2019 HCCSM Training and Exercise Planning Workshop Participant Manual

The 2019 HCCSM Training and Exercise Planning Workshop (TEPW) Participant Manual provides guidance to Coalition members in attendance with all necessary resources to actively participant in this workshop.

Rev. May 2019

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#

# Welcome Letter

# HCCSM TEPW Participant,

# Thank you for participating in the 2019 Healthcare Coalition of Southern Maine Training and Exercise Planning Workshop.

A TEPW provides the opportunity to collaboratively establish exercise program priorities and develop or update the Multi-Year Training and Exercise Plan (MYTEP). Coordination of training and exercise events is important for us to prevent duplication of efforts, ensure resources are not overextended during training or exercises, and maximize the efficiency of training and exercise appropriations. Moreover, schedule collaboration presents opportunities for organizations to fulfill multiple grant requirements with a single exercise or training course.

We are hoping that through collaboration of Coalition members we can identify training and educational gaps, identify areas of table-top exercises and full-scale exercises that are needed by the Coalition, and offer continuing educating classes that will benefit members and their facilities.

When a disaster hits a community or a region, the entire healthcare system will be impacted and will have to respond. All healthcare organizations, from the largest hospital to a small community health center, will need to work together in a coordinated fashion to effectively respond to the disaster and work towards recovery. Planning and training together saves lives.

During all healthcare emergencies, decisions made by one healthcare organization will impact others. Healthcare organizations and partners planning together will create a better prepared and resilient healthcare system.

By planning collaboratively, all members of the coalition will be strengthened and will be better prepared. Your organization will learn from experiences of others. By participating in the Coalition, your organization may be able to meet some of your requirements related to emergency plans and exercises.

Thank you for choosing to participate in this workshop and I look forward to the results of these collaborative discussions.

Thank you,

Allyssa Caron, M.P.A

Healthcare Coalition Coordinator

Healthcare Coalition of Sothern Maine

# TEPW Overview

The creation of effective capabilities-based exercise programs begins with a multi-year Training and Exercise Plan (TEP), which establishes overall exercise program priorities and outlines a multi-year schedule of training and exercise activities designed to address those priorities and validate core capabilities. The Training and Exercise Planning Workshop (TEPW) provides a collaborative workshop environment for Whole Community stakeholders to engage in the creation of the TEP. The TEPW also serves as a forum to coordinate training and exercise activities across organizations in order to maximize the use of resources and prevent duplication of effort.

This TEPW Participant Manual provides guidance for organizations involved in the TEPW and includes sample documents and relevant reference material.

# TEPW Purpose

The purpose of the TEPW is to use the guidance provided by elected and appointed officials to identify and set exercise program priorities and develop a multi-year schedule of training and exercise events to meet those priorities. At the TEPW, stakeholders draw on jurisdiction-specific threats and hazards, identified areas for improvement, core capabilities, external requirements, and accreditation standards or regulations to develop or update the Multi-year TEP. In this way, the TEPW establishes the strategy and structure for an exercise program and sets the foundation for the planning, conduct, and evaluation of individual exercises.

# TEPW Conduct

## Identify Factors for Consideration

The first task of TEPW participants is to identify factors for consideration in developing exercise program priorities. Factors for consideration are the key elements that influence the selection of program priorities. The list of factors will help organizations consider the full range of variables impacting their exercise and preparedness programs. TEPW participants should consider the following factors:

* **Threats and hazards** including:
	+ National threats and hazards
	+ Organizational or jurisdictional threats and hazards
	+ Threat and Hazard Identification and Risk Assessment (THIRA)
	+ Local risk assessments
	+ Hazard vulnerability analysis
* **Areas for improvement/capability assessments** from exercises and real-world events, including:
	+ Strengths to be shared with other organizations
	+ Open and non-validated corrective actions
	+ Identified and/or perceived areas for improvement
* **External sources and requirements**, including:
	+ Industry reports
	+ State or national preparedness reports
	+ Homeland security strategies

## Accreditation standards, regulations, or legislative requirements, including:

* + Accreditation standards (e.g., hospital accreditation requirements)
	+ Regulations or legislative requirements

Participants work in small groups to build lists for each of the listed factors, and brief the lists to the plenary group.

## Link Factors to Core Capabilities

Once participants have developed a comprehensive list of all factors for consideration, they link the factors to core capabilities. Core capabilities are distinct critical elements necessary to achieve the specific mission areas of prevention, protection, mitigation, response, and recovery. By linking each factor to one or more core capabilities, participants can identify and prioritize the most common core capabilities. This process helps identify the areas most in need of attention.

## Establish Exercise Program Priorities

Exercise program priorities are the strategic, high-level priorities that guide the overall exercise program. These priorities inform the development of exercise objectives, ensuring individual exercises evaluate and assess core capabilities in a coordinated and integrated fashion. Working from both the factors to consider and core capabilities list, participants identify a manageable number of program priorities.

## Develop a Multi-year Schedule

After setting exercise program priorities, TEPW participants build a draft multi-year schedule that outlines the exercises and associated training events that will address the exercise program priorities. Workshop participants focus on the following tasks:

* **Identify Potential Exercises.** Identify potential exercises for inclusion in the multi-year schedule, including pre-planned exercises, standing exercise requirements, and additional exercises to address program priorities.
* **Identify Training Opportunities.** Identify training opportunities to support specific exercises, address areas for improvement or capability gaps, or meet training requirements.
* **Update the Exercise Schedule.** Update the calendar with exercises and training events that will enhance collaboration and address the exercise program priorities. Participants should focus on updating the current exercise schedule and identifying exercises that could benefit from collaboration.

The training opportunities and exercise schedule developed by TEPW participants, in addition to exercise program priorities, are they key components of the Multi-year TEP. TEPs should reflect a progressive planning approach that improves core capabilities through a series of exercises that

involves an increasing level of complexity over time. The schedule should list the proposed training and exercises to be conducted over the ensuing three to five years, if possible. For example, a 3-year schedule created at the beginning of 2019 should represent training and exercise activities expected to occur from 2019 to 2024. For exercises held in the first year, approximate dates should be available. For second- and third-year schedules, tentative dates may be used.

## HPP Exercise Grant Requirements

The Health Care Preparedness Program multiyear training and exercise planning is based on the 2017-2022 Health Care Preparedness and Response Capabilities (HCPRCs), as well as the overarching requirements, improvement plan corrective actions and other capabilities outlined in the Minnesota FY 2017-2022 Hospital Preparedness Program (HPP)-Public Health Emergency Preparedness (PHEP) Cooperative Agreement Application.

HPP-PHEP sub-awardees may use funds to support the cost of health and medical worker participation in training centered on: cross-cutting capability development; preparing workers with the necessary knowledge, skills, and abilities to perform/enhance the capability; and to participate in exercises on those capabilities or related systems.

The Metro Health & Medical Preparedness Coalition will:

Show evidence in the HPP Budget work plans, budget justification, and technical assistance plans that all training is purposefully designed to close operational gaps and sustain jurisdictionally required capabilities.

Conduct a Health Care Coalition training and exercise planning workshop (T&EPW). Develop a Health Care Coalition three-year MYTEP based on the HPP Capabilities and identified gaps.

Conduct an annual Coalition Surge Test to assess overall health care system response, inclusive of all HCC hospitals (low/no-notice exercise to test ability of HCCs to transition

link: [http://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx.](http://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx)

Conduct at least two HCC-level redundant communication drills annually to test the effectiveness of the systems and platforms (e.g., bed/resource tracking systems, amateur and commercial radio, satellite phones, etc.).

Consider other HCC-level functional or full-scale HSEEP based exercises as able to test HPP Capabilities, Performance Measures and other identified HCC All-Hazards Plan gaps.

Consider the access and functional needs of at-risk individuals and engage these populations in health care coalition-based exercises.

Complete and submit after-action reports and improvement plans (AAR/IPs) for all responses to real incidents and for exercises conducted during the next three calendar years to demonstrate compliance with HPP and PHEP program requirements. HCC and PHEP awardees should provide an AAR/IPs for each qualifying exercise within 90 days.

## HPP Capabilities, Objectives, and Activities

The 2017-2022 Healthcare Preparedness and Response Capabilities document outlines the high-level objectives that the nation’s healthcare delivery system, including HCCs and individual healthcare organizations, should undertake to prepare for, respond to, and recover from emergencies.

The following is a further description of those HPP four capabilities, including a brief description of the importance of that capability to HCCSM, an outline of improvement ideas relevant to the capability, any associated priority capabilities and ideas for cycles of specific planning, training and exercise activities that would strengthen this capability for the Coalition. HCCSM Training and Exercise Program priorities will correspond with the five key domains identified in the Maine CDC’s 2017-2022 HPP-PHEP Cooperative Agreement.

[Capability 1. Foundation for Health Care and Medical Readiness](#_bookmark17)

[Objective 1: Establish and Operationalize a Health Care Coalition](#_bookmark18)

* [Activity 1. Define Health Care Coalition Boundaries](#_bookmark20)
* [Activity 2. Identify Health Care Coalition Members](#_bookmark22)
* [Activity 3. Establish Health Care Coalition Governance](#_bookmark27)

[Objective 2: Identify Risk and Needs](#_bookmark28)

* + [Activity 1. Assess Hazard Vulnerabilities and Risks](#_bookmark29)
	+ [Activity 2. Assess Regional Health Care Resources](#_bookmark32)
	+ [Activity 3. Prioritize Resource Gaps and Mitigation Strategies](#_bookmark33)
	+ [Activity 4. Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with](#_bookmark34) [Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs](#_bookmark34)
	+ [Activity 5. Assess and Identify Regulatory Compliance Requirements](#_bookmark37)

[Objective 3: Develop a Health Care Coalition Preparedness Plan](#_bookmark50)

[Objective 4: Train and Prepare the Health Care and Medical Workforce](#_bookmark54)

* + [Activity 1. Promote Role-Appropriate National Incident Management System Implementation](#_bookmark55)
	+ [Activity 2. Educate and Train on Identified Preparedness and Response Gaps](#_bookmark56)
	+ [Activity 3. Plan and Conduct Coordinated Exercises with Health Care Coalition Members and](#_bookmark61) [Other Response Organizations](#_bookmark61)
	+ [Activity 4. Align Exercises with Federal Standards and Facility Regulatory and Accreditation](#_bookmark65) [Requirements](#_bookmark65)
	+ [Activity 5. Evaluate Exercises and Responses to Emergencies](#_bookmark66)
	+ [Activity 6. Share Leading Practices and Lessons Learned](#_bookmark70)

[Objective 5: Ensure Preparedness is Sustainable](#_bookmark71)

* [Activity 1. Promote the Value of Health Care and Medical Readiness](#_bookmark72)
* [Activity 2. Engage Health Care Executives](#_bookmark76)
* [Activity 3. Engage Clinicians](#_bookmark77)
* [Activity 4. Engage Community Leaders](#_bookmark79)
* [Activity 5. Promote Sustainability of Health Care Coalitions](#_bookmark80)

[Capability 2. Health Care and Medical Response Coordination](#_bookmark82)

[Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response](#_bookmark83) [Plans](#_bookmark83)

* [Activity 1. Develop a Health Care Organization Emergency Operations Plan](#_bookmark84)
* [Activity 2. Develop a Health Care Coalition Response Plan](#_bookmark87)

[Objective 2: Utilize Information Sharing Procedures and Platforms](#_bookmark90)

* [Activity 1. Develop Information Sharing Procedures](#_bookmark91)
* [Activity 2. Identify Information Access and Data Protection Procedures](#_bookmark92)
* [Activity 3. Utilize Communications Systems and Platforms](#_bookmark93)

[Objective 3: Coordinate Response Strategy, Resources, and Communications](#_bookmark94)

* [Activity 1. Identify and Coordinate Resource Needs during an Emergency9](#_bookmark95)
* [Activity 2. Coordinate Incident Action Planning During an Emergency](#_bookmark96)
* [Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors](#_bookmark97) [during an Emergency](#_bookmark97)
* [Activity 4. Communicate with the Public during an Emergency](#_bookmark100)

[Capability 3. Continuity of Health Care Service Delivery](#_bookmark101)

[Objective 1: Identify Essential Functions for Health Care Delivery](#_bookmark102)

[Objective 2: Plan for Continuity of Operations](#_bookmark104)

* [Activity 1. Develop a Health Care Organization Continuity of Operations Plan](#_bookmark105)
* [Activity 2. Develop a Health Care Coalition Continuity of Operations Plan](#_bookmark106)
* [Activity 3. Continue Administrative and Finance Functions](#_bookmark107)
* [Activity 4. Plan for Health Care Organization Sheltering-in-Place](#_bookmark108)

[Objective 3: Maintain Access to Non-Personnel Resources during an Emergency](#_bookmark110)

* [Activity 1. Assess Supply Chain Integrity](#_bookmark111)
* [Activity 2. Assess and Address Equipment, Supply, and Pharmaceutical Requirements](#_bookmark112)

[Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks](#_bookmark115)

[Objective 5: Protect Responders’ Safety and Health](#_bookmark120)

* [Activity 1. Distribute Resources Required to Protect the Health Care Workforce](#_bookmark121)
* [Activity 2. Train and Exercise to Promote Responders’ Safety and Health](#_bookmark125)
* [Activity 3. Develop Health Care Worker Resilience](#_bookmark127)

[Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation](#_bookmark128)

* [Activity 1: Develop and Implement Evacuation and Relocation Plans](#_bookmark129)
* [Activity 2. Develop and Implement Evacuation Transportation Plans](#_bookmark131)

[Objective 7: Coordinate Health Care Delivery System Recovery](#_bookmark133)

* [Activity 1. Plan for Health Care Delivery System Recovery](#_bookmark134)
* [Activity 2. Assess Health Care Delivery System Recovery after an Emergency](#_bookmark135)
* [Activity 3. Facilitate Recovery Assistance and Implementation](#_bookmark137)

[Capability 4. Medical Surge](#_bookmark140)

[Objective 1: Plan for a Medical Surge](#_bookmark146)

* [Activity 1. Incorporate Medical Surge Planning into a Health Care Organization Emergency](#_bookmark147) [Operations Plan](#_bookmark147)
* [Activity 2. Incorporate Medical Surge into an Emergency Medical Services Emergency Operations](#_bookmark149) [Plan](#_bookmark149)
* [Activity 3. Incorporate Medical Surge into a Health Care Coalition Response Plan](#_bookmark151)

[Objective 2: Respond to a Medical Surge8](#_bookmark153)

* [Activity 1. Implement Emergency Department and Inpatient Medical Surge Response](#_bookmark154)
* [Activity 2. Implement Out-of-Hospital Medical Surge Response](#_bookmark157)
* [Activity 3. Develop an Alternate Care System](#_bookmark161)
* [Activity 4. Provide Pediatric Care during a Medical Surge Response](#_bookmark162)
* [Activity 5. Provide Surge Management during a Chemical or Radiation Emergency Event](#_bookmark163)
* [Activity 6. Provide Burn Care during a Medical Surge Response](#_bookmark166)
* [Activity 7. Provide Trauma Care during a Medical Surge Response](#_bookmark167)
* [Activity 8. Respond to Behavioral Health Needs during a Medical Surge Response](#_bookmark172)
* [Activity 9. Enhance Infectious Disease Preparedness and Surge Response3](#_bookmark173)
* [Activity 10. Distribute Medical Countermeasures during Medical Surge Response](#_bookmark174)
* [Activity 11. Manage Mass Fatalities](#_bookmark175)

## Training & Exercise Program Priorities:

**Program Priorities:**

Priority 1: Community Resilience

Priority 2: Incident Management

Priority 3: Information Management

Priority 4: Countermeasures & Mitigation

Priority 5: Surge Management

## Priority 1: Community Resilience

*Promote the development of public health, medical and mental/behavioral health systems that support emergency response and recovery efforts.*

### Corresponding HCCSM Preparedness Capabilities:

1. Capability 1: Foundation for Healthcare & Medical Readiness
2. Capability 3: Continuity of Healthcare Service Delivery

## Priority 2: Incident Management

*Ensure that personnel are able to conduct emergency operations and establish a standardized, scalable system consistent with state and local practices and the National Incident Management System.*

### Corresponding Core Capabilities:

1. Capability 2: Healthcare & Medical Response Coordination

## Priority 3: Information Management

 *Ensure that hospital/healthcare facility staff is trained and systems are in place to develop, coordinate, and disseminate information to the public and share situational awareness data with response partners.*

### Corresponding Core Capabilities:

1. Capability 2: Healthcare & Medical Response Coordination

## Priority 4: Countermeasures & Mitigation

 *Ensure systems and processes are in place and hospital/healthcare facility staff is trained to conduct community mitigation activities (e.g. non-pharmaceutical intervention, responder safety and health), and to support the delivery of medical countermeasures and materials during disasters.*

### Corresponding Core Capabilities:

1. Capability 3: Continuity of Healthcare Service Delivery

## Priority 5: Surge Management

 *Ensure that hospital/healthcare facility staff is trained and systems are in place to manage public health and healthcare surge capabilities for all hazards response including Fatality Management, Mass Care, Medical Surge, and Volunteer Management.*

### Corresponding Core Capabilities:

1. Capability 4: Medical Surge

# Evaluation and Improvement Planning

Exercise Evaluation

Evaluation is an important component of all training and exercise activities. The purpose of conducting an exercise is to validate strengths and identify gaps in planning or procedures as well as opportunities for improvement in addition to providing response experience to the participants. This can be accomplished using exercise documentation and HSEEP Exercise Evaluation Guide (EEGs) customized to the specific exercise goals and objectives. These tools are used by trained evaluators to provide their observations to the exercise design team.

After Action Reports (AARs)

Exercise and incident response information and participant observations are collected and analyzed for the After Action Report. Participant feedback is acquired through hot washes following the exercise or incident that solicit what worked well, what did not work well and recommendations for improvement. Participant feedback forms may also be collected. Areas for improvement and corrective actions are identified. In a joint exercise with multiple disciplines and organizations, all participants contribute to an after action report identifying the achievement of their exercise or real incident objectives. This is completed by a designated individual or an exercise design team member using the standard HSEEP format.

Improvement Plans (IPs)

Recommendations from the After Action Report are entered into the Improvement Plan matrix which is an appendix to each after action report. Recommendations are reviewed by the appropriate healthcare agency. Corrective actions are identified, assignment made to the position that would accomplish the corrective action with a due date to be tracked to ensure completion. When resources are not available to take action, it is important to identify short- term and long-term goals that lead to full implementation of the corrective action. The IP provides a workable and systematic process to initiate and document improvements to plans, policies, and procedures. It also identifies training, equipment and other resource needs. A system to track progress and completion of corrective actions is the responsibility of each healthcare agency.

The AAR/IP is shared with the governance teams and the leadership of the division, office or program responsible for the exercise or particular response capabilities. Exercise and incident response participants are interested in learning more about the outcomes of the exercise or response and should receive feedback. The feedback needs to be generalized, but can provide enough specific information to help participants identify additional training they may need or more areas for future exercises.

 Lessons Learned

 Ideas, issues, and improvements that are applicable to the response activities for others in the same discipline or in other jurisdictions should be appropriately written (redacted when necessary) then shared with participating organizations and regional groups.

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# Acronyms

|  |  |
| --- | --- |
| Acronym | Description |
| AAR | After-Action Report |
| ASPR | Assistant Secretary for Preparedness and Response |
| EEG | Exercise Evaluation Guide |
| FE | Functional Exercise |
| FSE | Full Scale Exercise |
| HCC | Health Care Coalition |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| HPP | Health Care Preparedness Program |
| HVA | Hazard Vulnerability Analysis |
| IP | Improvement Plan |
| MECDC | Maine Center for Disease Control & Prevention |
| POC | Point of Contact |
| PHEP | Public Health Emergency Preparedness  |
| PPE | Personal Protective Equipment |
| TCL | Target Capabilities List |
| MYTEP | Multiyear Training and Exercise Plan |
| TTX | Tabletop Exercise |

Gap Analysis & Work Plan for Regional Healthcare Coalition 2018

Courtesy of Paul Weiss

Based upon the following we determined our Emergency Response Gap analysis and work-plan for Incident Response for the SMRRC Southern Maine Healthcare Coalition.

1. Regional Healthcare Coalition HVA (2018)
2. Geographical threat determination of hazards in the region
3. Regional Healthcare Coalition Surge Test Functional table Top Exercise 2018

Gap analysis and work-plan will include the following: A gap analysis for Incident Response, including the following areas: communications, transportation, manpower, equipment and supplies, alternate care space.

1. What are the areas we need to improve?
	1. Short Term (next year)
	2. Longer Term (next 12-18 month)
2. Type of work?
3. What are the methods to get to those outcomes?
4. Dates of completion unless ongoing.

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| **Short or Long Term****Goal** | **Type of work** | **Areas to improve for region:** | **Methods to get those outcomes, dates of****completion**: |
| Short | Response(Exercises/Drills) | Coalition Surge Preparedness andEvacuation. | Coalition Surge Test2018-19 |
| Long | Coalition Sustainability | Leadership for our Coalition based on Non Profit status of 501c3 | Lay out leadership positions and structure(fall 2018) |
| Short | Response (Communications) | Integration of REMIS as the 24/7 call center for SMRRC region. | Train all REMIS staff onprocess and integrate into drill (July 2018) |

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| Short | Response (Communications) | Regional Emergency Situational Awareness improvements with specialized bed availability Reports. | Dashboards (Long Term Care Bed Report, Dialysis Bed Report, Psychiatric Bed Report) in EMResource + New web page on SMRRC.ORG (Fall2018) |
| Long | Training and Preparedness and Response (Mass Casualty and Fatality) | Training and full integration of MCI trailers for regional EMS and Fire. | Continue annual assessment of equipment and New training Video for MCI trailers (6), capability expansion and new equipment purchases including modernization.Summer 2018 |
| Long | Response (Communications) | Increased radio use by healthcare agencies integration with County Emergency Management Agencies (EMA) | Continue drills and reports, make some incentives for participation, purchase more radios for every agency. Monthly 2018-19-20-21 |
| Long | Coalition Sustainability | Membership increase of Coalition. | I will continue to solicited each agency.Ongoing |
| Short | Coalition Sustainability | Coalition Meeting at a more central location. | Potential Portland Area meeting location. Fall2018 |
| Long | Training and Preparedness | Large Scale Transportation Disaster Drills | Cruise Ship evacuation exercise, Portland Jetport drill, mass highway accidentexercises (Yearly) |
| Short | Training and Preparedness | Knowing the regional equipment needs. | Prepare a regional equipment needs report (fall 2018). Giveto ME CDC. |
| Long | Training and Preparedness | Standardizing of regional equipment | Discussion on equipment standardization at coalition meeting (Jan2018) |
| Short | Training and Preparedness | Integration of regional partners; Care Coordinators and Case Managers, discharge planners including Home Health, to improve rapid continuity ofcare in a disaster and evacuation. | Coalition Surge Test 2018-19 |

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| Long | Planning | Emergency preparedness for individuals with specific specialized needs | Work on EP plans for Home Healthcare agencies, Intermediary Care facilities and Hospice Centers.Integrate Discharge Planning and Admission in emergent situations including 5 Dialysis Centers.(ongoing) |
| Long | Training and Preparedness | Integrate Pharmacies into Coalition Supply Chain planning and Continuity of Operations Planning (COOP). | Reach out to Pharmacies in region for integration into EP planning. Complete putting Pharmacy List into EMResource (Cumberland County)Fall 2018 |
| Long | Planning | Regional Alternate Care Site. | Continue work on state Alternate Care Site and Central MRC unit 2018-2020 |
| Long | Planning | Regional and or State Equipment Cache permanent location. | Determine the need, determine the space, budget and continue toamass. 2019 |
| Long | Response (Exercises/Drills) | MRC integration in to healthcare systems response | Plan on using 3 MRC units in as many drills and exercises aspossible. Fall 2018 |
| Short | Response (Exercises/Drills) | All facilities participating in monthly communication drills. | Make goals for participation and make some incentives.Monthly 2018 |
| Short | Planning and Response | Exercise Family Reunification (Hospital) and Family Assistance center (help withcasualties, or hotels/food, or funerals). | Coalition Surge Test 2018-19 |
| Short and Long | Planning | Drafting complete SMRRC Regional Response Plans | Continue current drafts and expand to include COOP plan and Regional Joint Information Center (JIC) type plan, and General Emergency Response Plan. Winter2018-19 |

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| Long | Response Patient Tracking,family unification | Need for software evacuation tools to improve patient tracking and family reunification in disaster | Develop Regional Evacuation Tool using existing web based software platform (Filemaker) include global position coordinates in live data feed with individual and aggregate reporting functions2019 |
| Short | Response (Exercises/Drills) | Testing regional and state Psychiatric bed capacity tied to a real world exercise | Spring Harbor Hospital Active Shooter and evacuation exercises. TTX Nov 2018, FSESpring 2019 |











**REFERENCES**

# National Preparedness Goal

The National Preparedness Goal outlines the core capabilities needed to achieve the five mission areas: Prevention, Protection, Mitigation, Response, and Recovery. The core capabilities are designed to be interdependent and require organizations to use existing preparedness networks and activities, improve training and exercise programs, promote innovation, and ensure that the administrative, finance, and logistics systems are in place to support these capabilities. The Goal also identifies capability targets for each core capability; they serve as the basis for the development of performance measures to track the progress of capability execution and guide the allocation of resources in support of national preparedness.

The core capabilities described in the Goal are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prevention** | **Protection** | **Mitigation** | **Response** | **Recovery** |
| Planning |
| Public Information and Warning |
| Operational Coordination |
| Forensics and Attribution Intelligence andInformationSharing Interdiction and DisruptionScreening, Search, and Detection | Access Control and Identity VerificationCybersecurity Intelligence and InformationSharingInterdiction and DisruptionPhysical Protective Measures | Community Resilience Long-termVulnerabilityReduction Risk and DisasterResilienceAssessment Threats and HazardIdentification | Critical Transportation EnvironmentalResponse/Healthand Safety Fatality ManagementServicesInfrastructure Systems Mass CareServices | Economic Recovery Health andSocial ServicesHousing Infrastructure SystemsNatural and Cultural Resources |
|  | Risk Management for Protection Programs and ActivitiesScreening, Search, and Detection |  | Mass Search and Rescue OperationsOn-scene Security and ProtectionOperational Communications |  |
|  | Supply Chain Integrity and Security |  | Public and Private Services and Resources |  |
|  |  |  | Public Health and Medical Services |  |
|  |  |  | Situational Assessment |  |

The following table provides a description of each capability per mission area.

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| --- |
| **Prevention Mission Area Capabilities** |
| **Planning** | Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. |
| **Public Information and Warning** | Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate. |
| **Operational Coordination** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **Forensics and Attribution** | Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options. |
| **Intelligence and Information Sharing** | Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by Federal, state, local, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among Federal, state, local, or private sector entities, as appropriate. |
| **Interdiction and Disruption** | Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards. |
| **Screening, Search, and Detection** | Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures.This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence. |
| **Protection Mission Area Capabilities** |

|  |  |
| --- | --- |
| **Planning** | Conduct a systematic process engaging the whole community, as appropriate, in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. |
| **Public Information and Warning** | Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. |
| **Operational Coordination** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **Access Control and Identity Verification** | Apply a broad range of physical, technological, and cyber measures to control admittance to critical locations and systems, limiting access to authorized individuals to carry out legitimate activities. |
| **Cybersecurity** | Protect against damage to, the unauthorized use of, and/or the exploitation of (and, if needed, the restoration of) electronic communications systems and services (and the information contained therein). |
| **Intelligence and Information Sharing** | Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by Federal, state, local, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among Federal, state, local or private sector entities as appropriate. |
| **Interdiction and Disruption** | Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards. |
| **Physical Protective Measures** | Reduce or mitigate risks, including actions targeted at threats, vulnerabilities, and/or consequences, by controlling movement and protecting borders, critical infrastructure,and the homeland. |
| **Risk Management for Protection Programs and Activities** | Identify, assess, and prioritize risks to inform Protection activities and investments. |

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| **Screening, Search, and Detection** | Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures.This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence. |
| **Supply Chain Integrity and Security** | Strengthen the security and resilience of the supply chain. |

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| **Mitigation Mission Area Capabilities** |
| **Planning** | Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. |
| **Public Information and Warning** | Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. |
| **Operational Coordination** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **Community Resilience** | Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish Mitigation and improve resilience. |
| **Long-term Vulnerability Reduction** | Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused incidents by lessening the likelihood, severity, and duration of the adverse consequences related to these incidents. |
| **Risk and Disaster Resilience Assessment** | Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity’s risk and increase their resilience. |
| **Threats and Hazard Identification** | Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as to clearly understand the needs of a community or entity. |
| **Response Mission Area Capabilities** |

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| **Planning** | Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. |
| **Public Information and Warning** | Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. |
| **Operational Coordination** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **Critical Transportation** | Provide transportation (including infrastructure access and accessible transportation services) for response priority objectives, including the evacuation of people and animals, and the delivery of vital response personnel, equipment, and services into the affected areas. |
| **Environmental Response/Health and Safety** | Ensure the availability of guidance and resources to address all hazards including hazardous materials, acts of terrorism, and natural disasters in support of the responderoperations and the affected communities. |
| **Fatality Management Services** | Provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved. |
| **Infrastructure Systems** | Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community. |
| **Mass Care Services** | Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families. |
| **Mass Search and Rescue Operations** | Deliver traditional and atypical search and rescue capabilities, including personnel, services, animals, and assets to survivors in need, with the goal of saving the greatest number of endangered lives in the shortest time possible. |

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| **On-scene Security and Protection** | Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and also for all traditional and atypical response personnel engaged in lifesaving and life-sustaining operations. |
| **Operational Communications** | Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces. |
| **Public and Private Services and Resources** | Provide essential public and private services and resources to the affected population and surrounding communities, to include emergency power to critical facilities, fuel support for emergency responders, and access to community staples (e.g., grocery stores, pharmacies, and banks) and fire and other first response services. |
| **Public Health and Medical Services** | Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area. |
| **Situational Assessment** | Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response. |
| **Recovery Mission Area Capabilities** |
| **Planning** | Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives. |
| **Public Information and Warning** | Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being made available. |
| **Operational Coordination** | Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. |
| **Economic Recovery** | Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in a sustainable and economically viable community. |

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| **Health and Social Services** | Restore and improve health and social services networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community. |
| **Housing** | Implement housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience. |
| **Infrastructure Systems** | Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community. |
| **Natural and Cultural Resources** | Protect natural and cultural resources and historic properties through appropriate planning, mitigation, response, and recovery actions to preserve, conserve, rehabilitate, and restore them consistent with post-disaster community priorities and best practices and in compliancewith appropriate environmental and historical preservation laws and executive orders. |

For more information, please visit: <http://www.fema.gov/pdf/prepared/npg.pdf>.

# The National Preparedness System

Building from the core capabilities described in the Goal, the National Preparedness System describes a series of components and how they interact to build, sustain and deliver the core capabilities necessary in order to achieve the Goal. These components provide a consistent and reliable approach to support decision making, resource allocation, and measure progress towards the Goal’s intended outcomes.

For more information, please visit: <http://www.fema.gov/pdf/prepared/nps_description.pdf>.

# Homeland Security Exercise and Evaluation Program

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common methodology for exercise program management, design and development, conduct, evaluation, and improvement planning.

Exercises are a key component of national preparedness—they provide elected and appointed officials as well as stakeholders from across the whole community with the opportunity to shape planning, assess and validate capabilities, and address areas for improvement.

For more information, please visit: [www.hseep.dhs.gov.](http://www.hseep.dhs.gov/)

# National Incident Management System

The National Incident Management System (NIMS) is comprehensive, nation-wide, systematic approach to incident management.

For more information, please visit: <http://www.fema.gov/national-incident-management-system>.

# National Exercise Program

The NEP is a two-year progressive exercise cycle designed to support national preparedness. It serves as the cornerstone of a collective effort to test, improve, and assess national preparedness across the homeland security enterprise. The NEP provides a framework for prioritizing and focusing exercise activities across the whole community without precluding or replacing individual organizational exercise programs.

For more information, please visit: [http://www.fema.gov/national-exercise-program.](http://www.fema.gov/national-exercise-program)

# Public Health Emergency Preparedness (PHEP)

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided assistance to public health departments across the nation. This helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement specifically targeted the development of emergency-ready public health departments that are flexible and adaptable.

For more information, please visit <https://www.cdc.gov/cpr/readiness/phep.htm>

# Hospital Preparedness Program (HPP)

# HPP prepares the health care system to save lives through the development of regional health care coalitions. HCCs are groups of health care and response organizations that collaborate to prepare for and respond to medical surge events. HCCs incentivize diverse and often competitive health care organizations to work together.

For more information, please visit <https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx>

# 2017-2022 Health Care Preparedness and Response Capabilities

# ASPR developed the 2017-2022 Health Care Preparedness and Response Capabilities guidance to describe what the health care delivery system, including HCCs, hospitals, and emergency medical services (EMS), have to do to effectively prepare for and respond to emergencies that impact the public’s health. Each jurisdiction, including emergency management organizations and public health agencies, provides key support to the health care delivery system.

For more information, please visit <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf>

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