Region 3 Public Health Emergency Plan Training

April 6, 2018
Region 3 Emergency Support Function 8 (RESF 8) Planning Process
Local Plan Organization

- Local Emergency Operations Plan (LEOP)
- Local Public Health Emergency Response Plan (PHERP) ESF-8 Annex
- Functional or Outbreak-related Appendices
  - Mass Prophylaxis Plan
  - Mass Dispensing
  - Mass Vaccination
- Quarantine & Isolation Plan
PHERP: What is it?

Public Health Emergency Response Plan -

- Provides regional strategic and operational framework for response and management of large-scale PH emergencies (PHE)
- Outline communication structure that manages coordination
Command (Local) vs. Coordination (Regional)

- **Command** - The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

- **Coordination** - The process of providing support to the command structure, and may include incident prioritization, critical resource allocation, communications systems integration, and information exchange.
Basic Plan Chapters

1. **Introduction, Situation & Assumptions:**
   local/regional/state roles, regional assets, provide situation and assumptions this plan covers.

2. **Concept of Operations (Roles & Responsibilities):**
   Describe roles and responsibilities for state/regional/local/ non-governmental agency employees tasked with preparedness and response functions.

3. **Public Health Capabilities:** 6 sections focusing on the 15 public health preparedness capabilities and role of region including: Preparedness/Recovery, Incident Management, RESF-8 Section Chair Information Management, and Surge Management.
4. **Authorities**: Provides the local, regional and state statutes and authorities that underpin the plan.

5. **Appendices**: Ancillary tools, resources, hazard-specific procedures, links to other plans, etc.
Key Concepts- Role of the Region

- RESF 8 Duty Officer will communicate with the local DOH on the nature and magnitude of the public health emergency.
- RESF 8 will work with the local DOH to determine resource needs based on mission and resource typing for personnel and equipment.
- RESF 8 will coordinate needed resources working with the local DOH to determine:
  - what (resource type) is needed
  - duration of deployment
  - location of needed personnel/equipment
- RESF 8 will liaise between DOH, CT-DPH, DEMHS and other identified stakeholders where appropriate.
- RESF 8 will maintain communication with the RESF 8 leads from each of the 5 DEMHS regions.
Activation of Plan

Incident Related Communication Matrix
Region 3 ESF-8 Public Health & Medical Services

CT-DPH – for regulatory reporting requirements

Local ESF-8 stakeholder communicates with:
- RESF-8 Communication Network / intra-discipline / section
- ESC-8 Section / Duty Officer notification & initial coordination as needed
- RESF-5 Duty Officer (via RICS) – Duty Officer / plan (RESP) activation
- EverBridge Notification / Event Alert

Escalating mutual aid

Regional Public Health / Medical Services Emergency

CT-DPH – for regulatory reporting requirements / resource coordination

Local ESF-8 stakeholder communicates with:
- RESF-5 Duty Officer (via RICS) – Duty Officer / plan (RESP) activation
- RCC Activation Monitor Partial Full
- EverBridge Notification / Event Alert
- Local ESF-8 communicates with RCC / ESF-8 to Stand Down

Establish communication w/ requesting authority - situational awareness and coordinate requested resources w/through local organizations / jurisdictions & State (DPH ECC/DEMHS EOC)

RESF-8 Communication Network / intra-discipline / section
<table>
<thead>
<tr>
<th>Public Health Assets in the Region</th>
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<tbody>
<tr>
<td><strong>11 Acute Care Hospitals</strong></td>
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<tr>
<td>• 1 Specialty Acute Care Hospital</td>
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<tr>
<td>• 4 Community Health Centers</td>
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<tr>
<td><strong>Emergency Medical Services</strong></td>
</tr>
<tr>
<td>• 18 Volunteer Services</td>
</tr>
<tr>
<td>• 1 Commercial Services</td>
</tr>
<tr>
<td>• 1 Municipal Service</td>
</tr>
<tr>
<td>• 1 Non-Profit Service</td>
</tr>
<tr>
<td>• 2 Coordinated Medical Emergency Dispatch (CMED)</td>
</tr>
<tr>
<td><strong>Health Departments and Districts</strong></td>
</tr>
<tr>
<td>• 7 Full-Time</td>
</tr>
<tr>
<td>• 8 Districts</td>
</tr>
<tr>
<td>• 2 Part-Time</td>
</tr>
<tr>
<td><strong>14 Mass Dispensing Areas</strong></td>
</tr>
<tr>
<td><strong>2 Medical Reserve Corps</strong></td>
</tr>
<tr>
<td>• 2 Public Health Sub units</td>
</tr>
<tr>
<td><strong>79 Long-Term Care Facilities (LTCF)</strong></td>
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<tr>
<td>Access to State and Hospital Laboratories</td>
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<tr>
<td>Access to 100-Bed Mobile Field Hospital</td>
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<tr>
<td>Access to Disaster Medical Assistance Team (DMAT)</td>
</tr>
<tr>
<td>Access to 55-Bed Mobile Ambulatory Care Unit (MACU) (MRC)</td>
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<tr>
<td>Regional Mass Casualty Trailer</td>
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<tr>
<td>Mobile Oxygen Generating System</td>
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<td>New England Disaster Training Center</td>
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Key Assumptions

- This plan will not deviate from overarching principles of the Region 3 RESP.
- The all-hazards approach to planning and implementing response efforts has the greatest chance of providing a successful outcome.
- The local use of Unified Command is integral to the overall success of a response operation.
- Resources from local and state governmental agencies and private organizations will be made available upon request.
- Terrorist incidents may include cyber-terrorism which can damage or disrupt computer networks, telecommunication systems, or internet services used within the public health and healthcare system.
- Disruption of vital community networks for utilities, transportation, and/or communication could endanger the health and safety of the population.
- Widespread media interest in an incident and the need to educate the public will require additional resources for media management operations.
Regional Coordination Center (RCC) - General points

- RCC operates as a regional coordination focal point in a Multi-Agency Coordination (MAC) System as described in NIMS.
- Each RESF has a chair and co-chair who will respond to the RCC as requested during RCC activation.
  - Primary Public Health Section Chair (Lead) Steve Huleatt, Director of Health, West Hartford-Bloomfield Health District
  - Secondary Public Health Section Chair (back-up) Jennifer Kertanis, Director of Health, Farmington Valley Health District
  - Tertiary Public Health Section Chair (back-up) Charles Brown, Director of Health, Central Connecticut Health District
- 3 fixed locations for RCC operations with its primary site in Manchester, and back-up locations in South Windsor and Windsor Locks
  - Virtual RCC operations available
RCC RESF-8 Roles / Responsibilities

- Support local operation by:
  - maintaining a common operating picture,
  - sharing situational awareness across the Region and the state,
  - acquiring caches of available resources, and
  - coordinating deployment and tracking of resources including personnel and/or response teams

More on RCC activation, notifications, and interface with RCC and Local Health Departments / Districts (LHDs) later
## Region 3 Healthcare Coalition / RESF-8
### Key Responsibilities

| Preparedness / Planning | • Evaluate HCC partners plans for addressing a PHE, identify areas for improvement.  
|                         | • Identify response capabilities and areas for improvement  
|                         | • Coordinate with TEPW to assess regional training needs and integrate results into multiyear TEP |
| Response / Operations   | • Engage and communicate with Region 3 HCC partners for situational awareness and situation status reporting purposes.  
|                         | • Activate appropriate regional plans or response annexes to manage an incident. |
| Administrative Preparedness | • Identify and pursue opportunities for additional funding to ensure durability of the CR-MMRS. |
Full RCC ICS Activation

**Figure 2**

- Operations Support Section Chief
  - Responsible for managing all of the support branches in accordance with NIMS/ICS practices

- External Affairs / JIC Coordinator / RESF-15
  - Asst. PIO
  - Asst. PIO

- RCC Manager / RESF-5*
  - Asst. LNO
  - Asst. LNO
  - Asst. LNO

**Planning Section**

- Situation Unit*
  - Documentation Unit*
  - Demobilization Unit

**Logistics Section**

- Service Branch*
  - Comms Unit RESF-2
  - Medical Unit*
  - Food Unit*
  - CERT Support Unit RESF-16

**Finance / Admin**

- Time Unit
  - Comp/Claims
  - Cost/Proc.

**Human Services**

- Infrastructure Support
  - RESF-6
  - RESF-8
  - RESF-11
  - RESF-16

- Emergency Services Support
  - RESF-1
  - RESF-2
  - RESF-3
  - RESF-4
  - RESF-9
  - RESF-10
  - RESF-14
  - RESF-13

**Situation Unit Leader**
- Collects, processes, and organizes all incident information.

**Document Unit Leader**
- Maintains accurate, up-to-date incident files. Provides duplication services and ensures incident files are stored for legal, analytical, and historical purposes.

**Demobilization Unit**
- Develops a systematic process to return RCC resources back to where they were ordered.

**Service Branch Director**
- Supervises communications, medical, and food units.

**Communication Unit Leader**
- Develops plans for incident communications equipment and facilities. Installs/installs communications equipment, supervises incident communications centers, and maintains repair and maintenance of communications equipment. Establishes a message center to receive and log incoming messages to be forwarded to Operations Support Section.

**Support Branch Director**
- Supervises supply and facilities.
  - Facilities Unit - Responsible for layout and activation of incident facilities; receives, stores, supplies, maintains an inventory of supplies; services non-expendable supplies.
  - CERT Support - Not defined, but included for RCC purposes to manage and support CERT personnel assigned to support CERT operations.

**Time Unit Leader**
- Responsible for maintaining all RCC times, scores.

**Comp/Claims Unit Leader**
- Maintains records of personal injury of RCC staff.

**Cost/Procurement Unit Leader**
- Keeps track of RCC costs and documentation; obtains local authority's approval to purchase and lease resources on their behalf.
Common Terminology – No Codes!

- Using common terminology helps define:
  - Organizational functions
  - Incident facilities
  - Resource descriptions
  - Position titles

CLUE – Keep in simple!
Value of Capabilities-Based Planning

- Consistent with Federal and State Planning Guidance
- Provides improved at-a-glance status of local and regional response capabilities
- Fosters targeted training and enhanced workforce competency in more specific areas
- Allows detailed tracking of areas for improvement and associated corrective actions towards specific capabilities
Public Health Preparedness Capabilities

6 Domains

1. Community Resilience
   a. Community Preparedness (Capability 1)
   b. Community Recovery (Capability 2)
2. Incident Management
   a. Emergency Operations Coordination (Capability 3)
3. Information Sharing
   a. Emergency Public Information and Warning (Capability 4)
   b. Information Sharing (Capability 6)
4. Surge Management
   a. Fatality Management (Capability 5)
   b. Mass Care (Capability 7)
   c. Medical Surge (Capability 10)
   d. Volunteer Management (Capability 15)
5. Countermeasures and Mitigation
   a. Medical Countermeasure Dispensing (Capability 8)
   b. Medical Material Management and Distribution (Capability 9)
   c. Non-Pharmaceutical Interventions (Capability 11)
   d. Responder Safety and Health (Capability 14)
6. Biosurveillance
   a. Public Health Laboratory Testing (Capability 12)
   b. Public Health Surveillance and Epidemiological Investigation (Capability 13)
# Capabilities and Regional Roles

| Community Resilience (inc. Comm. Prep and Comm. Recovery) | • Participate in HVA, assist in planning for hazards identified  
• Collaborate with HCC to identify new or disengaged partners  
• Work with HCC partners to address planning and response needs for vulnerable populations  
• Conduct and/or participate in after-action conferences and reviews post event or exercises |
|---|---|
| Incident Management (EOC) | • Maintain LHD three-deep contacts and share with HCC  
• Identify & ensure 3-deep ESF-8 leadership are trained to assimilate into RCC upon activation  
• Conduct regular ICS/NIMS trainings and redundant communications testing  
• Interact Regional communication via Everbridge or VEOCI- confirm receipt of message, and complete required actions (resource inventory, etc) |
| Information management (Public info & Info Sharing) | • Assist and support dissemination of public and crisis communication  
• Request CT-VOST to assist with media and social media monitoring at RCC  
• Interact Regional communication via Everbridge or VEOCI- confirm receipt of message, and complete required actions (resource inventory, etc) |
### Capabilities and Regional Roles, Cont.

**Surge Management (MFM, Mass Care, Med Surge, & Vol. Mgmt)**
- Work with CT-DPH, ARC, OCME for mass fatality events / family assistance center
- Hospital Mutual Aid and Long-term Care Mutual Aid may be activated - provide assistance/support as requested by RCC
- Provide assistance/support as requested for shelter operations
- Communication any volunteer or staffing needs to RCC. CR-MRC requests should be made to local EMD then to RCC to DEMHS/DPH

**Countermeasures & Mitigation (MCM Dispensing and Distribution, NPI, & Responder Safety)**
- Provide personnel support to LHDs in need based on regional requests
- If MMRS cache used for first responders - monitor and track prophy status. Monitor for adverse events
- Monitor and track any deployed LHD staff - follow resource management guidance
- Share situational awareness and resource requests
- Share intelligence or other promising practices relative to event/emergency

**Biosurveillance (Lab & PH Surveil. and Epi Investigation)**
- Provide support to CT-DPH re: lab functions as requested
- Share situational awareness/situation status reports on large-scale outbreaks or investigations.
- Follow RCC SOG protocols for communicating with and interacting with the RCC re: resource requests
Continuous Process!

- Continuous Quality Improvement
  - Plans are always in “Draft” form...
  - Train on the plan...
  - Test the plan ...
  - Evaluate and make it better!
Questions