Triad Regional Advisory Committee
Regional Disaster Medical Plan

July 2005

Table of Contents

Section 1 - Participating Members of the Regional Disaster Medical Plan

Communications Centers

Alleghany County 911
Davie County 911 Communication

Iredell County Communication
Surry County 911

Emergency Medical Services

Alexander County EMS
Alleghany County EMS
Watauga Rescue
Blue Ridge Medical Transport
Caldwell County EMS
Davidson County EMS
Davie County EMS
Forsyth County EMS
Guilford County EMS
Iredell County EMS
M-Tech / Region I EMS
North Carolina OEMS
Randolph County EMS
Rockingham County EMS
Rowan County EMS
Stokes County EMS
Surry County EMS
Watauga Medics
Wilkes County EMS
Yadkin County EMS

Hospitals/Medical Centers

Alleghany Memorial Hospital
Annie Penn Hospital
Ashe Memorial Hospital
Blowing Rock Hospital
Caldwell Memorial Hospital
Catawba Valley Medical Center
Davie County Hospital
Davis Regional Medical Center
Forsyth Medical Center
Frye Regional Medical Center
High Point Regional Hospital
Hoots Memorial Hospital
Hugh Chatham Memorial Hospital
Iredell Memorial Hospital
Lexington Memorial Hospital
Morehead Memorial Hospital
Moses Cone Health System
Northern Hospital of Surry County
Randolph Hospital
Stokes-Reynolds Hospital
Thomasville Medical Center
VA Medical Center

Hospitals/Medical Centers (Cont.)

W.G. Hefner VA Medical Center
Wake Forest University Baptist Medical Center
Watauga Medical Center
Wilkes Regional Medical Center
Winston-Salem VA Medical Center
W-S OPC - Salisbury VAMC

Health Departments

Appalachian District Health Dept.
Catawba Public Health
Davidson County Health Dept.
Davie County Health Dept.
Forsyth County Health Dept.
Guilford County Health Dept.
Iredell County Health Dept.
Randolph County Health Dept.
Rockingham County Health Dept.
Stokes County Health Dept.
Surry County Health Dept.
Wilkes County Health Dept.
Yadkin County Health Dept.

Emergency Management

Ashe Emergency Management
Guilford EM
North Carolina Emergency Management
Rockingham County Emergency Management
Surry Emergency Management
W-S/Forsyth County Emergency Management
Yadkin County Emergency Management

Mental Health Services

Center Point Human Services

Community Colleges
Davidson County Community College

Law Enforcement
Federal Bureau of Investigations
Kernersville Police Dept.
Surry County Sheriff Office

Aeromedical

NCBH - AirCare

Special Teams

Special Operations Response Team (SORT)
Public Health Regional Surveillance Team 5 (PHRST-5)

Other Participating Agencies

North Carolina Department of Agriculture

Section 2

Regional Disaster Medical Plan
Plan of Action and Intent to Serve

Background Information and Operational Objectives

In conjunction with the North Carolina Office of Emergency Medical Services (NCOEMS), the Triad Regional Advisory Committee as part of the Statewide Trauma System agreed to develop a Regional Disaster Preparedness Committee to address the general and specific needs of the medical community during a disaster or potential disaster situation. Within the Disaster Preparedness Committee, various other subgroups convene on a regular basis to address various issues such as Surge Capacity, Education and Training, Integration with Public Health, EMS, Communications, and Fire Services, and, to coordinate other regional medical and disaster activities. As all facilities and agencies across the region have interacted and assisted each other during increased patient volume time periods either due to a regional public health concern or due to an isolated emergency involving multiple patients, the development of a Regional Disaster Medical Plan is directed at coordinating all efforts towards one common goal. This goal is defined as reaching an agreement to operate in a systematic, organized approach to identifying, quantifying, and dispersing available medical resources to a particular area or facility in the instance a single community (or multiple communities) or facility is in need of assistance. The "activation" of the system may be as a result of natural disasters, major accidents involving mass casualties, or as a direct response to a covert or overt attack on the Triad region and it's neighboring communities.

As a guideline to operations, this Regional Disaster Medical Plan will address several general needs associated with continuity of operations during out-of-the ordinary times of increased patient volume or facility demise. The critical areas addressed in this plan will include:

- Mutual Aid between all healthcare facilities.
- Mutual Aid between all healthcare facilities and out-of-hospital resources such as Public Health, EMS, Fire, Law Enforcement, Public Safety Answering Points (9-1-1), Emergency Management and ancillary healthcare entities.
- Community surveillance and patient tracking mechanisms to ensure proper monitoring of resource availability and the ongoing health of the region.
- Sharing and credentialing of healthcare personnel during disaster operations.
- Training, Education, and Overall Emergency Preparedness Efforts
- Personnel Protection and Risk Management Issues
- Healthcare Reimbursement
- Mass Patient Care and Surge Capacity Management
- Communications
- Resource Availability and Mobilization of Personnel, Supplies, and Equipment
- Integration with existing independent disaster operation plans at the local, state, and federal levels as well as with the State Medical Response System and other organized community response plans and/or teams.

- Event Recovery and Response Evaluation
- System Review and Plan Update Processes

A critical point of interest in the development of this Regional Disaster Medical Plan is associated with ensuring all stakeholders maintain the focus and purpose of this system. The Regional Disaster Medial Plan is designed to provide the best possible coordination and care for the masses of citizens and victims associated with a community or regional medical disaster and to provide a common good for all those affected. Operational, administrative, and legal issues are inevitable but should not hinder the intent of providing the best care for the most people in a coordinated effort either at a moments notice with during forecasted events.

With this said, the intention of this plan is to address all pertinent issues in compliance with governing rules, laws, and guidelines while maintaining the understanding that activation of this system will be during atypical circumstances and will require decisions be made outside the normal realm of day-to-day healthcare operations. Independent judgments will be a part of this system and may fall outside the defined scope of this plan but is a necessary option to ensure proper delivery of care. Once the situation or event has been mitigated, an extensive review of all activities will take place and all stakeholders will be represented. Any operational, administrative, financial, or legal issues recognized will be addressed and resolved. The Triad communities expect an expedient and coordinated effort to protect and respond in a timely and effective manner to care for their families; this plan will be designed and implemented with such expectations in mind and will address the well-being of the citizens of the affected communities.

Introduction and Intent of Operations

The participants listed in Section I have agree in principal to voluntarily coordinate disaster aid services to each of the participants in a good faith effort to minimize risk to patient care and other health care system operations in the event of a disaster affecting one or multiple communities in the region.

The participants agree that in the event of a disaster which impacts the operational capabilities of any member of the plan, that member may request assistance from the other participants as is more generally set forth herein and as will be more comprehensively developed and defined in each members' disaster plans and documents. This plan is designed to not replace the operational guidelines of all entities involved but to better define how resources will be shared during disaster operations.

In the event of a disaster, an affected participant should first turn to its local community resources for assistance and work through defined Emergency Operations Plans in conjunction with local Emergency Management Officials. At the point local capacities are exceeded, or, at the point it is anticipated that the local community will become overwhelmed with medical casualties, requests for assistance may be initiated to ensure mobilization of resources prior to or immediately following a locally defined disaster.

The nature, scope, and extent of the disaster relief needed will be based on the evaluation by the local medical community and emergency managers; available resources will then be assessed using existing healthcare facilities assessments tools and facility resource lists.

Each of the participants in the event of a disaster agree to provide at their sole cost and expense for a period to be determined by the affected hospital and the local emergency managers assessment based on the needs of the affected participant but in a format agreed upon in advance to ensure consistent operations during the disaster period. Once activated, the participants will have various routes to pursue possible reimbursement for services and supplies utilized. Three specific avenues for local jurisdictions to follow include:

1. Federal Emergency Management Stafford Act,
2. North Carolina Emergency Management Mutual Aid Agreement, and,
3. North Carolina Hospital Association Mutual Aid Agreement.

Depending upon the type of emergency and the formal declaration of the same depends on the processes to follow when applying for reimbursement. All efforts should be coordinated through the local Emergency Management offices for the various jurisdictions.

Response frameworks will be in place and will mirror those established by the local emergency operational guidelines, State Medical Response System, National Disaster Medical System, and in concert with the Federal governments Emergency Support Function Eight (8), Health and Medicine. Other appropriate Support Functions may apply depending upon the specific incident type and circumstances. This plan is not intended to replace standard medical practices and common sense approaches to emergency response situation but to augment the existing systems and to provide a uniform approach to provide the most efficient and cost effective care for the greatest number of citizens and/or casualties during atypical situations.

The participating healthcare agencies will be responsible for all cost and expenses including salary, travel, benefits, and other related expenses except for food and lodging while on site which shall be borne by the affected hospital. The affected health care agency and local emergency management coordinator will assess the continuing need for staff and support and will agree on any requirements including financial contributions by the affected agency to the participating agency to cover the cost and expense of the requested staff and resources.

In the event that the affected hospital is unable to continue patient care for some or all of its patients, the participants agree to act as receiving facilities for patients that can be effectively care for by the specific facility. The participating agencies will coordinate the transfer of patients and will assign them to the other participants' facilities based upon the protocol as outlined in the specific annex of this plan designated for patient dispersal**.** Billing of patients will commence as per normal transfer policies during routine patient care operations, thus, the transferring facility will assume responsibility for all billing and claims through the patient transfer (including the cost of patient transfer) and the receiving facility will assume responsibility of billing and claims processes once the patient is received. Additional aspects of the transfer of these patients should be addressed in compliance with EMTALA and

agreed upon by all participants and outlined in the Forward Movement of Patients Guidelines.

This Regional Disaster Medical Plan reflects the voluntary efforts of the participants with the understanding that any participant herein is obligated only to provide the level of care and services possible depending upon the facility or agencies current capabilities and may withdraw or suspend participation at any time upon notification by either of the following routes:

1. For long-term participation issues, the agency or facility should respond to the Regional Disaster Planning Committee.
2. For short term, incident specific participation issues, the agency or facility should respond to the requesting agency or facility utilizing the proper Incident Command System notifications.

Further, this plan is in no way meant to affect any of the participants' rights, title, claim, or defenses including the entitlement to protection and governing by common medical, administrative, and ethical medical practices applicable in the State of North Carolina and as defined in federal, state and local laws, rules, and ordinances.

It is the intention of the participants and the plan that they will continue to participate in the Triad Regional Disaster Preparedness Committee and any local emergency or disaster planning committees necessary to maintain local, regional, and state coordination of resources and response plans. Based on need and changing medical, disaster, and administrative practices, this plan will be revised as needed but not in a manner to require constant alteration of practices and general operating guidelines. In the event changes are necessary, the Regional Disaster Preparedness Steering Committee will accept, review and comment back to the participants within a 60-day period to propose any necessary changes and to establish a timely and effective implementation time frame for necessary changes in regional disaster operations.

Section 3
Common Goals and Objectives During A Response

Regardless of a particular agency's individual responsibilities during an event, all involved are working towards common objectives. These can be summarized as follows:

- Preserve and protect lives
- Mitigate and minimize the impact of the incident
- Inform the public and maintain public confidence
- Prevent, deter and detect crime
- Assist an early return to normality (or as near to it as can be reasonably achieved)
- To ensure the health and safety of all those responding to the incident
- To safeguard the environment
- To facilitate judicial, public, technical, or other inquiries and
- To evaluate the response and identify lessons to be learned

To more specifically define individual agency roles and responsibilities, the following will list areas to addressed in detailed by each discipline's operational guidelines and inter-county/interagency mutual aid agreements.

I. Health and Medicine

- Coordinate MOUs and Mutual Aid Agreements with all appropriate agencies and organizations for the provision of services to or on behalf of affected individuals and families;

- Train all personnel in the National Incident Management System (NIMS) to the awareness level;

- Create GOGs to govern the ability to provide emergency medical care; disease, epidemic, and vector control; immunizations; food, water, and environmental hazard surveillance, health and safety inspections; dental assistance; and crisis counseling.

- Plan for the continuity of health and medical services, in conjunction with the each County Office of Emergency Management, American Red Cross, and other agencies pertinent to the provisions of delivering medical care.

- Maintain a coordinated approach with state public health and the State Office of EMS and NC Emergency Management;

- Recruit, train, and designate public health and medical personnel to serve in the Emergency Operations Center;

- Plan for Weapons of Mass Destruction incidents with support agencies;

- Plan for a Mass Fatalities incident through Public Health and supporting agencies;

- Create plans and procedures for hazardous materials clean-up (Public Health);

- Coordinate medical services with area hospitals and care centers through mutual aid agreements;

- Participate in drills and exercises to evaluate health and medical services response capability.

- Assist area Offices of Emergency Management with health and medical resources, services, and personnel upon notification of an emergency or disaster;

- Operate within the National Incident Management System (NIMS) as dictated by Incident Command;

- Support community health and medical services during shelter operations, as requested upon opening as resources are available to include the special needs populations;

- Coordinate pre-hospital emergency medical activities during disasters and liaisons with the hospital systems and public;

- Secure, in conjunction with the local Office of Emergency Management, other agencies and organizations, and the private sector, mental health, rehabilitation assistance, and other services, when necessary

- Activate and coordinate with medical examiner and coroner, who has responsibility for deceased identification and mortuary services, upon request;

- Channel health and medical services information for public release through the JIC (Joint Information Center) and EOC;

- Continue service assistance throughout the emergency and until all health and medical issues are resolved;

- Maintain records of expenditures and document resources utilized during response and recovery.

II. Fire Services

- Keep abreast of fire and weather forecasting information and maintain a state of readiness;

- Analyze fire potential and identify fire service requirements during an event involving mass casualties;

- Implement efficient and effective MOUs and Mutual Aid agreements among local fire agencies;

- Train all personnel in the National Incident Management System (NIMS) to the operations level;

- Establish reliable communications and incident command systems between support agencies, for an emergency site and EOC;

- Recruit, train, and designate fire service personnel to serve in the EOC;

- Participate in drills and exercises to evaluate fire service response capability.

- Operate within the National Incident Management System (NIMS) as dictated by Incident Command and utilize Unified Command on all multi-agency incidents;

- Maintain a list of current fire service agencies and resource capabilities;

- Coordinate fire services support to the health care community at the first responder level in coordination with the local Office of Emergency Management,

- Channel fire services information for public release through the JIC (Joint Information Center) and EOC;

- Conduct fire suppression operations as needed and assist local Emergency Medical Services and Health Care Facilities with patient decontamination functions;

- Provide technical assistance and advice in the event of fires that involve hazardous materials;

- Maintain records of expenditures and document resources utilized during response and recovery.

III. Law Enforcement

- Analyze hazard needs and determine public safety requirements;

- Identify agencies and organizations capable of providing resources and support and coordinate information with the Emergency Operations Center;

- Train all personnel in the National Incident Management System (NIMS);

- Develop and maintain Memorandum of Understandings (MOU) and Mutual Aid Agreements with other law enforcement agencies within the region, surrounding counties, state, and federal agencies;

- Coordinate with Emergency Management on critical facilities that require special security and assistance with particular attention to health care facilities and pre-hospital scene operations for the purposes of this medical disaster plan;

- Establish reliable communications and incident command systems between support agencies, for an emergency site and EOC;

- Recruit, train, and designate law enforcement personnel to serve in the EOC;

- Participate in drills and exercises to evaluate law enforcement response capability.

- Operate within the National Incident Management System (NIMS) as dictated by Incident Command;

- Channel law enforcement information for public release through the JIC (Joint Information Center) and EOC;

- Assist with evacuation, traffic control, routing of emergency vehicles, and security in restricted areas;

- Control exit and entry into the emergency or disaster area;

- Report transportation blockages/street closures to the appropriate EOC;

- Arrange for security at additional critical facilities (e.g. EOC, shelters, Disaster Application Centers);

- Request additional support through MOUs and/or EOC;

- Assist in the return of evacuees; and

- Maintain records of expenditures and document resources utilized during response and recovery.

IV. Public Health

- Coordinate MOUs with appropriate agencies and organization for the provision of services to or on behalf of affected individuals and families;

- Maintain procedures outlining the decision-making process to determine when a shelter is opened and coordinate with the appropriate agencies and jurisdictions.

- Provide technical and health care expertise to all healthcare agencies in the event of a bioterrorism event and coordinate appropriate treatment modalities, receipt of and distribution of the Strategic National Stockpile through the local Emergency Management Office;

- Coordinate the request and distribution of any additional local caches of pharmaceuticals and prophylactic care for patients and first responders;

- Coordinate activities of a public health nature with the NC Department of Public Health, Centers for Disease Control, and other Federal Agencies through Emergency Management.

- Coordinate pertinent information concerning zoonotic emergencies with the Department of Agriculture through the local Emergency Management Office.

- Coordinate the response and deployment of NC Public Health Regional Surveillance Teams as needed through the local Emergency Management Office.

- Assist health care facilities with appropriate infectious disease reporting, tracking, and control procedures and information dissemination through the Joint Information Center (JIC);

- Coordinate with Fire Services, Law Enforcement, EMS, and local health care facilities the procedures for opening up an emergency shelter and creating "staging areas" close to the incident before transportation arrives;

- Maintain, through County Department of Social Services in coordination with American Red Cross and County Office of Emergency Management, an updated list of potential shelters with all relevant information (i.e., location, capacity, health inspection, accessibility, pet space or drop off, contact information).

- Maintain GOG's for shelter operations including the procedures for determination and follow-through of special needs cases vs. general public shelters;

- Maintain facility listing for special needs population relocation;

- Coordinate with County Department of Social Services and the American Red Cross for securing shelter and feeding arrangements, operating shelters and providing shelter management. Operate shelters involving secondary agencies as required;

- Provide training (standard Red Cross shelter management training) to shelter personnel;

- Train all personnel in the National Incident Management System (NIMS);

- Coordinate with County Department of Public Health and the American Red Cross to prepare first aid kits for shelters;

- Coordinate with the American Red Cross, amateur radio operators, and local emergency management to establish an emergency/back up communications system between any and all required agencies as needed;

- Participate in drills and exercises to evaluate mass care and shelter response capability;

- Support opening and operating shelters at the request of Incident Command, Elected Officials, County / City Managers, or the County Office of Emergency Management;

- Operate within the National Incident Management System (NIMS) as dictated by Incident Command;

- Maintain detailed shelter records of and provide EOC updates on population totals and capacity;

- Provide staffing in the EOC as dictated by the situation and the EOC activation level to coordinate county-wide response;

- Assist with staffing of shelters, in coordination with the County Department of Social Services, County Department of Public Health, Mental Health American Red Cross, and other agencies, as requested;

- Coordinate all special needs requests and cases through the EOC;

- Coordinate with Mental Health to provide crisis counseling and debriefing services to disaster clients and responders;

- Coordinate mass feeding operations with American Red Cross and Salvation Army for health care facilities, EMS, Fire, and Law Enforcement agencies.

- Coordinate shelter security with the local law enforcement agencies

- Coordinate fire protection and fire safety / code regulations with local fire departments / inspectors

- Maintain records of expenditures and document resources utilized during response and recovery.

Section 4

Summary Of Operations

It is understood that during a disaster response, all agency operations will be taxed and overwhelmed in the very early stages of the incident. The initial management of an incident during the first few minutes to hours of an operation is critical to the success or to the ultimate failure of the system to function properly from the onset.

The design of this plan is to not govern the operations of each agency but to define goals and objectives of each respective discipline during a regional operation. Specific job duties and functions are already defined in day-to-day general operating guidelines, standard medical practices, treatment protocols, and rules and regulations. It is how counties, health care agencies, fire services, and law enforcement communities "share" resources and respond beyond their defined jurisdictions when requested during a disaster.

The appendices of this document represent the various mutual aid agreements that are in place and have been agreed upon by the respective and affected agencies. These agreements verify the many operational aspects associated with the sharing of personnel, equipment, reimbursement, and post-incident follow-up.

As stated in the beginning, the Triad communities expect an expedient a coordinated effort to protect and respond in a timely and effective manner to care for their families; this plan is designed and will be implemented with such expectations in mind and will address the well-being of the citizens of the affected communities while maintaining the safety of all public safety personnel, health care providers, and public servants involved in mitigation of the incident.

Section 5

Agency/Facility Mutual Aid Agreements

I. NC Hospital Association Mutual Aid Agreement
II. NC EM Mutual Aid Agreement
III. T-RAC EMS Mutual Aid Agreement
IV. Public Health Services Mutual Aid Agreement

Section 6

References

Robert T. Stafford Act
www.fema.gov/library/stafact.shtm

The NC EM Mutual Aid Agreement
http://www.dem.dcc.state.nc.us/MUTAID/MutualAidContract.PDF

North Carolina Emergency Management
www.ncem.org

NC Emergency Management Act of 1977
http://www.ncleg.net/statutes/generalstatutes/html/bychapter/chapter_166a.html

North Carolina Regional Response Teams (Hazardous Materials)
www.dem.dcc.state.nc.us/HazMat/RRTPAGE2.htm

North Carolina Public Health Preparedness and Response
Public Health Regional Surveillance Teams
www.epi.state.nc.us/epi/phpr

NC State Medical Response System
<Website Under Development> - Contact the NC Office of EMS
www.ncems.org

Special Operations Response Team (SORT)
NC DMAT-1
www.sortteam.org

Triad RAC
www.triadrac.org