



## **Nebraska Plains Healthcare Coalition (NPHCC) Emergency Support Plan**

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## Chapter 1 - Concept of Operations

### A. Mission

The mission of the Nebraska Plains Healthcare Coalition (NPHCC) is to support local medical systems, in partnership and collaboration with public health, emergency management, first responders, and government and community organizations for a seamless medical response to many types of disasters, which includes an infectious disease outbreak.

### B. Planning Assumptions

1. NPHCC includes 16 counties, 7 hospitals, and 2 public health departments.
2. Hospitals in the NPHCC region include: Community Hospital (McCook), Dundy County Hospital (Benkelman), Perkins County Health Services (Grant), Chase County Community Hospital (Imperial), Tri Valley Health System (Cambridge), Great Plains Health (North Platte), and Ogallala Community Hospital (Ogallala).
3. The two health departments included in the NPHCC region include: West Central District Health Dept. (North Platte) and Southwest Nebraska Public Health Dept. (McCook).
4. The counties served by the NPHCC region include: Arthur, Chase, Dundy, Frontier, Furnas, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas (see Attachment 14 for MRS/HCC map)
5. This plan will work in conjunction with each hospital's emergency plans, public health's Emergency Response Plan, and emergency management's local emergency operations plans.
6. Disasters, including an infectious disease outbreak, call for a coordinated regional response which involves resources, communication, and unified command.
7. NPHCC and its partners have adopted the National Incident Management System (NIMS) as the foundation for incident command, coordination, and support activities.

### C. Command & Control

1. NPHCC is a partnership made up of medical and public health related response partners whose response to and recovery from major emergencies and disasters requires integrated professional management and coordination.
2. NPHCC will follow to the concepts of the National Incident Management System (NIMS), which provides a structure and process to effectively coordinate responders from multiple disciplines and levels of government and to integrate them with resources from the private sector and non-governmental organizations.
3. NPHCC is a coordinating body for medical care and public health related organizations in a public health emergency that affects one or more counties in the NPHCC region.
4. The NPHCC plan and activities will be conducted within the context of existing emergency response plans.
  - a. Each county in the NPHCC region has a Local Emergency Operations Plan (LEOP) in place that explains the command and control structures and response procedures for their respective county.
  - b. County LEOPs contain procedures for the activation of an Emergency Operations Center (EOC) to coordinate between responding agencies. The decision to open the

- EOC will be based on the severity of the incident. First responder agencies will set up operations in the field while providing representatives for EOC briefings.
- c. Both public health departments in the NPHCC region have Emergency Response Plans that explains response procedures to public health emergencies.
  - d. NPHCC hospitals will coordinate with their respective EOCs and first responder agencies. NPHCC hospitals have procedures in place for the activation of their incident command systems. The NPHCC has been written into the emergency operations plans (EOP) of all NPHCC hospitals.
5. Upon the decision that additional resources may be required, the affected hospital's leadership and/or Incident Command will make the decision to contact the NPHCC for assistance.
  6. The procedure for activating the NPHCC can be found in each hospital's emergency operations plan. NPHCC has created the NPHCC Call Down list to facilitate communication and coordination between hospitals in the region (Attachment 1).
    - a. An incoming request for assistance to the NPHCC from a NPHCC hospital will be made first to the NPHCC Coordinator. The Local Public Health Department will act as NPHCC representatives/alternates should the NPHCC Coordinator be unavailable.
    - b. The NPHCC representative contacted by the requesting hospital will then coordinate with the other NPHCC hospitals to facilitate the request. Each hospital in the NPHCC has a Steering Committee representative. The NPHCC representative will contact this Steering Committee representative to coordinate for their respective facility.
    - c. If needed, the NPHCC representative will also contact the local emergency manager of the county affected to find out the status of emergency declaration and, if necessary, find out what resources are available.

#### **D. Notification & Activation**

The NPHCC can be activated at two levels:

1. Activation Level 1
  - a. Once it has been determined that an incident has the potential to stress medical resources and/or impact the healthcare community, the affected NPHCC hospital, Emergency Operations Center, or Incident Commander may activate NPHCC by the call-down list (see Attachment 1) and inform the NPHCC coordinator or designee of the potential situation.
  - b. Level 1 activation will give NPHCC partners a higher state of readiness and the time to begin planning the possible mobilization of resources and other cooperative efforts.
  - c. The NPHCC coordinator or designee will alert all/other NPHCC hospitals of the situation and potential need for resources.
  - d. All NPHCC hospitals have signed and agreed to the NPHCC Hospital Mutual Aid Memorandum of Understanding (Attachment 15).
  - e. The NPHCC representative will, if needed, contact the local emergency manager of the affected county or counties to ask about available resources.
2. Activation Level 2

- a. Once an incident has impacted the healthcare community, the affected NPHCC hospital, Emergency Operations Center, or Incident Commander may contact the NPHCC coordinator or designee and give a specific, detailed request for resources.
- b. Depending on the nature of the request, the NPHCC coordinator will contact NPHCC hospitals, public health, and emergency management for requested resources.
- c. Should the request be for patient transportation, the NPHCC representative will coordinate with emergency medical services personnel and emergency management as needed.

## **E. Public Information**

1. It is the responsibility of local governments and first responders to keep the public informed in times of a disaster.
2. NPHCC hospitals and partners will follow their organizations', emergency management and/or public health public information procedures for public information dissemination.
3. Any public information that NPHCC receives will be transferred to the applicable Joint Information Center (JIC).

## **F. Transportation**

1. NPHCC hospitals have plans for obtaining and utilizing transportation resources and have in place daily hospital transfer agreements.
2. Plans for the management of transportation assets have been developed in each county LEOP under Resource Management. Each county LEOP specifies whose responsibility it is to coordinate the requisition and management of public transportation resources.
3. Upon request, a NPHCC representative will work with hospitals, county emergency managers, and designated EOC Resource Coordinators or other personnel to coordinate the management of transportation resources.
4. Transportation listings can be found by contacting local county emergency managers.

## **G. Legal Issues**

The NPHCC Steering Committee will examine all possible legal issues as they come about.

## **H. Credentialing**

1. All hospitals in the NPHCC have procedures in place for the credentialing of medical staff in times of disaster.
2. The Incident Command System (ICS) allows for a credentialing leader position in its structure.
3. The Rural Nebraska Medical Response System Partnership, of which the NPHCC is a partner, has developed the Medical Volunteer Plan Template for Nebraska Hospitals.

## **I. Patient and Bed Tracking & Record Keeping**

1. All hospitals in the NPHCC have procedures in place for the emergency management of patient tracking and record keeping.
2. The ICS allows for patient tracking and record preservation leader positions.
3. All of the NPHCC hospitals, working with the State of Nebraska, have implemented the HAvBED (Hospital Available Beds for Emergencies) system. This application allows for bed capacity tracking throughout the state.

4. The web application also is capable of tracking pharmaceuticals and resources. These capabilities may be utilized in the future.

#### **J. Disaster Behavioral Health Services**

1. Emergency Management and/or Public Health are the coordinating bodies for disaster behavioral health services.
2. Fifteen of the sixteen counties in the NPHCC are in Region 2. Furnas County is in Region 3.
3. If NPHCC hospitals should need assistance with mental health services, they may contact the NPHCC Coordinator, the MRC Coordinator and/or local emergency manager to coordinate with Region 2 or Region 3 Human Service MRC volunteers.
4. West Central Ne Medical Reserve Corps includes licensed mental health professionals, and psychological first aid trained volunteers.

## Chapter 2 – Federal Resources

### A. Strategic National Stockpile

1. The Strategic National Stockpile (SNS) is a federally owned cache of medical countermeasures (e.g. antivirals, antibiotics) and emergency supplies (fluids, personal protective equipment, etc.).
2. The SNS may be deployed in response to a biological or chemical event, such as smallpox, anthrax, botulism, viral hemorrhagic fevers, plague, tularemia, etc.
3. The SNS push-pack can arrive in Nebraska within 12 hours of the request and plans are made to have supplies delivered locally within 48 hours.
4. Local public health departments are responsible for receipt and distribution of SNS material.

See Annex S – Strategic National Stockpile Plan for more information

### B. Chempack

1. The Chempack program is a component of the Strategic National Stockpile and was established to by the Centers for Disease Control and Prevention (CDC) through the Department of Health and Human Services (DHHS).
2. It provides states and local governments a sustainable resource that increases their ability to rapidly respond to a nerve agent event.
3. Nerve agents may include chemical warfare agents such as sarin, somin, VX or tabun or pesticides such as malathion and parathion.
4. Chempacks are placed at eleven undisclosed sites across the state which provide a secure, environmentally controlled storage.
5. Access protocols can be found with local public health departments or DHHS and will be shared only on a need-to-know basis.

### C. Federal Medical Stations (FMS)

1. FMS are field hospitals capable of housing 250 beds for basic treatment.
2. Included: pharmaceuticals, beds, administrative supplies, and specialty items.
3. These assets are requested through the State of Nebraska.