, in collaboration with its members, will provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.

The role of the HCC Leadership Team during a response includes, but is not limited to the following:

1. Establish as a mechanism for collecting and disseminating essential elements of information (EEI) regarding the requirements for and availability of resources including, but not limited to the following:

• Equipment

• Supplies

• Bed capacities

• Personnel

• Special treatment capabilities

• Pharmaceuticals and related supplies (including Medical Countermeasure and CHEMPACK assets)

2. Provide situational awareness for all of the coalition members.

3. Facilitate the sharing of resources and personnel among coalition members. Note: Sharing of resources is not limited to major disasters or emergencies that affect the healthcare system as a whole. Incidents affecting only one facility/organization will be coordinated in a similar manner.

4. Ensure efficient utilization of local health resources so they will not be overwhelmed during initial disaster relief when emergency medical care and first aid are needed for casualties.

5. Ensure a unified and coordinated incident management approach among the responding coalition members.

6. Provide a structure for hospitals to communicate and coordinate among themselves.

7. During a declared Mass Casualty Incident or Medical Surge Event, determine the Level of Activation potentially needed to respond effectively and efficiently (see diagram 1)

8. Coordinate resources and personnel from coalitions outside the region.

9. Provide a means for centralized coordination with local, state and federal emergency services organizations.

10. Make recommendations to the Jefferson County Health Officer or Designee when resource needs exceed availability, including activation of the Alabama Healthcare Provider Mutual Aid Agreement and the adoption Crisis Standards of Care when indicated during a declared public health emergency in accordance with Emergency Support Function-8 of the Alabama Emergency Operations Plan.

Diagram 1 Levels of Activation during a Mass Casualty Incident or Medical Surge Event

|  |  |
| --- | --- |
| Level I: | Normal regional ED bed capacity.Utilization of all unoccupied staffed beds |
| Level II: | 2X regional ED bed capacity.Utilization of ICS and MCI processes to increase throughput and patient placement.  |
| Level III: | 3X regional ED bed capacityUtilization of alternate care sites/supplies in region as necessary. |
| Level IV: | 4X regional ED bed capacityUtilization of alternate care sites, alternate care facilities and/or activation of mobile capabilities in region and state |
| Level V: | 5X regional ED bed capacityExceeds regional capability. Mobilization of patients out of the region or state.  |

2.1.1 Member Roles and Responsibilities

The HCC consists of diverse membership to ensure a successful whole community response. Members include Hospitals, EMS Providers, Emergency Management, Public Health, Behavioral Health, Dialysis Centers, Federal Facilities, Home Health and Hospice Providers, Skilled Nursing and Long-term Care Facilities, Jurisdictional Partners, Utilities, Schools and Universities and non-governmental volunteer organizations. Membership is recognized by online completion of the Alabama Department of Public Health’s HCC Participation Response Form.

The HCC Leadership Team consists of members (or their designees) with the authority to commit resources and make decisions on behalf of their facilities. Core Members are permanent representatives on the HCC Leadership Team and include all hospitals within Jefferson County, the Jefferson County Department of Health, the Jefferson County EMA, the Birmingham Regional Emergency Medical Services System/Trauma Communications Center (BREMSS/TCC) and Emergency Medical Services. Additional members include the Jefferson, Blount, St. Clair Mental Health Authority (JBSMHA), a Long Term Care Facility representative and the Jefferson County Chief Deputy Coroner. In 2023, the decision was made to add law enforcement representatives from the Birmingham Police Department and the Jefferson County Sheriff’s Office as Core Members.

Decisions are based on majority rule voting among Leadership Team members with each facility/organization casting a single vote. All members are provided meeting information/documentation in order to maintain situational awareness and promote maximum response coordination when needed. Leadership Team membership is augmented as needed based upon the event.

The HCC Readiness and Response Coordinator is the Primary Point of Contact for the HCC. This role has been assigned to the Jefferson County Department of Health Emergency Preparedness and Response Division by unanimous vote of the HCC members as part of the formal governance structure and is currently assigned to an Emergency Preparedness Public Health Registered Nurse.

Children’s of Alabama and UAB are the lead hospitals for the HCC this budget period, with Dr. Joel Evans from UAB serving as the Clinical Advisor through in-kind support from UAB Medicine and Children’s of Alabama providing pediatric clinical Subject Matter Experts (SME).

Additional Member roles and responsibilities during a response may include but are not limited to the following:

Health Care Coalition Readiness and Response Coordinator

The role of the coordinator is to lead, participate in, or support the response activities of the coalition according to their plans.

Coalition Leadership Team

Recognizing an HCC Leadership Team member’s first priority is to their employer, the following responsibilities during a response are assigned based on individual member’s availability:

• Serve as the HCC Primary Point of Contact for their facility/organization and provide EEI and situational updates as needed

• Provide representation, virtual or in-person in the Coordination Center or Emergency Operations Center when activated

• Commit resources and make decisions on behalf of their facilities

• Make recommendations to the Jefferson County Health Officer or Designee when resource needs exceed availability, including activation of the Alabama Healthcare Provider Mutual Aid Agreement and the adoption of Crisis Standards of Care when indicated during a declared public health emergency in accordance with Emergency Support Function 8 of the Alabama Emergency Operations Plan

Skilled Nursing Facilities

* Facilitate open communication and collaboration throughout the care continuum community and the HCC
* Develop, exercise and maintain facility specific all-hazards emergency operations plans
* Provide Essential Elements of Information (EEI) to the HCC Leadership Team, Public Health and Emergency Medical Services Branch Directors in the EOC on skilled nursing facility conditions and other information as requested
* Update the Alabama Incident Management System (AIMS) as requested or needed
* Develop and coordinate consistent facility specific infection control practices and provide practical guidelines for PPE utilization and conservation upon request
* Advise and collaborate on strategies to test nursing home residents and employees in an infectious disease outbreak
* Co-manage an infectious disease positive specific (e. g. COVID-19) subacute unit for the community’s subacute patient population when indicated
* Provide for an effective response to mitigate any resurgence occurring in Jefferson County

Hospitals and Healthcare Facilities

• Implement hospital emergency plans to increase surge capacity to the expected Level of Activation

* Designate a Hospital Incident Commander and establish a Hospital Incident Command Center

• Coordinate with the EOC to activate mutual aid and request state and federal resources if necessary

• Provide Essential Elements of Information (EEI) to the HCC Leadership Team, Public Health and Emergency Medical Services Branch Directors in the EOC on hospital conditions and other information as requested

• Establish and maintain communications with EMS agencies through TCC

• Provide appropriate hospital related information for release to the public and the media and if requested, provide a representative to the EOC or Joint Information Center (JIC)

• Provide medical guidance as requested to EMS agencies

• Work with the Public Health Branch Director and the HCC to coordinate the use of clinics and other care centers to treat less than acute illnesses and injuries

• Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of hazardous substances or agents to other patients and staff

• Coordinate with the Public Health Branch Director, BREMSS/TCC and the HCC Leadership Team on the evacuation of patients from affected hospitals

• Establish and staff a reception and support center for the relatives and friends of disaster victims who may converge at the hospital

• Provide patient identification information to the American Red Cross and Coroner as needed

• Update the Alabama Incident Management System (AIMS) as requested or needed

Birmingham Regional Emergency Medical Services System (BREMSS)

• Serve as the Lead for Mass Casualty Incident Planning and Response

• Assist with the development and activation of coalition-level annexes to manage a large number of casualties with specific needs

• Coordinate resources (including transportation) and patient destination for optimal utilization using pre-established protocols

•

 <https://www.alabamapublichealth.gov/aths/assets/bremss.trauma.plan.2022.pdf>

Emergency Medical Service Agencies (EMS)

• Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity and special designations such as trauma and burn centers

• Respond to the disaster scene with emergency medical personnel and equipment and upon arrival, assume an appropriate role in Incident Command/Unified Command

• If necessary, establish a medical care branch at the disaster site(s) to coordinate health and medical response team efforts

• Provide triage, initial medical care and transport for the injured

• Establish and maintain field communications with hospitals through the TCC and other responding agencies

* Implement BREMSS Mass Casualty Incident Plan response policies and procedures upon activation

• Assist with the evacuation of patients from affected hospitals if necessary and requested

Jefferson County Emergency Management Agency

• Serve as the HCC signatory with USA for the fiscal agent agreement, storage agreements and purchase expense forms

• Activate the EOC (including the Public Health Branch and HCC if needed) to implement the CEMP in support of Hospitals and Healthcare System activities in a mass casualty, CBRNE or major medical event

• Coordinate logistical and resource support for hospitals and healthcare facilities

• Coordinate volunteer organization response through VOAD (Volunteer Organizations Active in Disasters)

• Ensure adequate technology is available for ongoing communications during an event (e.g., WebEOC, AIMS, Life Trac)

• Coordinate with Alabama Emergency Management Agency requests for state and federal assistance

Jefferson County Department of Health

• Provide one FTE to support the staffing requirements for the HCC Readiness and Response Coordinator position

• Serve as the Lead ESF-8 Agency for activation of the HCC to coordinate and support medical surge operations

* Serve as the Lead Agency for Emergency Public Information and Warning during a public health emergency
* Coordinate public health laboratory testing with the Alabama Department of Public Health (ADPH)
* Conduct public health surveillance and epidemiological investigations
* Serve as the Lead Agency for biological incidents and medical countermeasure dispensing
* Identify responder health and safety risks, personal protective needs and monitor safety and health actions
* Jefferson County Health Officer or Designee to assume the role of Public Health Branch Director during EOC activation
* Provide personnel to staff the Public Health Branch during EOC activation

Jefferson, Blount, St. Clair Mental Health Authority

* Support HCC response operations in strategic planning, situational awareness, information sharing and resource management for the provision of behavioral health support and services to patients, families, responders and staff
* Coordinate continued delivery of behavioral health services and case management during the recovery process, including volunteer management of licensed providers

Volunteer Agencies

• Participate in HCC planning, training and exercise activities in order to strengthen regional preparedness

• Assist with the provision of food for emergency medical workers, volunteers and patients

• Assist with notification of the next of kin of injured and deceased

• Assist with the reunification of the injured with their families

* Assist with the establishment and operation of a Family Assistance Center

• Provide first aid and other related medical support (within capabilities) at temporary treatment centers

2.1.2 Coalition Response Organizational Structure

 **HCC INCIDENT MANAGEMENT STRUCTURE**

Continuity of Operations Branch

Unified Command

For the Jefferson County Unified Command Response to COVID-19, the HCC functioned as a Branch under Operations. Groups within the HCC Branch included Hospitals, Long Term Care Facilities and Fatality Management. This structure identified as a “best practice” will be utilized for future responses requiring the activation of Unified Command to address a potential medical surge or medical countermeasure distribution. The World Games 2022 Unified Command placed the HCC under the Fire/Medical Branch of Operations with a focus on Mass Casualty and Mass Fatality Incident Planning and Response.

**UNIFIED COMMAND INCIDENT MANAGEMENT STRUCTURE**

COVID-19 RESPONSE

Unified Command

Logistics

 Operations

Liaison

(EMA**/**ADPH)

PIO

HCC Branch

Hospital Group

(BREMMS/TCC)

Planning

Long Term Care Group Group

(EMS Provider)

Fatality Management

2.2 Response Operations

This section, and subsections, address the actions taken by the coalition and its members before, during, and following an event.

2.2.1 Alert/Incident Recognition

The HCC Readiness and Response Coordinator receives information on a developing situation/incident with the potential to require HCC action. Incident recognition may come from any of the following:

Affected facility

Alabama Department of Public Health

Alabama Incident Management System (AIMS)

BREMSS/TCC

Centers for Disease Control and Prevention

Elected Officials

Health Care Coalition Member or Partnering Organization

Jefferson County Department of Health

Jefferson County EMA

Media

2.2.2 Notifications

Upon alert/incident recognition, the HCC Readiness and Response Coordinator will notify the HCC Leadership Team and provide situational awareness. The primary method of notification during day-to-day operations is through JCDH email to the Leadership Team members work email. If the notification is urgent and time sensitive, an Alabama Incident Management System (AIMS) notification will be initiated which includes a text message prompt to log in and read the message. Depending upon the event, Jefferson County EMA may utilize an Everbridge Mass Notification to include external partners. Additional communication capabilities include WebEOC maintained by the Alabama Emergency Management Agency, Life Trac used by BREMSS/TCC and the Healthcare Amateur Radio Club (HCARC). Brief system descriptions are provided below.

**Alabama Incident Management System (AIMS)** provides situational awareness and ongoing, real-time communication between HCCs and their partners enhancing local, regional or statewide surge capacity and capability. Essential Elements of Information (EEI) can be distributed and received through AIMS and may include the following:

* Notifications and Alerts
* Messaging
* Facility Status
* Staffing Status
* Surge Capacity Status
* Critical Services Status
* Bed Capacity Status
* Patient Transfer Issues
* Patient Tracking
* Resource Availability/Needs Requests, including Medical Countermeasure asset requests

Access to AIMS is currently limited to Healthcare Facilities and Emergency Medical Services within Alabama. Each participating facility has a designated AIMS Administrator with the capability of initiating an AIMS notification through email and text message. As an integral part of the Jefferson County HCC, supporting facilities and organizations such as the Chief Deputy Coroner and the Birmingham Jefferson Transit Authority have been assigned AIMS accounts as OTHER USERS.

**Everbridge Mass Notification** enables users to send notifications via 25+ contact paths to individuals or groups using lists, locations, and visual intelligence. The system keeps everyone informed before, during, and after events. Everbridge software provides robust analytics, GIS targeting, flexible group management, distributed contact data, language localization, multiple options for contact data management, and a “globally local” approach to optimize voice and SMS routing. Build events for one-click sending during incidents with notification templates that contain predetermined contact lists and pre-defined messages for faster communications in a crisis. In December 2022, Jefferson County EMA created a Health Care Coalition Leadership Team Everbridge Nixle Alert Group with the keyword JEFFCOHCC.

**Life Trac** is a unique software solution used by BREMSS/TCC providing real-time information on hospital emergency department status, patient capacity, the availability of staffed beds and specialized treatment capabilities. This system manages minute-by-minute life-saving data, real time information updates every thirty seconds, and provides for air and ground ambulance routing to the nearest care site. The system also provides Bio-Synchromic monitoring with notice to Jefferson County EMA and JCDH.

**WebEOC** is a web-enabled crisis information management system and provides secure real-time information sharing to help managers make sound decisions quickly. WebEOC provides position-specific activity logging and significant events tracking for a real-time common operating picture of the lifecycle of an incident. WebEOC allows resource requests to be submitted in the field through any mobile device. The received requests can then be routed to the appropriate department, allowing staff to manage all related activity. WebEOC supports after action review by allowing users to document comments and recommendations after an event and track the resolution of action items. Currently, WebEOC is maintained by the Alabama Emergency Management Agency and Jefferson County HCC access is limited to the HCC Readiness and Response Coordinator.

**Motorola APX 900 800 MHz Radios** purchased by the Jefferson County HCC through the Center for Disaster Healthcare Preparedness at the University of South Alabama, fiscal agent for the Jefferson County HCC utilizing Hospital Preparedness Program (HPP) funds. These radios have been placed in Emergency Departments throughout the county as part of an ongoing Communications Project to increase interoperable communications between hospitals and public safety partners. The project is on track to expand in 2024 with the purchase of base stations for hospitals and hand-held radios for skilled nursing facilities.

**Southern Linc Phones** purchased through grants to the Alabama Hospital Association and the Alabama Primary Health Care Association from the Alabama Department of Public Health Center for Emergency Preparedness and Response funded by the Hospital Preparedness Program (HPP) as a redundant communications capability for hospitals and community health centers.

**Healthcare Community Amateur Radio Club (HCARC)** promotes and supports emergency training programs, practice drills and cooperative exercises partnering with other amateur radio affiliates to improve skills and effectiveness with amateur radio technologies.

Following alert/incident recognition and notification, the HCC Readiness and Response Coordinator will schedule a conference call or in-person meeting with the HCC Leadership Team to determine the appropriate course(s) of action. Depending upon the event and potential for escalation, alert/incident recognition may include a request for activation.

2.2.3 Activation

Possible triggers for activation may include the following:

Mass Casualty Incident

Mass Fatality Incident

HazMat event

Healthcare Facility infrastructure emergency

SNS or CHEMPACK request

National Disaster Medical System (NDMS) alert or activation

Public Health Emergency

Planned Special Mass Gathering Event

Natural Disaster

Drills and Exercises

Activation Request Process

* Hospital ICs may request activation of the HCC when there is a potential for personnel and equipment requirements to be exceeded. This request may be a direct notification to the HCC Readiness and Response Coordinator, through the Jefferson County EMA, BREMSS/TCC or activation of the Alabama Incident Management System (AIMS)
* Health Care Coalition Members may request activation of the HCC to assist in a developing situation with the potential to impact local resources (e. g. infectious disease outbreak in a skilled nursing facility)
* The Jefferson County EOC may activate the HCC to support Public Health and Medical Services
* An Alabama District HCC or Public Health District may contact the Jefferson County HCC Readiness and Response Coordinator directly and request HCC activation to monitor a potentially developing situation to ensure regional hospital resources are available to support operations.
* BREMSS/TCC may request activation of the HCC to support coordination, communication and provide assistance as needed during a Mass Casualty Incident (MCI).
* The Jefferson County Coroner/Medical Examiner’s Office may request activation to assist in a mass fatality event

Initial HCC actions may include but are not limited to the following:

• Initial monitoring of the situation by the HCC Readiness and Response Coordinator and notifying agency

 • Leadership Team consultation to determine appropriate course of action if any

* Notification to external partners if indicated
* Coordination of resource requests within the Jefferson County HCC

2.2.3.1 Information Sharing

Information sharing is one of the primary responsibilities of the HCC. The process begins with the HCC Readiness and Response Coordinator and the HCC Leadership Team. The HCC Leadership Team will determine the information to be shared, who it will be shared with and the method in which it will be shared. Available communication platforms utilize multiple methods and various response agencies. AIMS is managed through the University of South Alabama Center for Disaster Healthcare Preparedness, Everbridge is maintained by the Jefferson County Emergency Management Agency, WebEOC maintained by the Alabama Emergency Management Agency, BREMSS operates TCC and the Alabama Department of Public Health manages ReadyOp. The Motorola APX 900 Radios purchased by the Jefferson County HCC utilize the Alabama Interoperable Radio System (AIRS) network and provide direct communication capability between 1) Public Safety and hospitals and 2) hospital to hospital. Public health grant purchased Southern Linc phones and amateur radios have also been assigned to each hospital by ADPH.

2.2.3.2 Resource Coordination

AIMS and WebEOC are the primary platforms used for Resource Coordination during an event with the potential to escalate. If the event requires activation of the Jefferson County Emergency Operations Center (EOC), an HCC EOC Liaison may be assigned. The HCC EOC Liaison (1) may initially be the HCC Readiness and Response Coordinator (2) may be a member of the HCC Leadership Team or (3) may already be working in the EOC and able to fill this role (e.g., EMA Public Health Liaison). The Liaison will work within the local EOC structure to maintain communications and coordinate coalition activities to meet the resource (including state and federal resource requests when appropriate) and personnel needs of affected coalition members as directed. Based on the incident, additional staff may be deployed to the EOC to provide support to the HCC EOC Liaison(s). Such deployments will be directed by the HCC Readiness and Response Coordinator and JCEMA EOC.

 A Coordination Center may be established upon the request of JCEMA and/or the HCC Readiness and Response Coordinator to bring HCC representatives together in one physical or virtual location to coordinate resources and personnel in support of emergency operations. The CC and BREMSS/TCC will assist the affected hospitals by coordinating the sharing of resources and personnel between hospitals and coalition members in Jefferson County. The CC and BREMSS/TCC will work with local hospitals to accommodate patient surge capacity and the expansion of on-site or nearby facilities as Alternate Care Facilities as addressed in Article VI of the Jefferson County Area Hospital Compact. The CC and BREMSS/TCC will maintain communications with the EOC regarding additional resource needs and to ensure coordination. When resource needs exceed local availability, CC staff may make recommendations to the Jefferson County Health Officer including but not limited to, activation of the Alabama Healthcare Provider Mutual Aid Agreement and the adoption of Crisis Standards of Care when indicated during a declared public health emergency in accordance with Emergency Support Function-8 of the State of Alabama Emergency Operations Plan. The EOC will maintain contact with the State EOC to ensure situation reporting and timely requests for state and/or federal logistical and resource support through WebEOC. Outside resource requests will be made through AIMS and the Alabama Department of Public Health or through the State EOC. Depending on the event, the JCDH Department of Operations Center (DOC), or BREMSS/TCC, may be the appropriate physical location for the CC. EMA will work closely with the HCC Readiness and Response Coordinator and the HCC Leadership Team to determine an appropriate CC location including virtual options

\*Resource Only Requests

Resource only requests by a facility/organization will be made directly to the Health Care Coalition Readiness and Response Coordinator, who will determine what level of assistance or activation may be needed. Actions may be limited to the requesting facility/organization and the responding facility/organization. In the event that transportation of the resource is required, the Jefferson County Emergency Management Agency will be the responsible agency for logistical coordination. Resource requests made after normal business hours will go through the Jefferson County Department of Health’s after-hours answering service (205-933-9110) to the Environmental Health Division or through the Jefferson County EMA Duty Officer (205-254-2039).

\*In the event the requested resource is an ADPH grant-purchased resource (e. g. morgue trailer) and is deemed non-functioning, several options may be considered including but not limited to the following:

* + The facility storing the resource may choose to absorb the cost of maintenance or replace missing/non-functional equipment
	+ The requesting facility/organization may choose to absorb the cost of making the resource functional for the immediate need
	+ A request may be made to the HCC members for assistance in making the resource functional
	+ A similar resource may be requested through the Alabama Department of Public Health’s Center for Emergency Preparedness

2.2.3.3 Patient Tracking

Responding EMS support agencies will assume responsibility for patient triage, treatment and tracking under the guidelines set forth in the Jefferson County and BREMSS’ Mass Casualty Incident (MCI) Plans. EMS personnel will coordinate and track the delivery of patients to individual hospitals throughout Jefferson County utilizing the TCC, the HEAR Radio System and other EMS communications systems. Hospitals will utilize the HICS 254-Disaster Victim/Patient Tracking form once the patient is received.

Comprehensive record keeping of the event will be accomplished by the EOC using local procedures and the capabilities of LifeTrac and AIMS. The Public Health Branch and the HCC will serve as a resource to assist with patient tracking if needed. This information will be shared with appropriate local, regional, state and federal agencies.

During National Disaster Medical System (NDMS) activation, patients will be tracked through the Joint Patient Assessment and Tracking System (JPATS).

2.3 Demobilization

Demobilization of the HCC may occur in different ways and will be specific to the event. Indicators may include, but are not limited to:

• Event has been stabilized by the facility and impacted community

• Safe conditions exist in the evacuated areas

• Surveillance indicates declining new infections

• Healthcare organizations are able to broaden admissions based on available resources

• Decreasing census in alternate care sites within the county

• Additional resources are obtained

• Demand for resources is declining as event wanes

• Decreasing requests for resource and/or staff support

• EMS, through BREMSS/TCC, indicates return to normal dispatch and transport protocols

* All patients are accounted for

Demobilization may occur in stages beginning with the closing of the Coordination Center as the event becomes stabilized, additional resources are obtained and the HCC Incident Management Structure collapses. The HCC will continue to function under the Public Health Branch of the EOC with the HCC Readiness and Response Coordinator as the primary Point of Contact. With the return to normal operations and the deactivation of the EOC, normal HCC function will resume. Each stage of demobilization will be communicated to HCC members through the established redundant communications systems.

Depending upon the event, the after-action report/lessons learned and corrective action plan for the HCC may be incorporated into the overall response.

2.4 Recovery/Return to Pre-Disaster State

Recovery after a major disaster can be the most prolonged and complex phase of emergency management. Due to the deliberative and incremental nature of the recovery process, the HCC may have a more prominent and/or prolonged role during the recovery than during the response. The HCC brings all of the stakeholders to the table to assess impacts on public health and healthcare, establish plans and priorities for restoration of services and resources, support member healthcare organization’s delivery of patient care and tracking and to sort through competing needs and priorities that are critical to developing and articulating a community recovery plan. Depending upon the nature of the disaster, the HCC may function under Operations within Unified Command as in most recent events or as an outside resource to assist public health led response and recovery efforts.

Potential roles of the HCC in recovery may include, but are not limited to the following:

* Act as an interface for information sharing, technical assistance, and available healthcare system resources within and between disciplines and coalition stakeholders
* Act as a liaison with local and state health, emergency management officials, and federal partners in estimating initial disaster costs and providing assistance in applications for state or federal disaster recovery funding (if available)
* Support the impact assessment process including issues of trends, themes, and emerging or persistent needs
* Support or coordinate a long-term community behavioral health impact needs analysis
* Provide a forum for collaboration and information sharing. Help disseminate post-disaster public health communications (e.g., mold and environmental health hazards)
* Ensure stakeholders are connected with recovery assistance programs
* Participate in (or support) community-wide recovery planning and organization efforts; convene or participate in formal assessments and strategic planning
* Advocate for the needs of healthcare within the broader community and/or state recovery efforts
* Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during the recovery phase
* Assist with preparing county level After Action Reports, Corrective Action and Improvement Plans

3. Appendices/Annexes (available in AIMS Document Library)

HCC Membership Spreadsheet

2022 HVA

HCC Communications Guidelines

HCC Continuity of Operations

Scenario Specific Considerations

Infectious Disease Surge Plan

Pediatric Surge Plan

Burn Surge Plan

Radiation Emergency Surge Plan

BREMSS/TCC Mass Casualty Incident Plan

Jefferson County Area Hospital Compact

Alabama Healthcare Provider Mutual Aid Compact

Alabama Crisis Standards of Care

Mass Casualty Incident/Mass Fatality Incident Guidelines