



Region H Healthcare Coalition

Response Plan

Baldwin, Bleckley, Dodge, Hancock, Jasper, Johnson, Laurens, Montgomery, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, Wilkinson.

Date of **FINAL Draft** Revised:

6/20/2019

Date of revisions:

See page 4

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Record of Changes

Brief Description of Changes	Date of Changes	Page(s) Affected	Change Made By
Changed Title of Plan from Emergency Operations Plan to Incident Management Plan	5.25.2017	Title page / Headers	Megan Parker, HCL
Moved “Primary Coordination functions of the Coalition” bullet points to Section 3.1 Purpose and Scope.	5.25.2017	6	Megan Parker, HCL
7. Regional Characteristics: Moved information to attachments	5.25.2017	10	Megan Parker, HCL
8. Operations was moved to Header 7.	5.25.2017	10	Megan Parker, HCL
10. Maintaining Situational Awareness – removed 1 st notification as Everbridge alert and moved all other communication notifications up.	5.25.2017	16	Megan Parker, HCL
Combined Attachments and Annexes onto the same page	5.25.2017	19	Megan Parker, HCL
Table of Contents: Added Regional Characteristics as Attachment 1 and moved all others down accordingly.	5.25.2017	2	Megan Parker, HCL
Added the counties we are serving to the front page.	3.20.2019	1	Megan Craft, HCF
Approval Authority was updated to coincide with Region H Bylaws.	3.20.2019	7	Megan Craft, HCF
An updated Coalition Communication Form was attached to the Plan.	3.20.2019		Megan Craft, HCF
Notification process was updated.	3.20.2019	13	Megan Craft, HCF
Title Page was updated with new logo	6.20.2019	1	Megan Craft, HCF
Attached all 14 documents that are mentioned on page 17	6.20.2019	17 (attached)	Megan Craft, HCF

1. Introduction

In Georgia, each level of government is responsible by law for the safety and security of its residents. Georgians expect both state and local governments to keep them informed and provide ample assistance in an incident that affects the healthcare sector. This *Region H Healthcare Preparedness Coalition Response Plan* will be combined and coordinated with other regional plans under the Emergency Support Function 8 - Public Health and Medical Services Annex to provide public health and medical emergency response direction to state, local, tribal and volunteer agencies, as well as the private sector. It delineates healthcare emergency response procedures, responsibilities, lines of authority, and continuity of services.

This document is intended to support the Georgia Emergency Operations Plan (GEOP) which outlines how state agencies in Georgia prepare for, respond to and recover from all types of natural and manmade disasters in Georgia. GEOP is specifically written to compliment the National Response Framework to ensure seamless integration of federal resources when necessary. The GEOP is based on the authority of the State Government of Georgia, specifically that portion of the Official Code of Georgia, Title 38, Section 3, Articles 1 through 3, known as the Georgia Emergency Management Act of 1981, and is compliant with the National Incident Management System (NIMS) and supports the National Response Framework (NRF).

2. Special Definitions

A. Region H Healthcare Coalition

The Region H Healthcare Coalition (herein after referred to as “the Coalition”) is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The Coalition will support local healthcare community and other response agencies to jointly plan for and respond to man-made or natural emergencies, by promoting intra-regional cooperation and sharing of resources. The geographical areas included in the Coalition shall be the limits of Baldwin, Bleckley, Dodge, Hancock, Jasper, Johnson, Laurens, Montgomery, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, and Wilkinson counties within the state of Georgia.

B. Multi-agency coordination

Multi-agency coordination (MAC) is a process that allows all levels of government and all disciplines to work together more efficiently and effectively. MAC Systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination.

C. Emergency Support Function 8 (ESF 8): Public Health and Medical Services

ESF 8 is charged with coordinating the State’s health and medical processes during activation of this plan. The constant, pro-active activities of all agencies and organizations listed within this ESF provide a comprehensive system to carry out the most important function of government, to protect and save lives. ESF 8 shall carry out this function by providing support to local systems addressing the medical needs of residents, incident victims and response workers in disasters or potential disasters.

Public Health and Medical Services also include responding to medical needs associated with mental health, behavioral health, substance abuse and the mental well being of both victims of disasters and the personnel involved in disaster response.

D. Georgia Emergency Operations Plan (GEOP)

The Georgia Emergency Operations Plan (GEOP) is a comprehensive state emergency operations plan developed to ensure mitigation and preparedness, appropriate response and timely recovery from natural and man-made hazards which may affect residents of Georgia. All actions by emergency management focus on the protection of lives and property, with special sensitivity toward victims and their families. The GEOP is organized based on the authority of the state government for emergency management and contains specific Emergency Support Functions (ESFs). Standard Operating Procedures (SOPs) are the responsibility of the primary state agency or organization for each ESF in coordination with other supporting agencies and organizations.

E. The Plan

The term "the Plan" as used herein refers to the "Region H Healthcare Preparedness Coalition Response Plan."

3. Coalition Incident Management Plan Overview

3.1 Purpose & Scope

To provide coordination of all-hazard ESF-8 response activities within a Region's Healthcare Coalition. Multi-agency coordination will not supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts. Rather, this regional approach enhances health-related response strategies by including assets from multiple municipal and institutional resources and facilities in coordinating a regional response. The Plan uses an all-hazard approach addressing a full range of complex and constantly changing healthcare requirements in anticipation of or in response to threats or acts of major disasters (natural, man-made, or technological), terrorism, and other emergencies that involve a healthcare evacuation of regional healthcare assets. The plan does not specifically address long-term healthcare recovery measures. The Plan is developed to provide a seamless link between healthcare organizations (HCOs), HCO to local, local-State, State-State, and State-federal operations by following the premise outlined in the NRF.

The primary coordination functions of the Coalition are:

- ☐ Situation assessment
- ☐ Establishing overall incident priorities
- ☐ Critical resource acquisition and allocation
- ☐ Support of interagency activities
- ☐ Coordination with other ops centers/MAC organizations
- ☐ Support maintenance of a common operating picture

3.2 Approval Authority

This plan requires the approval of first the Executive Committee, then a vote from the membership of the Coalition.

3.3 Plan Evaluation Policy

The efficacy of the Plan is reviewed for adequacy in conjunction with the annual review and revision of the Coalition's Hazard Vulnerability Analysis (HVA) to validate that it reflects the concerns derived from the HVA.

3.4 Plan Revision Policy

The Plan is considered a "living document" and as such may be updated to reflect changes in the Coalition's preparedness posture. Revisions suggested as a result of exercise findings are made when discovered.

4. Planning Assumptions

- A. Emergency Medical Services, acute care and continuity of healthcare at all levels must continue to function under all threat, emergency, and disaster conditions. Continuity of Operation (COOP) plans must be developed to address these services.
- B. Incidents are typically managed at the local government level. Local jurisdictions should plan to sustain themselves for a minimum of 72 hours before outside response assets can be expected.

- C. If the Governor determines an emergency exists where the primary responsibility for response rests with the State because the emergency involves an area or facility for which the State government exercises primary responsibility for and authority over, the Governor may unilaterally direct the provision of assistance and will consult with the local jurisdiction.
- D. An emergency or disaster can occur at any time and any location. It may create significant degrees of human suffering, property damage and economic hardship to individuals, governments, the environment, and the business community.
- E. Information sharing occurs across multiple levels of government, the response community, and the private sector.
- F. Citizens expect healthcare information, guidance, and assistance in the event of a threat, emergency or disaster.
- G. Each level of healthcare will respond to an emergency or disaster to the extent of its available resources. Once these resources have been exhausted, mutual aid will be requested. If those are determined to be insufficient, then requests will be made from local to State and State to federal government.
- H. NIMS is based on the Incident Command System (ICS) and will be used as the incident management system for all levels of response.
- I. Georgia DPH and professional organizations have resources and expertise available to assist with emergency or disaster related problems that are beyond the capability of the affected local HCO or region. As the ESF 8 lead, the Georgia DPH, in coordination with GEMA, may modify normal operations and redirect resources in order to save lives, relieve human suffering, sustain survivors, and assist in reestablishing essential medical services.
- J. Private and volunteer organizations, i.e., Red Cross, Salvation Army, Volunteer Organizations Active in Disasters (VOAD), etc. will provide immediate life-sustaining relief to individuals and families not normally available from government resources. Local and/or State governmental agencies will assist these organizations by providing information, guidance, and coordination of their relief efforts.
- K. It is expected that most MAC activities will be in the form of a “virtual MAC” utilizing communications such as WebEOC, group emails, conference calling, etc.
- L. For the purposes of this Plan, the primary disciplines involved in a MAC system could be:
 - District Public Health
 - Regional Coordinating Hospital (RCH)
 - Local Emergency Management Agency (EMA)
 - Emergency Medical Services (EMS)
 - Nursing Home Coordinating Council (NHCC)
 - Dialysis Centers
 - Long Term Acute Care Facilities (LTAC)
 - Home Health Agencies
 - Hospice
 - Assisted Living Facilities
 - Behavioral Health Facilities

5. Authority to Implement Plan

Any one of the Region H Executive Committee members has the authority to implement the Coalition Response Plan.

6. Plan Triggers

The Plan should be activated if one of the Coalition Executive Committee members becomes aware of or believes that:

- ☐ Current conditions are exceeding available resources
- ☐ Conditions could change such that they will exceed available resources
- ☐ Additional assistance outside of their respective healthcare constituency is required
- ☐ The situation is or could be of profound significance to the region and deserves a heightened level of response
- ☐ An individual member organization opens or evacuates to an alternate care site due to a facility failure

7. Operations

A. Operational Considerations

1. Federal, State and Local Laws, Policies, Procedures, and Protocols
2. Georgia Emergency Operations Plan
3. Emergency Support Function 8 – Public Health & Medical Services Annex
4. Mutual Aid Agreements
 - a. Georgia Emergency Management Agency / Homeland Security – Statewide Mutual Aid and Assistance Agreement
 - b. Georgia Hospital Association (GHA) Mutual Aid Agreement
 - c. Georgia Health Care Association (GHCA) Mutual Aid Agreement for Nursing Homes

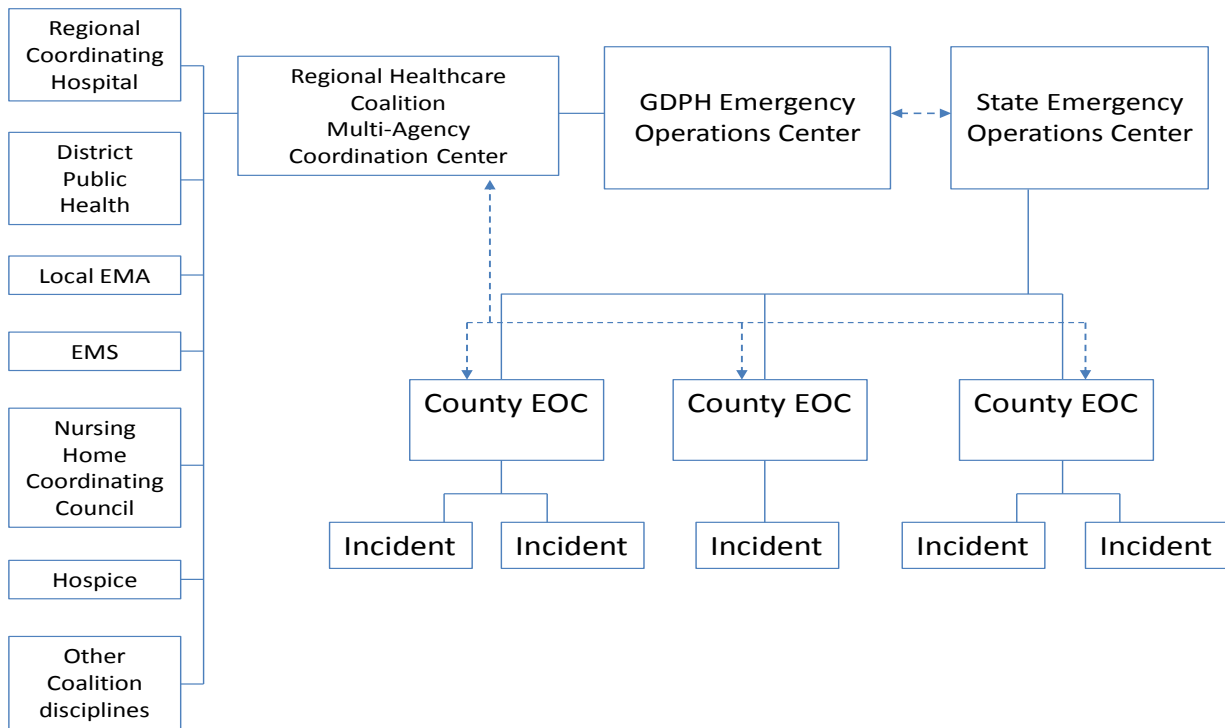
B. Goals and Objectives

1. To increase and maintain situational awareness for emergency operations in the Coalition member entities and organizations.
2. Facilitate integrated regional management of an incident requiring healthcare resources.
3. Identify the stakeholders and organizations responsible for coordination of operational activities
4. Provide guidance in obtaining resources such as transportation, equipment & supplies, staffing support, facility requirements, and other support services.

C. Direction and Control

Georgia is a Home-Rule State. Command and Control is a function of each county's EMA and organizational structure as described in the Georgia Emergency Operations Plan and each county's Local Emergency Operation Plan. Each Coalition member facility operates under its own Command and Control structure and is legally responsible for its own decisions. The Georgia Emergency Operations Plan (GEOP) has outlined lead and support agency coordination in its Emergency Support Function (ESF) Annexes. The 15 ESF annexes can be located on GEMA's website: www.gema.ga.gov.

D. Organization



E. Assignment of Responsibilities

Affected Coalition facility/organization: When a trigger occurs, that facility or organization will:

- ☐ Notify internal leadership / follow internal plans, procedures, and policies
- ☐ Notify local EMA
- ☐ Notify Coalition Executive Committee representative and/or RCH
- ☐ Report and post situational updates and Essential Elements of Information on regional WebEOC event log on GHA911 (*see Situational Reporting Requirements pg 15)
- ☐ Maintain documentation of the personnel, equipment and resources used for local, state, and/or federal purposes (See Attachments 2-3).

Unaffected Coalition facility/organization: Upon being notified that a regional WebEOC event log has been created, all non-affected facilities or organizations will:

- ☐ Update bed count information on GHA911
- ☐ Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- ☐ Submit Essential Elements of Information as requested (*see Situational Reporting Requirements pg 16)
- ☐ Maintain documentation of the personnel, equipment and resources used for local, state, and/or federal purposes (See Attachments 2-3).

Regional Coordinating Hospital (RCH): The RCH will act as the ESF 8 planning center for regional healthcare assets including public health, hospitals, nursing homes, assisted living facilities, EMS, pharmacies, dialysis facilities, behavioral health facilities, Federally Qualified Health Centers (FQHCs), home health agencies, hospice, long term acute care facilities (LTAC) and any other organization whose function is public health or medical in nature.

Upon being notified that a trigger has occurred, the RCH may activate the Plan to begin preparations to assist affected facility and in anticipation of other facilities activating their emergency operations plans. Once the Plan is activated, the RCH will:

- ☐ Initiate regional WebEOC event log on GHA911 (*see Situational Reporting Requirements pg 16)
- ☐ Send Everbridge to alert Region H Coalition of regional WebEOC event log on GHA 911
- ☐ Obtain information on operational status and resource needs of Coalition MAC members using the Essential Elements of Information
- ☐ Notify Public Health District Emergency Coordinator (EC)
- ☐ Notify Georgia Hospital Association (GHA)
- ☐ Notify Coalition Executive Committee
- ☐ Initiate Coalition notification as necessary
- ☐ Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- ☐ Provide assistance as requested by facility
- ☐ Maintain documentation of personnel, equipment, and resources used for local, state, or federal purposes (See Attachments 2-3).
- ☐ In the event that the RCH facility is directly affected, and is unable to fulfill RCH duties, the RCH will hand-off its duties to another Region.

District Public Health: Upon being notified by RCH that the Plan has been activated, District Public Health will:

- ☐ Notify District Health Director
- ☐ Notify GDPH Healthcare Preparedness Program Director
- ☐ Notify the State on-call Duty Officer
- ☐ Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- ☐ Assist RCH with identifying resources needed by affected facility
- ☐ Provide assistance as requested

Local Emergency Management Agency: Upon being notified that a healthcare facility has activated its EOP, local EMA will:

- ☐ Notify GEMA
- ☐ Provide assistance as requested

Coalition Executive Committee: Upon being notified by a Coalition facility that a trigger has occurred, the Coalition Executive Committee member may activate the Plan to begin preparations

to assist affected facility and in anticipation of other facilities activating their emergency operations plans. Once the Plan is activated, the Executive Committee member will:

- ☐ Notify the RCH
- ☐ Notify other Executive Committee members
- ☐ Initiate regional WebEOC event log on GHA911 if RCH is unable to do so (see Situational Reporting Requirements pg 16)
- ☐ Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- ☐ Provide assistance as requested
- ☐ Maintain documentation of the personnel, equipment and resources used for local, state, and/or federal purposes (See Attachments 2-3).

Upon being notified by the RCH that the Plan has been activated, the Executive Committee member will:

- ☐ Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- ☐ Provide assistance as requested
- ☐ Maintain documentation of the personnel, equipment and resources used for local, state, and/or federal purposes (See Attachments 2-3).

Although not all incidents require the action of all Executive Committee representatives, it is important that they are all made aware that an incident affecting public health or medical services has occurred.

The Executive Committee is responsible for the maintenance of the Plan.

9. Notification Process

Coordination Notification:

Based on the situation, the Executive Committee determines if multiagency coordination is warranted and to what extent. If determined that full MAC notification should occur, the Executive Committee members should make the following external notifications:

- ☐ The **RCH, Lynn Grant** will notify Georgia Hospital Association (GHA) and District Public Health EC. The RCH will also initiate the coalition-wide notification process.
- ☐ The **nursing home (NH) representative, Dawn Jones** will notify the Georgia Health Care Association and the neighboring NH Council Coordinator.
- ☐ The **District Public Health Emergency Coordinator, Jodi Bazemore** (or their designee) will notify the Georgia Department of Public Health (GDPH) State On-Call Duty Officer (855-377-4374).
- ☐ The **EMS representative, Bill Laird** will notify the regional EMS Program Director.
- ☐ The **EMA representative, Bill Laird** will notify GEMA and resource support agencies (e.g. Red Cross), etc.

The executive team may determine if the incident warrants that only specific sectors be notified.

Incident Notification: When relaying an incident notification, the following information should be included (if known):

- ☐ What geographic areas are affected by the incident
- ☐ What happened
- ☐ Number of people affected
- ☐ Current operating status of affected facilities/agencies
- ☐ Anticipated needs/resources/support

It is anticipated that coalition members will receive incident status information from agencies, facilities and local EOCs that have been activated.

Mode of Notification: Healthcare Coalition members are notified using the following communication hierarchy:

Communication Hierarchy	Mode of Coalition Notification	Message Notes
1 st	State-provided Mass Notification System (Everbridge)	<input type="checkbox"/> Provide information per the Situational Reporting Requirements. <input type="checkbox"/> Always include: Name Cell Phone Number (or best number to reach) Location
2 nd	GHA 911 Web EOC Event Logs	
3 rd	Email: Coalition email groups	
4 th	Cellphone: Individual	
5 th	Landline Phone: Individual facility phone calls	
6 th	Text: Individual or group text messages	
7 th	Local radio systems (UHF/ VHF/ 800 MHz)	
8 th	SouthernLINC Radios (if available)	
9 th	Amateur Radio (if available)	

10. Maintaining Situational Awareness

Primary Platforms to Provide Situational Awareness:

- ☐ **Coalition Members:** Once initial notification is made, the *primary* reporting mode for healthcare facilities will be a GHA911 WebEOC event log. All coalition healthcare members must have operational access to GHA911 WebEOC and be trained to efficiently and effectively use the system.

If GHA911 WebEOC event logs are unavailable, inaccessible, or otherwise less than optimal for use, healthcare facilities will report status via identified redundant modes of communication:

Communication Hierarchy	Mode of Ongoing Communication	Message Notes
1 st	GHA 911 Web EOC Event Logs	<input type="checkbox"/> Provide information per the Situational Reporting Requirements. <input type="checkbox"/> Always include: Name Cell Phone Number (or best number to reach) Location
2 nd	Email: Coalition email groups	
3 rd	Cellphone: Individual	
4 th	Landline Phone: Individual facility phone calls	
5 th	Text: Individual or group text messages	
6 th	Local radio systems (UHF/ VHF/ 800 MHz)	
7 th	SouthernLINC Radios (if available)	
8 th	Amateur Radio (if available)	

11. Situational Reporting Requirements

- ☐ **Event Logs:** A regional WebEOC event log is created by a member of the Coalition Executive Committee, or designee. The event name will be "Region H [incident] [start date of incident xx-xx-xx]".
- ☐ **Situational updates and resource requests:** Updates will be made available via the respective regional event log or per a redundant mode of communication.
- ☐ **Critical Elements of Information:** The essential elements of information that are needed to ensure a common operating structure include:
 - ✓ Available means of communications
 - ✓ Facility operating status
 - ✓ Staffing status
 - ✓ Facility structural integrity
 - ✓ Status of evacuations or sheltering
 - ✓ Critical medical services (e.g. critical care, trauma)
 - ✓ Critical service status (e.g. utilities, sanitation, ventilation)
 - ✓ Critical healthcare delivery status (e.g. bed status, laboratory and radiology)
 - ✓ Patient/resident transport
 - ✓ Patient/resident tracking
 - ✓ Critical/Acute Resource Needs (material, medications, utility back-up supplies, etc.)

12. Maintaining Coalition Contacts

The Coalition maintains a comprehensive contact list of all coalition members that is regularly updated. Designated Coalition Executive Committee members maintain and update the contact list for the Coalition in the Region H Gmail List.

The Coalition shall enter their respective comprehensive contact list into the state-provided mass notification system (Everbridge) and is routinely tested to ensure contacts may be reached.

13. Public Information

Individual organizations should refer to their respective public information plans and policies when determining what information to share publicly. The Coalition shall not speak on behalf of any individual member organization and will defer to the individual organization's Public Information Officer. Any multiagency/multi-jurisdictional event will necessitate the creation of a Joint Information Center (JIC) in order to better coordinate public messaging.

14. Training & Exercises

The Georgia Healthcare Community Preparedness Program (HCPP) maintains a training program that is available to all coalitions. The Coalition identifies gaps in the training of region personnel and encourages partners to ensure that appropriate staff is properly trained in the skills necessary for surge operations. This includes, but is not limited to:

- Incident Command System (ICS) and the National Incident Management System (NIMS), based on NIMS guidelines, which can be found on the website of the Federal Emergency Management Agency (FEMA) www.fema.gov.
- Emergency certifications for clinical personnel (e.g., ABLS, ATLS)
- Training on the needs of specific populations
- Training in specialized medical evaluation and care; to develop skills that are unevenly distributed geographically or not normally available within the region

The capability to respond also requires that specialty care equipment (e.g., pediatric, burn, and trauma care equipment and supplies) is available and that staff are trained in its use. Procedures for tracking equipment used in events or exercises are delineated in the inventory management system.

The Region has an exercise, evaluation, and corrective action program to continuously improve the region's healthcare preparedness, response, and recovery. Exercises test the capabilities needed to respond to the highest priority threats in the region. All healthcare and emergency response partners are encouraged to participate in regional exercises.

Improvement plans to address deficiencies observed during exercises and incidents identify the corrective actions necessary to improve the ability to perform critical healthcare response tasks. The coalition tracks corrective actions to ensure that improvement plans are implemented and that they achieve the desired increase in preparedness.

15. Resources and Assets

Asset Management Tool

The Coalition will utilize the iCAM inventory management system to manage resources and assets. The Public Health District, Regional Coordinating Hospital and GDPH EPR have access to this system.

**Assets that will be routinely tracked and maintained in the inventory will be those obtained via federally provided emergency management/preparedness funding (e.g. HRSA & ASPR PHEP/HPP funding).*

Essential Information for Resource Management

For each managed resource, the following information must be tracked:

- ☐ Serial number (If available)
- ☐ Barcode labels
- ☐ Description of the item
- ☐ Specific location

Requesting /Mobilizing Assets

Asset requests should be done using active WebEOC event logs. However, because it is possible that the incident causes the inability of the requesting facility to log in to WebEOC, requests can be made via phone or email to the Regional Coordinating Hospital or Public Health District. If the original request is not made via WebEOC, the Regional Coordinating Hospital or Public Health District will input request into WebEOC on behalf of the requesting organization in order to create a record. The Regional Coordinating Hospital or Public Health District will be responsible for the release of the asset and for coordinating the logistics of moving the asset to the appropriate location with the requesting organization. The Coalition will not have the ability to transport assets; this will be the responsibility of the requesting organization and/or the organization storing the asset. WebEOC will be utilized to record the release, receipt, and status of the asset. The borrowing organization will be responsible for the maintenance and operating cost of the asset while it is in their possession.

Demobilizing Resources

It will be the borrowing organization's responsibility to maintain the asset and return it to the Coalition after use in the same condition in which it was received. WebEOC will be utilized to record the return and status of the asset. To ensure allocation of critical resources, the borrowing organization shall release and return resources that are no longer required or being utilized. The Regional Coordinating Hospital or Public Health District will be notified of the return and status of the asset.

Reimbursement Processes/Procedures

For nonexpendable resources, it will be the responsibility of the borrowing organization to account for resources returned, restore resources to functional capability, and replace broken and/or lost items. For expendable resources, the borrowing organization will account for resources used and provide reimbursement or replacement of items in accordance with previously established aid agreement. Reimbursement or replacement requirements shall be agreed upon prior to resource deployment. The borrowing organization shall maintain documentation of costs associated with the use of the Coalition asset. The Regional Coordinating Hospital or Public will be notified of the cost associated for nonexpendable resources.

Annexes {Scenario Specific Plans}

Annex A: Regional Evacuation & Receiving Coordination Plan

Annex B: Regional Mass Fatality Coordination Plan

Annex C: Regional Surge Coordination Plan

Annex D: Continuity of Operations Plan

Attachments {Tools: Lists, Directories, How-to Guides, etc.}

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Attachment 2: HICS 252 – Section Personnel Time Sheet

Attachment 3: HICS 257 – Resource Accounting Record

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