St. Louis Area Regional Response System (STARRS)
Healthcare Coalition
Healthcare Subcommittee
Regular Meeting Minutes

Meeting Details

DATE:	Wednesday, May 12, 2021	CONVENED:	0930 HRS	ADJOURNED:	1059 HRS
CHAIRS:	J. Campbell C. Minks				

Attendance

MEMBERS:	L. Abrams	J. Barczewski	B. Barton	N. Blaes	C. Blank	R. Charney
	B. Chotrow	N. Corliss	L. French	G. Christmann	E. Hooks	T. Horton
	S. Icenhower	M. Leasure	B. Liedtke	D. Mullen	J. O'Brien	V. Poston
	S. Pratt	H. Sandkuhl	A. Spier			
PARTNERS:	D. Chambers	K. Foerst	K. Hargrave	S. Peterson	T. Shaw	A. Taylor
	B. Zoref					
GUESTS:	B. Bagby					

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Call to Order	Meeting called to order at 0930 hours by J. Campbell via Teams.	No further action required.
Meeting Objectives	J. Campbell shared May meeting objectives: 1. Review Focus Team activities & recommendations for HPP Regional Plan Annex development project. 2. Update Healthcare Subcommittee Goal Development Plan via leader progress reports; identify any barriers to success 3. Discuss healthcare sector-specific training and exercise needs, gaps and solutions 4. Update subcommittee members on coalition/regional activities, initiatives, and opportunities	**Objective Complete** **Objective Complete** **Objective Complete** **Objective Complete**
Meeting Minutes	Refer to **Attachments A, A1** of meeting materials packet. C. Minks submitted draft meeting minutes from Wednesday, March 10, 2021 for review and approval. **Discussion** No discussion. **Recommendation** Approve as submitted. **Decision** Michelle Leasure motioned to approve; S. Icenhower seconded. Minutes approved as submitted.	No further action required.
Announcements		
Introductions	J. Campbell invited new members and partners to provide brief introduction. New Members during May include:	

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Introductions cont.	**Kathleen Hargrave** Director of Operations Regional Medical Examiner's Office **Gary Christmann** Safety Manager St. Luke's Hospital **Nick Blaes** Planning Program Manager Barnes-Jewish Hospital	Subcommittee welcomed new members. No further action required.
Membership Form Update	Refer to **Attachment B** of meeting materials packet. J. Campbell reported Healthcare Subcommittee membership form received forty-seven (47) total entries. - Thirty-seven (37) healthcare organizations - Ten (10) partner organizations Compiled member form entries used to develop Healthcare Subcommittee directory. - Used for regular business, including email correspondences, meeting scheduling, and material distribution Next Steps Form remains active and live. New and current members encouraged to update contact details, if/as needed. Membership form available via this link: Healthcare Subcommittee Membership Form – 2021	No further action required.
Old Business		
HPP Annex Development Plan	D. Chambers provided the following updates: Current Status Five (5) regional Healthcare Coalition Response Plan annexes due through CY2024. St. Louis Coalition focused on two (2) annexes during CY2021: - Emerging Infectious Disease (EID) - Burn DRAFT St. Louis Healthcare Coalition Plan EID Annex has been completed. Next Steps 1. Identify EID Annex Focus Team members 2. Conduct EID Annex Review Meeting The following Healthcare Subcommittee members volunteered to participate on EID Annex Focus Team:	

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
HPP Annex Development Plan cont.	- Nathan Corliss - Cody Minks - Helen Sandkuhl - Rachel Charney - Kyle Foerst - Jason Campbell - Michelle Leasure J. Campbell also recommended including Chris Blank.	D. Chambers to ask C. Blank for participation. D. Chambers to schedule EID Annex Focus Team meeting and provide update during next meeting.
Goal Development Plan Reports		
Goal 1: Membership & Recruitment	Refer to **Attachment C** of meeting materials packet. J. Campbell provided the following updates: Workgroup Highlights - Completed CY2021 membership directory o Updated telephone, email and affiliation details Upcoming Activities Workgroup coordinating to: - Complete membership data review - Develop DRAFT Healthcare Subcommittee "one-pager" No challenges or barriers identified. Next workgroup meeting TBD.	A. Blevins to coordinate next workgroup meeting and provide update during next meeting.
Goal 2: Support Technology	J. O'Brien provided the following updates: Workgroup Highlights - Verified goal scope, deliveries and workgroup membership Upcoming Activities - Coordinating with workgroup to define membership technology needs No challenges or barriers identified. Next workgroup meeting Tuesday, May 25 at 0900 hours.	J. O'Brien to coordinate next workgroup meeting and provide update during next meeting.
Goal 3: Subcommittee Report	J. Campbell provided the following updates: Workgroup Highlights - Developed Healthcare Subcommittee Biannual Report outline	

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Goal 3: Subcommittee Report cont.	- Includes following elements: o Subcommittee purpose, functions and how to participate o Membership updating & Standardization process o Goal Development plan progress, outcomes and outstanding actions <u>Upcoming Activities</u> Workgroup coordinating to: - Develop DRAFT Report - Coordinate workgroup members for review/approval - Distribute to membership by June 30 No challenges or barriers identified. Next workgroup meeting is scheduled for May 26.	J. Campbell to coordinate next workgroup meeting and provide update during next meeting.
Goal 4: Subcommittee Administration	C. Minks provided the following updates: <u>Workgroup Highlights</u> - Coordinating with workgroup to schedule next meeting - Using app to identify most convenient meeting day/time prior to scheduling <u>Upcoming Activities</u> Workgroup coordinating to: - Conduct workgroup meeting to prioritize administrative material review process and sequencing - Complete review of all identified documents. Challenge: Finding an appropriate time to meet. Next workgroup meeting TBD.	C. Minks will schedule meeting with Goal 4 subcommittee and provide update during next meeting.
Goal Plan Summary	J. Campbell opened meeting for subcommittee goal plan development discussion. **<u>Discussion</u>** No discussion. **<u>Recommendation</u>** Update goal plan objectives with recent progress reports. **<u>Decision</u>** Goal plan to be updated.	

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Goal Plan Summary cont.	Next Steps - Goal workgroup leaders schedule May and June meetings - Goal workgroup leaders submit electronic progress report form for July meeting update	All goal leaders to complete actions as approved.
Workgroup Reports		
Pediatric Surge Planning	Refer to **Attachment F** of meeting materials packet. J. Campbell provided the following updates: Workgroup Highlights Children & Youth in Disasters (CYID) committee facilitating virtual "Lunch & Learn" sessions on the following dates: - September 1, 8, 15, 29 - October 6, 13, 20 Registration details pending. No challenges or barriers identified. Next workgroup meeting Tuesday, June 1, 2021.	M. Tanton to coordinate next workgroup meeting and provide update during next meeting.
Coalition Partner Updates		
Public Health	T. Shaw provided the following updates: Sector Highlights - Mass COVID-19 vaccine clinics demobilizing - Planning for vaccine clinics specific to 12-15 y/o underway - Continuing mass COVID-19 vaccination efforts per jurisdiction & aligned to tier groups Upcoming Activities - Community Pop-up clinics providing guidance & support for rapid vaccine deployment into key community sites/partners Challenges No challenges reported.	T. Shaw provide update during next meeting.
Emergency Medical Services (EMS)	H. Sandkuhl provided the following updates: Sector Highlights - National EMS week is May 16 – 22, 2021 o Appreciation & celebratory activities throughout STL region - EMS vaccination clinics demobilization – target closure is June 30	

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Emergency Medical Services (EMS) cont.	Upcoming Activities - EMS BBQ in Tower Grove Park Monday, May 17 from 1100 – 1900 hours - Softball tournament in Bridgeton Athletic Center Wednesday, May 19 from 1100 – 1900 hours Challenges No challenges reported. Next meeting TBD.	J. Nowak/H. Sandkuhl to provide update during next meeting.
Emergency Management	No report.	Designated EM partners to provide update during next meeting.
EMResource	B. Zoref provided the following updates: Sector Highlights - Juvare & EMResource account logins recently updated to single email address login credentials - Individual contact information for key personnel may have been deleted during Juvare update Upcoming Activities - None Challenges No challenges reported. Next meeting TBD.	All users to login to Juvare with new credentials and verify/update organizational contact information, as needed. A. Blevins/B. Zoref to provide update during next meeting.
Interoperable Communication	T. Horton providing the following updates: Sector Highlights - “Hot Key” situation on HEAR radio at St. Luke’s Hospital affecting radio functionality; issue resolved. Challenges No challenges reported. Next meeting TBD.	T. Horton to provide update during next meeting.
New Business		
Healthcare Sector-Specific T&E Program	C. Minks shared training and exercise program capabilities/trends specifically within healthcare: Current Status/Challenges Multi-organizational trainings and exercises traditionally coordinated via St. Louis regional T&E program.	

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Healthcare Sector-Specific T&E Program cont.	Healthcare sector-specific needs may be unaddressed or insufficiently scoped within regional T&E opportunities. **Discussion** C. Minks facilitated discussion focused on the following: 1. What is regional interest level in a healthcare-specific T&E program that includes hospitals, healthcare providers, and healthcare system participants? 2. What aspects of healthcare T&E may provide greatest value? - Stronger intradisciplinary collaboration - Increased sector readiness & response performance - Regulatory & accreditation agency compliance 3. What opportunities exist with healthcare-specific T&E program? 4. What downsides exist with healthcare-specific T&E program? **Recommendation** J. O'Brien reviewed ongoing efforts to develop a meaningful "repository" of healthcare-focused training/exercise materials. Team reviewed common challenges associated with healthcare T/E, including: - SME resource bandwidth to develop & facilitate training - Accessibility to hourly staff - Organizational & regional precedent to administrate T/E program - Low willingness and confidence to perform disaster duties without training & experiential learning L. French provided Illinois HOPE Coalition Decontamination Training Program overview and offered to collaborate with Missouri healthcare partners to sponsor/facilitate standardized training. J. Campbell suggested broadening scope to include developing local healthcare capabilities to design, conduct, and evaluate challenging & complex exercises, and proposed establishing a healthcare subcommittee workgroup focused on T/E skill development/transfer. Additionally, team identified need to prepare materials for senior leadership awareness and support, for long-term success. **Decision** The following Healthcare Subcommittee members volunteered to participate on Healthcare T/E Workgroup: - Nathan Corliss - Vanessa Poston - Samantha Peterson - Cody Minks - Lee French - Jason Campbell - Justin Hendee	L. French to share supporting documentation for HOPE Decontamination Training. C. Minks to coordinate T&E workgroup initial meeting and provide update during next meeting.

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Regional Initiatives		
Complex Coordinated Terrorist Attack (CCTA)	D. Chambers provided the following updates: <u>Program Highlights</u> - Virtual Functional Exercise (FE) conducted April 20, 2021 o FE focused on multiple intentional concurrent MCIs in St. Louis resulting in hundreds of casualties dispersed to hospitals throughout the region. - Recognized areas for improvement and identified targeted corrective actions - Target objectives were victim/family reunification, mass fatality management, and info/intel processing <u>Upcoming Activities</u> - Formal CCTA program activities complete.	No further action required. J. Campbell & D. Chambers to coordinate to determine if CCTA may be removed from meeting agenda.
Healthcare Coalition & SMOC	S. Icenhower and B. Zoref provided the following updates: <u>Coalition Highlights</u> - Last meeting occurred April 16, 2021 - Reviewed CY2020 & CY2021 grant deliverables - Discussed current status of regional Chempack Response Plan and next steps for revision; Draft plan under review by coalition members - Reviewed SMOC mission and updated team on SOG revision progress <u>Upcoming Activities</u> - Continue coordination with appropriate partners. - Next meeting scheduled Friday, May 21 at 0900 hours.	S. Icenhower/B. Zoref to provide coalition update during next meeting.
Training and Exercise		
T&E Subcommittee Report	S. Peterson provided the following updates: <u>Highlights</u> - Creating a survey to ask the region about the training needs of the region as well as virtual vs. "in-person" training opportunities - State of MO is working with contractors to offer more training opportunities in the state	

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
T&E Subcommittee Report cont.	Upcoming Training Opportunities - NIMS ICS All-Hazards Division/Group Supervisor (DIVS) course June 16 – 18, 2021 Upcoming Activities - Next T&E Subcommittee meeting scheduled June 8, 2021.	Interested members may register via this link. S. Peterson to provide coalition update during next meeting.
Organizational T&E Opportunities	No organizational T&E opportunities shared.	No further action required.
Grant Funding Programs		

UASI, HPP, and PHEP	D. Chambers provided the following updates:
	
	Grant Highlights
	
	- UASI 2021 FY Grant has been submitted
	  - Minor changes from FY2020
	  - FY2021 amount is largest UASI award region received since FY2011
	
	- PHEP grant released; currently being coordinated via DHSS
	
	- HPP July 1 funding not released yet.
	
	- Anticipate changes to regional Coalition Surge Test (CST) exercise for CY2021
		D. Chambers to provide update during next meeting.

Regulatory/Accreditation		

Survey Activity	V. Poston provided highlights from recent TJC EM survey at BJC Missouri Baptist Medical Center.
	
	- Document review very similar to previous surveys
	
	- Surveyor requested the following specifically:
	  - Communication Annex
	  - Previous two (2) years' AARs
	
	- Significant review of cache inventory products & management
	  - Surveyor had particular interest in Med Sleds
	
	- Hospital COVID-19 activity reviewed during opening conference and leadership sessions; minimal discussion during EM session
		No further action required.
		
		Subcommittee members to share relevant EM survey experience during upcoming meetings.

Open Discussion		
No Discussion	No Items	N/A
Resources and Literature		
ASPR TRACIE – The Express	Refer to **Attachments D, D1, D2** of meeting materials packet. J. Campbell shared three (3) issues of ASPR TRACIE – The Express. Featured topics included - Healthcare cybersecurity - Burn surge resources	

Attachment A

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
ASPR TRACIE – The Express cont.	- Virtual healthcare and telemedicine during crisis - Healthcare personnel mental health and well-being support	No further action required.
ASPR TRACIE – The Exchange	Refer to **Attachment E** of meeting materials packet. J. Campbell shared most recent issue of ASPR TRACIE – The Exchange. Featured topics included - Engineering and environmental support during COVID-19 - Healthcare therapist roles during emergency/disaster	No further action required.
Meeting Conclusion		
Action Item Review	J. Campbell reviewed action items from May meeting: Goal Development Plan - Goal workgroup leaders facilitate May and June meetings, then share progress/outcomes via electronic Healthcare Subcommittee Report Submission Form HPP Response Plan Annex - D. Chambers to schedule EID Annex Focus Team meeting and provide update during next meeting. Healthcare Sector Specific T&E Program - C. Minks to coordinate T&E workgroup initial meeting and provide update during next meeting. Juvare/EMResource Upgrade - All users to login to Juvare with new credentials and verify/update organizational contact information, as needed.	
Next Meeting	Wednesday, July 14, 2021 0930 – 1100 hours Microsoft Teams	No further action required.
Adjournment	J. Campbell adjourned the meeting at 1059 hours	No further action required

Respectfully submitted,

Jason Campbell
Chair
STARRS Healthcare Subcommittee

STARRS Healthcare Subcommittee

Regular Meeting

Wednesday, May 12, 2021

1

Agenda & Meeting Objectives

I. Review Focus Team activities & recommendations for HPP Regional Plan Annex development project.

II. Update Healthcare Subcommittee Goal Development Plan via leader progress reports; identify any barriers to success

III. Discuss healthcare sector-specific training & exercise needs, gaps, & solutions

IV. Update subcommittee members on coalition/regional activities, initiatives, & opportunities

• 2 •

2

Attachment A1

Review Meeting Minutes

- Last Meeting - Wednesday, March 10, 2021
  - Membership Review Focus Team presented findings & recommendations
    - Unanimously approved; outcomes incorporated into revised Charter
  - Reviewed Goal progress & action items; all goal trending positively with no barriers/obstacles reported
  - Members presented recent TJC EM survey experiences & outcomes
- Next Steps
  - Review & approve

• 3 •

3

Announcements Introductions

- New Members Welcome!
- Introduction
  - Name
  - Organization/Agency
  - Emergency Management Role

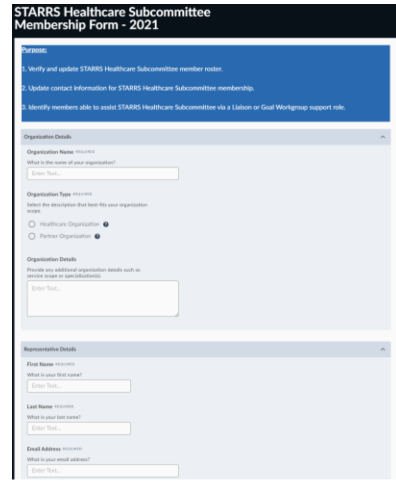
• 4 •

4

Attachment A1

Announcements
Membership Form Update

- Current Status
  - Forty-seven (47) entries
    - 37 Healthcare Organizations
    - 10 Partner Organizations
  - Primary directory used for subcommittee business, including email correspondences & meetings
- Next Steps
  - Form to remain active
  - Updated prior to each subcommittee meeting



• 5 •

5

Old Business
HPP Annex Development Plan

- Current Status
  - Reviewed ASPR HPP requirements during March meeting
    - Five (5) regional Healthcare Coalition Response Plan annexes
    - Focused development of two (2) currently:
      - Emerging Infectious Disease (EID)
      - Burn Surge
    - Each annex requires exercise validation component
  - DRAFT St. Louis Healthcare Coalition Plan EID Annex completed

• 6 •

6

Attachment A1

Old Business
HPP Annex Development Plan

- Next Steps
  - Identify appropriate Focus Team participants
    - Healthcare & hospitals
    - Public Health
  - Conduct EID Annex Focus Team Meeting
    - Review DRAFT Plan to identify gaps & improvement opportunities
    - Establish review & revision processes
    - Develop EID Annex training & exercise
    - Tentatively scheduled May 2021
  - Report updates to St. Louis Healthcare Coalition Committee

Goal Development Plan Reports
1 – Membership & Recruitment

- Workgroup Highlights
  - Completed CY2021 membership directory
    - Updated telephone, email, & affiliation details
- Upcoming Activities
  - Coordinating workgroup to
    - Finish healthcare organization representation review
    - Develop DRAFT Healthcare Subcommittee "one-pager"

Attachment A1

Goal Development Plan Reports
1 – Membership & Recruitment

- Challenges or Barriers
  - None reported
- Next Meeting
  - TBD

Goal 1	Cultivate an inclusive healthcare subcommittee that is reflective of the St. Louis community and includes representation from all provider/facility types.		
	Description	Deadline	Completion
Objective 1A	Coordinate with local/state partners to identify applicable healthcare organizations and facilities within subcommittee geographic scope.	31-May	51 - 75%
Objective 1B	Review, verify, and update current subcommittee membership roster.	31-May	100%
Objective 1C	Develop healthcare subcommittee one-page summary sheet with membership responsibilities, benefits, enrollment details, and FAQs.	31-May	0 - 25%
Objective 1D	Distribute subcommittee summary sheet to all eligible healthcare organizations.	30-Jun	0 - 25%
Objective 1E	Monitor membership expansion and healthcare facility representation; revise strategy for Goal 1 achievement if/as required.	31-Dec	0 - 25%
Objective 1F	Update contact information for all current and new subcommittee members.	30-Jun	100%

• 9 •

9

Goal Development Plan Reports
2 – Support Technology

- Workgroup Highlights
- Upcoming Activities
  - Coordinating with workgroup to define survey scope & parameters

• 10 •

10

Attachment A1

Goal Development Plan Reports
2 – Support Technology

- Challenges or Barriers
  - None reported
- Next Meeting
  - TBD

Goal 2	Implement healthcare subcommittee membership support technology to resolve identified interface gaps.		
	Description	Deadline	Completion
Objective 2A	Develop and distribute electronic survey to determine and rank specific membership portal needs/features.	31-May	0 - 25%
Objective 2B	Analyze and report membership portal survey results within during May meeting.	30-Jun	0 - 25%
Objective 2C	Identify potential portal solutions that support/resolve critical needs, as defined by survey results.	30-Jun	0 - 25%
Objective 2D	Establish portal solution for subcommittee membership and verify resolution of critical gaps.	30-Sep	0 - 25%

• 11 •

11

Goal Development Plan Reports
3 – Subcommittee Report

- Workgroup Highlights
  - Developed Healthcare Subcommittee Biannual Report outline
  - Includes the following elements:
    - Subcommittee purpose, functions, & how-to participate
    - Membership updating & standardization progress
    - Goal Development Plan progress, outcomes, & outstanding actions
- Upcoming Activities
  - Develop DRAFT Report
  - Coordinate workgroup members for review/approval
  - Distribute to membership by June 30

• 12 •

12

Attachment A1

Goal Development Plan Reports
3 – Subcommittee Reports

- Challenges or Barriers
  - None to report
- Next Meeting
  - Wednesday, May 26

Goal 3	Elevate healthcare subcommittee visibility and accountability via production of semiannual reports.		
	Description	**Deadline**	**Completion**
Objective 3A	Coordinate with HCC Coordinator and partner subcommittee chairs to identify content/data to maximize report utility and relevance.	31-May	76 - 99%
Objective 3B	Develop DRAFT report outline and dashboard for review/approval by appropriate regional partners/leaders.	31-May	51 - 75%
Objective 3C	Distribute initial subcommittee report to full membership and designated partner recipients.	30-Jun	26 - 50%
Objective 3D	Incorporate applicable report revisions/improvements and distribute annual report to all recipients.	31-Dec	0 - 25%

• 13 •

13

Goal Development Plan Reports
4 – Subcommittee Administration

- Workgroup Highlights
  - Coordinating with workgroup to schedule next meeting
    - Using app to identify most-convenient meeting day/time prior to scheduling
- Upcoming Activities
  - Conduct workgroup meeting to prioritize administrative material review process & sequencing
  - Complete review of all identified documents

• 14 •

14

Attachment A1

Goal Development Plan Reports 4 – Subcommittee Administration

- Challenges or Barriers
  - Responsiveness to app polling request
- Next Meeting
  - TBD

Goal 4	Optimize healthcare subcommittee management via revision/alignment of applicable Charters, Bylaws, and other administrative materials.		
	Description	Deadline	Completion
Objective 4A	Verify all applicable documents are included in subcommittee review/revision scope.	30-Jun	76 - 99%
Objective 4B	Review current subcommittee Charter; document recommended edits and submit revised version to subcommittee for review/approval.	30-Jun	26 - 50%
Objective 4C	Coordinate with HCC Coordinator and ESF-8 Committee Chairs to strengthen alignment of approved Healthcare Subcommittee Charter with applicable coalition/STARRS administrative documents; support revision as appropriate.	30-Sep	0 - 25%
Objective 4D	Verify all applicable coalition and healthcare subcommittee management materials are aligned for optimal administrative coordination for upcoming year.	31-Dec	0 - 25%

• 15 •

15

Goal Development Plan Reports Conclusion

- Next Steps – Subcommittee
  - Discussion, questions, clarification
    - Positive trending?
  - Update Plan with objective progress reports
- Next Steps – Goal Leaders
  - Schedule workgroup meetings to advance tasks & projects
    - May & June
  - Submit monthly progress reports via electronic *Report Form*

• 16 •

16

Attachment A1

Workgroup Reports
Pediatric Surge Planning

- Workgroup Highlights
  - None to report
- Upcoming Activities
  - CYID virtual "Lunch & Learn" sessions
    - Sept - Oct 2021
- Challenges or Barriers
  - None to report
- Next Meeting
  - June 1, 2021

In the midst of COVID-19 our vulnerable populations have become more susceptible to many dangers. This lunch and learn will discuss the impacts, how to mitigate against these dangers, and some lessons that have been learned.

This year we are partnering with State Emergency Management Agency, MO Dept. of Health and Senior Services, MO Dept. of Mental Health, and MO School Boards' Association and Center for Education Safety to provide virtual lunch & learns.

Some of the topics include:

- Emergency Preparedness information for individuals and families
- The impact of COVID –19 and stress on our youth
- Human Trafficking
- Self-Care strategies to reduce stress in families and children

And many more!

Time: Noon-1:00 p.m.

Dates: September 1, 2021, September 8, 2021, September 15, 2021, September 29, 2021, October 6, 2021, October 13, 2021, October 20, 2021

*Registration information and a detailed schedule will be coming soon. For further information please contact Chiquita.Small@sema.dps.mo.gov

Bring your lunch and learn!!!

17

Coalition Partner Updates
Public Health

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

18

Attachment A1

Coalition Partner Updates EMS

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

• 19 •

19

Coalition Partner Updates Emergency Management

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

• 20 •

20

Attachment A1

Coalition Partner Updates EMResource

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

• 21 •

21

Coalition Partner Updates Interoperable Communication

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

• 22 •

22

Attachment A1

New Business
Healthcare Sector-Specific T&E Program

- Current Status
  - Multi-organizational trainings & exercises traditionally coordinated via St. Louis regional T&E program
  - Healthcare sector-specific needs may be unaddressed or insufficiently scoped within regional T&E opportunities

• 23 •

23

New Business
Healthcare Sector-Specific T&E Program

- Focused Discussion Questions
  - What is interest level in a healthcare-specific T&E program?
    - Includes hospitals, healthcare providers, & healthcare system participants
  - What aspects of healthcare T&E may provide greatest value?
    - Stronger intradisciplinary collaboration
    - Increased sector readiness & response performance
    - Regulatory & accreditation agency compliance
  - What opportunities exist with healthcare-specific T&E program?
  - What downsides exist with healthcare-specific T&E program?

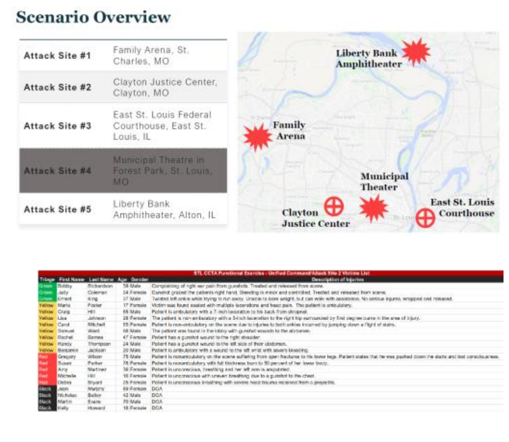
• 24 •

24

Attachment A1

Regional Initiatives
Complex Coordinated Terrorist Attack (CCTA)

- Virtual FE conducted April 20, 2021
- Scenario
  - Multiple intentional, concurrent MCIs in STL
  - Hundreds of causalities dispersed to hospitals throughout region
- Target Objectives
  - Victim/family reunification
  - Mass fatality management
  - Info & intel processing



BARNES-JEWISH Hospital
BJC HealthCare

Regional Initiatives
Complex Coordinated Terrorist Attack (CCTA)

- Program Highlights
  - Concluded "formal" CCTA grant requirements
    - AARs & assessment reports available for review upon request
  - Interdisciplinary CCTA workgroup met May 11 to review outcomes & determine next steps
- Upcoming Activities

Attachment A1

Regional Initiatives
Healthcare Coalition & SMOC

- Coalition Committee Highlights
  - Last meeting - April 16, 2021
  - Reviewed CY2020 & CY2021 grant deliverables
  - Discussed Chempack Response Plan updates & next steps
    - DRAFT Plan under review by coalition members
  - Reviewed SMOC mission & updated team on SOG revision progress
- Upcoming Activities
  - Continue coordination with appropriate partners
- Next Meeting
  - May 21, 2021

• 27 •

27

Training & Exercise
Subcommittee Report

- Subcommittee Highlights
- Upcoming Regional Opportunities

• 28 •

28

Attachment A1

Training & Exercise Organizational Opportunities

- Upcoming Training & Drill/Exercise Opportunities

Grant Funding Update UASI, HPP, & PHEP

- Current Status

- Next Steps

Attachment A1

Regulatory/Accreditation Survey Updates Member Experience

- BJC Missouri Baptist Medical Center
- Other partners?

• 31 •

31

Open Discussion

- Topics missed?
- Good for the order?
- Celebrations & shoutouts?

• 32 •

32

Attachment A1

Resources & Literature
ASPR TRACIE

- Express – Mar, Apr, & May 2021
  - Healthcare cybersecurity
  - Burn surge resources
  - Virtual healthcare & telemedicine during crisis
  - Healthcare personnel mental health & well-being support
- The Exchange – Issue 13
  - Engineering & environmental support during COVID-19
  - Healthcare therapist roles during emergency/disaster

BARNES JEWISH Hospital
BJC HealthCare

• 33 •

33

Action Item Review

- Meeting Action Items

• 34 •

34

Attachment A1

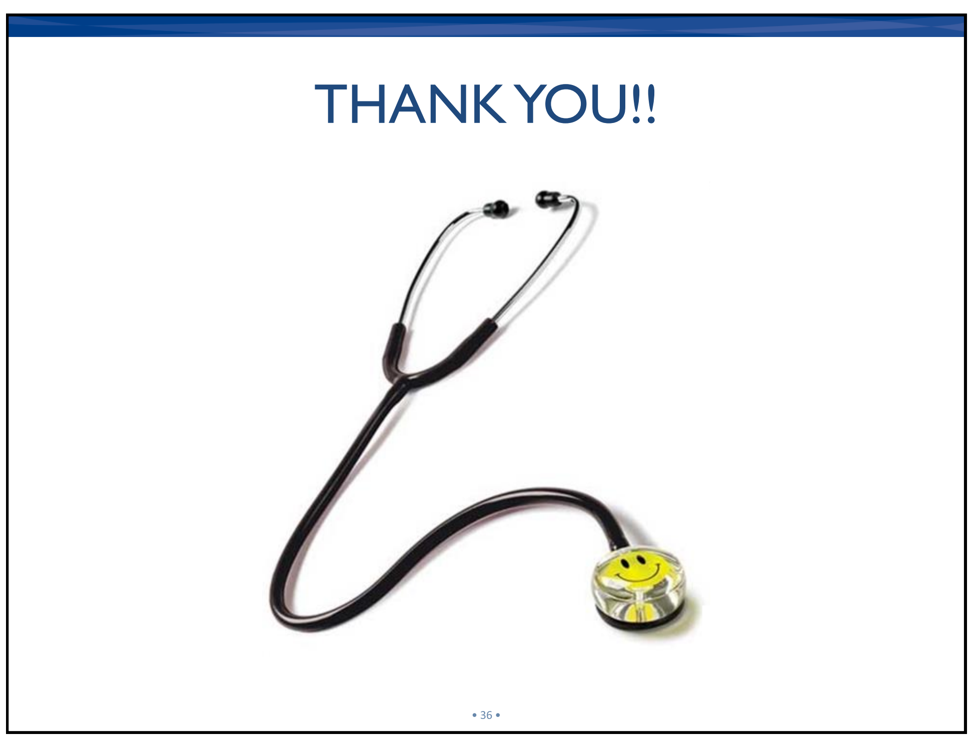
Next Meeting

- STARRS Healthcare Subcommittee Meeting
  - Wednesday, July 14, 2021
  - 0930 – 1100 hours
  - Microsoft Teams

• 35 •

35

THANK YOU!!



• 36 •

36

Attachment A1

St. Louis Healthcare Coalition
Healthcare Subcommittee Regular Meeting
Wednesday, May 12, 2021 0930 - 1100 Hours
Attendance Report

#	First Name	Last Name	Email	Role	Join Time	Leave Time	Duration
1	Linda	Abrams	LAbrams@surgerypartners.com	Member	5/12/2021, 9:20:29 AM	5/12/2021, 10:57:56 AM	1h 37m
2	Brendan	Bagby		Partner	5/12/2021, 9:30:29 AM	5/12/2021, 10:59:17 AM	1h 28m
3	Jason	Barczewski	JMB2744@BJC.org	Member	5/12/2021, 9:30:36 AM	5/12/2021, 10:57:58 AM	1h 27m
4	Bradley	Barton	BXB1279@bjc.org	Member	5/12/2021, 9:24:11 AM	5/12/2021, 10:59:17 AM	1h 35m
5	Nicholas	Blaes	EM94363@bjc.org	Member	5/12/2021, 9:26:43 AM	5/12/2021, 10:59:20 AM	1h 32m
6	Christopher	Blank	CXB1191@bjc.org	Member	5/12/2021, 9:51:23 AM	5/12/2021, 10:01:35 AM	10m 12s
7	Jason	Campbell	jxc9312@BJC.org	Member	5/12/2021, 9:25:35 AM	5/12/2021, 10:59:51 AM	1h 34m
8	Dale	Chambers	dale@stlstarrs.org	Partner	5/12/2021, 9:30:15 AM	5/12/2021, 10:59:17 AM	1h 29m
9	Rachel	Charney	rachel.charney@health.slu.edu	Member	5/12/2021, 9:32:07 AM	5/12/2021, 10:59:43 AM	1h 27m
10	Brenda	Chotrow	chotbm@mercy.net	Member	5/12/2021, 9:31:34 AM	5/12/2021, 10:15:17 AM	43m 42s
11	Minks	Cody	Cody.Minks@ssmhealth.com	Member	5/12/2021, 9:24:05 AM	5/12/2021, 10:59:18 AM	1h 35m
12	Nathan	Corliss	NXC5512@bjc.org	Member	5/12/2021, 9:25:45 AM	5/12/2021, 10:59:52 AM	1h 34m
13	Kyle	Foerst	kfoerst@stlfc.org	Partner	5/12/2021, 9:32:25 AM	5/12/2021, 10:59:16 AM	1h 26m
14	Murrel	French	MLF1576@bjc.org	Member	5/12/2021, 10:00:11 AM	5/12/2021, 10:59:17 AM	59m 5s
15	Christmann	Gary	Gary.Christmann@stlukes-stl.com	Member	5/12/2021, 9:26:36 AM	5/12/2021, 10:38:25 AM	1h 11m
16	Kathleen	Hargrave	KHargrave@sccmo.org	Partner	5/12/2021, 9:31:20 AM	5/12/2021, 10:59:21 AM	1h 28m
17	Emma	Hooks	EFH9961@BJC.org	Member	5/12/2021, 9:41:37 AM	5/12/2021, 10:59:29 AM	1h 17m
18	Tracy	Horton	Tracy.Horton@stlukes-stl.com	Member	5/12/2021, 9:29:11 AM	5/12/2021, 10:59:21 AM	1h 30m
19	Shawn	Icenhower	SI22394@bjc.org	Member	5/12/2021, 9:32:02 AM	5/12/2021, 9:58:58 AM	26m 56s
20	Shawn	Icenhower	SI22394@bjc.org	Member	5/12/2021, 10:31:04 AM	5/12/2021, 10:59:14 AM	28m 10s
21	Michelle	Leasure		Member	5/12/2021, 9:30:54 AM	5/12/2021, 10:59:17 AM	1h 28m
22	Brian	Liedtke	BL19364@bjc.org	Member	5/12/2021, 9:25:39 AM	5/12/2021, 10:58:48 AM	1h 33m
23	Dennis	Mullen		Member	5/12/2021, 9:30:36 AM	5/12/2021, 11:00:23 AM	1h 29m
24	John	O'brien	John.Obrien@ssmhealth.com	Member	5/12/2021, 9:32:11 AM	5/12/2021, 10:59:19 AM	1h 27m
25	Samantha	Peterson	sam@stlstarrs.org	Partner	5/12/2021, 9:28:51 AM	5/12/2021, 10:59:17 AM	1h 30m
26	Vanessa	Poston	VP30235@bjc.org	Member	5/12/2021, 9:32:06 AM	5/12/2021, 10:59:22 AM	1h 27m
27	Sue	Pratt		Member	5/12/2021, 9:31:11 AM	5/12/2021, 10:59:15 AM	1h 28m
28	Helen	Sandkuhl	helen.sandkuhl@ssmhealth.com	Member	5/12/2021, 9:36:15 AM	5/12/2021, 11:06:14 AM	1h 29m
29	Ntasiah	Shaw	nshaw@stlouisco.com	Partner	5/12/2021, 9:31:12 AM	5/12/2021, 10:59:18 AM	1h 28m
30	Ashley	Spier	AXS4383@bjc.org	Member	5/12/2021, 9:26:44 AM	5/12/2021, 10:59:23 AM	1h 32m
31	Anna	Taylor	anna.taylor@wustl.edu	Partner	5/12/2021, 9:27:58 AM	5/12/2021, 10:59:19 AM	1h 31m
32	Brad	Zoref	brad@stlstarrs.org	Partner	5/12/2021, 9:29:52 AM	5/12/2021, 10:59:42 AM	1h 29m

Attachment A1

Appendix B: Healthcare Coalition Infectious Disease Surge Annex

***Note on St. Louis Regional HCC surge annexes.** The St. Louis region's health care facilities rely heavily on informal partnerships and more formal, extensive daily operations procedures. The complexity of identifying specific processes and procedures is too extensive for an annex or a larger plan. Informal relations among physicians support a high level of care and process that cannot be outlined here. The SMOC and other regional partners serve as a safety net to hospitals and other healthcare providers. Although formal in concept and operations, the SMOC operates with few defined triggers, thereby allowing facilities to request support from regional partners at any point an internal (facility) or regional determination is made to request additional resources or information.

Please follow any required notifications that are outlined here or in your facility's plans. If you are uncertain if a regional or statewide notification is necessary or similar related issue, notify the SMOC Duty Officer and additional guidance will be available.

SMOC Duty Officer contact 24/7: call Central County Emergency 911, 636.394.2212 or 636.394.5442. A SMOC Duty Officer will be contacting you within 25 minutes, typically less.

1. Introduction

1.1 Purpose

The STLRHCC Response Plan which this annex is attached, in collaboration with the STLRHCC Preparedness Plan, will provide greater details on topics not fully covered in the annex.

This annex should be used to support one or more regional hospitals recognizing a surge of infectious disease patients of any age within the St. Louis Regional Health Care Coalition (STLRHCC). The annex also addresses a surge of infectious or suspected disease patients that are from geographical areas outside of the STLRHCC and either choose to be treated by St. Louis hospitals or, due to necessary level of care, have been transported to St. Louis hospitals. The annex supports the STLRHCC Response Plan by addressing specific needs of patients suffering from known or unknown infectious disease(s) such as influenza, measles, Ebola virus disease, or COVID-19.

This annex is intended to support, not replace, any existing facility or agency policy or plan by providing uniform response actions in the case of an emergency that involves (or could involve) significant numbers of patients with, or suspected with, a highly infectious disease.

1.2 Scope

This annex will cover the entirety of a Highly Infectious Disease (HID) surge incident, beginning with notification of an incident and ending with all infectious disease patients released from

DRAFT

regional hospitals or the determination by the STLRHCC community that the ANNEX is no longer needed to support a stabilized, near steady state response.

The STLRCC will support the response to an infectious disease surge event through the St. Louis Medical Operations Center (SMOC), which is comprised primarily of representatives from STLRHCC hospitals or hospital systems, public health, EMS, and supported by local emergency management and St. Louis Area Regional Response System (STARRS) staff.

1.3 Overview/Background of HCC and Situation

The STLRHCC is comprised of representatives from hospitals and other Health Care Provider Types (i.e. Urgent Care Centers, Long Term Care, etc.), Emergency Medical Services (EMS), Emergency Management Agencies (EMAs), and Local Public Health Agencies (LPHAs). STARRS staff are the program subcontractor for the State of Missouri DHSS and are responsible for administering the Hospital Preparedness Program (HPP) Grant for the St. Louis Regional Health Care Coalition that contains the majority of Missouri Region C (see below)

The Missouri Ebola Concept of Operations (CONOPS) updated 2020 provides state level support to this annex and is regularly referenced. Should guidance in this annex conflict with that of the MO CONOPS, then CONOPS should be identified as the appropriate procedure.

This annex covers the response for the hospitals and other health care providers that fall within the STLRHCC region. The providers all operate within the Missouri Region C counties of:

- St. Louis City
- St. Louis County
- St. Charles County
- Jefferson County
- Warren County
- Franklin County
- Washington County
- Lincoln County
- St. Francois County
- Pike County

For communities in Missouri or in Illinois that are outside of the above listed, see 2.5.5 *Jurisdictional-Specific Considerations* of this annex.

1.4 Assumptions

This annex is written with the expectation normal critical infrastructure is in place such as regular non-generator power, normal cooling/heating of all facilities, normal communications capacities, and normal transportation corridors.

The SMOC Duty Officer and other HCC coordinating disciplines will communicate via normal means. EMResource and eICS will be operational.

In the case any of these assumptions are proved false, then the StLRHCC Emergency Response Plan along with other regional plans will be implemented and appropriate resources will begin to be established and communication barriers reduced.

2. Concept of Operations

2.1 Activation

The CONOPS provides for the activation and notification to the STLRHCC of a confirmed or suspected Ebola patient(s) if all self-reporting parameters by the patient have been appropriately followed. All notifications in the CONOPS should occur quickly to provide the patient and healthcare organization with the best level of care and support.

The activation of this annex, the STLRHCC response plan, and/or the SMOC can be requested by any STLRHCC member or non-member who has identified the need for additional resources.

Initial activation of this annex should be through the SMOC Duty Officer. SMOC Duty Officer contact 24/7: call Central County Emergency 911, 636.394.2212 or 636.394.5442. A SMOC Duty Officer will be contacting you within 25 minutes, typically less.

2.2 Notifications

Notification of an infectious disease surge will be made to the SMOC from healthcare organizations who are experiencing, or have knowledge of, transfers that would cause a surge. Central County Emergency 911 (CCE911) in St. Louis County is the relay agency to make immediate notification to SMOC members. The SMOC will notify the HCC partners of an event via Everbridge and will convene a conference call to coordinate regional awareness and response. The SMOC will create an event in EMResource to track bed and resource availability and in eICS to track activity and updates to the response.

SMOC response activities related to an HID surge will either be run in a virtual environment or (typically) the St. Louis County Emergency Operations Center (STLCo EOC) if needed. SMOC members can operate from any EOC or other location determined by the incident needs. There is no specific trigger for moving from a virtual environment to the EOC and choice of operation location will be at the discretion of the EOC leadership and the SMOC Duty Officer.

The regional medical advisor is also available if necessary. Contact the SMOC Duty Officer or HCC Regional Coordinator to request the medical advisor. It may be necessary to enlist other specialized medical professionals to assist with an HID surge. See the STL HCC Response Plan, p25-31, for more details.

DRAFT

Below are the primary and alternate methods for notifications:

Entity	**Primary Method of Notification**	**Alternate Method of Notification**
HCC Leadership	EMResource	Internal System specific notification systems (Send Word Now, Everbridge, etc.)
HCC Duty Officers	CCE 911 to SMOC Duty Officer	Dispatch page; Everbridge
Health Care Coalition Readiness and Response Coordinator	314.332.3746 mobile	314.421.4220 ofc desk Brad.Zoref@ewgateway.org SMOC DO will contact
Hospital partners / General HCC membership	Everbridge	EMResource
EMS transfer services	Local 911 system	EMResource
DHSS ERC (Emergency Response Center)	800-392-0272	drms@health.mo.gov (not monitored 24/7)
MO SEMA (State Emergency Management Agency)	573-526-9100	TBD

2.3 Roles and Responsibilities

1. The STLRHCC Preparedness and Response Plans outline response roles and responsibilities in conjunction with local Emergency Operations Plans. An HID surge does not supersede these plans.
2. Local Public Health Departments will provide guidance on infectious disease procedures for public entities. Public Health laws or procedures are not likely to be the same across the HCC footprint. The HCC will support regional information sharing regarding infectious disease community related concerns.
3. Healthcare organizations across the health care coalition will collaborate public communications and develop universal guidelines for visitors, patients, and staff.

DRAFT

2.3.1 Infectious Disease - Professional Support

A Clinical Advisor to the HCC who has extensive experience in a variety of clinical decisions is on call and can be reached by requesting the SMOC Do or the HCC Coordinator. The Clinical Advisor will determine any other clinical needs and initiate the request.

2.3.2 Patient Transfer Protocols

Patient transfer protocols are guided by the Emergency Medical Treatment and Labors Act (EMTALA), Centers for Medicare and Medicaid Services (CMS), patient care needs, and the patient's physician(s). Patient transfers are a daily occurrence and transfers during a patient surge is regularly tested in the region. Should the need for large scale transfers be needed, Health Care Organization (HCO) staff responsible for the transfer arrangements and bed management can request support or resources - such as identifying EMS transport resources or statewide bed availability data - from the HCC/SMOC DO. In some cases, this type of support will not be necessary.

HID patient transfers within the region and to the Region VII HID treatment facility and the alternate facility have been tested during Ebola exercises.

2.4 Operational Mission Areas

2.4.1 Surveillance

Public Health provides community surveillance of various health concerns. Hospitals regularly provide symptomology reports to public health who provides analysis.

2.4.2 Safety and Infection Prevention

Each healthcare facility will follow established infection prevention procedures.

Updated infection prevention guidance will come from local and public health agencies and the Centers for Disease Control and Prevention. Infection prevention procedures in a hospital or other setting may *exceed* those recommended by public health.

2.4.3 Non-Pharmaceutical Interventions

Visitor restrictions or visitor required infection prevention measures are the responsibility of each Health Care Organization. Many of the regional HCOs have worked together to develop and implement consistent visitor policies across the region when necessary. Similar coordination has taken place related to non-pharmaceutical interventions for staff. The proximity of metro HCOs make the need for consistent policies important.

Local public health is responsible for establishing and communicating any public health mitigation efforts. The HCC will support information sharing as needed.

DRAFT

2.4.4 Staff

Staff for an HID surge event should be identified by each facility in their Emergency Operations Plans (EOP) or concepts of operations Each health care system has a core group of infectious disease Subject Matter Experts (SMEs) to support their individual systems and facilities. If the need arises for assistance outside each system, communication via the Hospital Incident Command System (HICS) would be appropriate. If necessary, the initiation and activation of HICS for a Highly Infectious Disease (HID) incident, a Medical Technical Specialist will be appointed by the appropriate party within the HCO (typically by hospital leadership) and communication between facilities will occur (See the STLRHCC Response Plan, p25-28). There may be the need for multiple Medical Technical Specialists used for consultation depending on the event type.

Surge staffing is managed by individual facilities or healthcare systems.

If staffing needs are identified and no method of securing additional staffing is successful, notification to the SMOC or HCC Readiness & Response Coordinator should be made. Early notification of staff constraints provides good situational awareness for the HCC.

Housing for HCO staff may become necessary to provide isolation or quarantine to prevent spread of the HID from the public to the facility or from HCO staff to their families and the public. Specific isolation and quarantine housing will be a determination of each HCO and then communicated to staff. There are no specific parameters of when staff housing may be needed or implemented.

A statewide HCO memorandum of understanding (MOU) exists and is maintained by the Missouri Hospital Association (MHA) whereby staffing and/or equipment resources can be shared across HCOs if needed. Contact the HCC Coordinator for more information on the MOU.

2.4.5 Supplies

HID supplies including personal protective equipment (PPE) and/or specialized PPE including respirators or bio-containment systems are within all regional HCO facilities. In most cases, the HCO supply chain will be able to appropriately manage increased PPE demands. In the event an HID surge is anticipated to expand beyond the initial surge capabilities of a single HCO, the SMOC Duty Officer should be notified by the HCO experiencing the surge. The SMOC DO and HCC Coordinator can assist with identifying additional regional resources or initiate additional resource requests through local emergency management and Missouri DHSS or SEMA.

MO SEMA manages caches of some medical supplies including PPE and ventilators. SEMA also oversees the federal Strategic National Stockpile (SNS) request process in Missouri. SNS resources might be made available to HCOs with the determination of the need by MO SEMA or DHSS and coordination with the HCC Regional Coordinator.

DRAFT

Caches of PPE or other response supplies exist at the sole discretion of HCOs. No regional cache of consumable supplies is available. The STLRHCC cannot provide collaborative purchasing.

2.4.6 Support Services

Staff Decontamination/Waste Management

Each healthcare facility has decontamination procedures included in their Emergency Operations plan. These plans are tested on an annual basis.

Waste Management processes for infectious disease waste are regularly exercised within facilities and contracts with waste management agencies have been fully tested and contracted. Should contracted services decline service due to the specifics of the infectious disease, contact the HCC Coordinator. The HCC Coordinator will initiate discussions with MO DHSS and coordinate with the HCO in need. In some cases, managing HID waste could be a broader issue (national) and will need state agency support to resolve.

Laboratory Services

Laboratory services are the responsibility of each HCO. The State of Missouri Department of Public Health operates a laboratory in Jefferson City, MO. The lab will provide guidance on any required adjustments to sampling or transport based on surge conditions and disease surveillance needs. Private service laboratories may have a role during an HID.

2.4.7 Space/Patient Care & Management

Each Health Care Organization has identified surge space or Alternate Care Site (ACS) facilities. The surge space has been designated by facility Emergency Operations Plans and will allow for appropriate levels of triage and treatment. These spaces include conference rooms, auditoriums, and clinics allowing for safe and secure evaluation. The specialized space needed for HID patients has also been identified and exercised. The HCO's bed management or administrator will provide details of HID surge space when necessary.

For additional off-site ACS space, agreements are in place and renewed on a regular basis for off-site triage and treatment sites. Evaluation of these sites includes review of security, utilities, ease of transportation, communication capabilities, etc. Within the ACS process is the need for supplies and staffing for the areas. ACS space may be provided by other state or federal partner agencies in support of the HID surge.

Each regional healthcare system has their own process for staffing additional beds included in their EOP. The HCC will rely on their ability to maintain adequate staff. If the need exceeds the healthcare system, the system will seek STLRHCC support. If regional ability is anticipated to be exceeded the State of Missouri Department of Health and Senior Services (DHSS) and State Emergency Management Agency (SEMA) will be notified with a request for additional State provided, qualified staff (D-MAT, National Guard, etc.). This process is coordinated through the standard disaster processes whereby local emergency managers in coordination with ESF-8 and

DRAFT

the SMOC, will make the request for additional resources. This same process would be utilized for existing hospitals or alternate care sites to request additional resources. If a Regional ACS is established the request for staffing will fall within the State of Missouri disaster plan/declaration.

A healthcare organization of any type should not request state or federal resources without first making the request to the HCC Readiness and Response Coordinator in collaboration with, and approval by, local emergency management.

Triage

Guidance related to suspected HID exposure will be provided by each Health Care Organization following local or national public health guidelines. This guidance can change daily and should be referenced at the beginning and end of every shift during a suspected or confirmed HID surge.

It is unlikely a mass, pre-transport triage will need to take place for an HID incident. Any triage of patients to determine appropriate and available hospital will take place under normal transportation procedures.

Health Care Organization staff may be notified of HID transported patients prior to patient arrival but not always.

Treatment

Each patient is handled on an individual basis. Any process of physician reporting/acceptance will still be followed. Care decisions should be based on acuity, age, mental status, weight, and other appropriate factors. Based on acuity and other available resources, some pediatric patients could potentially be treated at an adult hospital with the coordination of tele-medicine consults and evaluations by appropriate physicians.

Barnes Jewish Hospital (BJH) has been identified as the highly infectious disease assessment hospital in the St. Louis region. Other hospitals in the region are highly trained in handling infectious disease and may identify the need for patient transport to BJH is not necessary. BJH is identified in the MO EBOLA CONOPS as the state's Ebola Assessment Hospital and with that, has shown to be specifically trained and equipped to support a low volume of highly infectious disease patients. If HID patient volume exceeds BJH capacity for specialty care, it will become necessary for hospitals to coordinate care within their facility and that of others.

DRAFT

2.4.8 Medical Countermeasures

The HCC does not directly distribute or provide administration of medical countermeasures. Within the HCC, the SMOC and HCC Coordinator can provide support and communications with local, state, and federal partners regarding administration of MCM supplies.

2.4.9 Community-based Testing

Infectious disease testing will vary depending on the situation and if reliable testing is available. Public Health, hospitals, FQHCs, and state agencies have provided infectious disease testing in the past. The HCC coordinator will support a forum for information sharing to establish testing, share data, request assistance, and for other necessary discussions to provide a safe response.

2.4.10 Patient Transport

All regional EMS transportation agencies have procedures in place to safely transport HID patients. A limited number of regional EMS agencies have received specialized training and equipment and are able to provide additional infectious disease containment measures.

For transportation between hospitals, the hospital where patient originates will coordinate appropriate level transportation to receiving hospital. This may include, but not limited to, in-house transport teams via ground or air. The use of bio-containment equipment during transport has been tested in the region. The HCC has multiple bio-containment units (isolation pods) for use in transport and if necessary, the EMS or the SMOC can request transport units.

Transportation: EMS agencies with isolation pod equipment for transport in the HCC are:

- St. Charles County Ambulance District 636-344-7600
- Abbott EMS 314-818-0796
- MedStar Ambulance, Illinois, 618-443-5061 or emergency 800-426-9281

Patient Tracking

See Missouri Statewide Patient Movement Plan for patient tracking details. Within the St. Louis region *in Missouri*, patient tracking from scene to hospital is not in place. Nearby *Illinois* hospitals and EMS uses EMTrack to maintain awareness of patients. Missouri is unable to view Illinois EMTrack data.

It is important for EMS to notify hospitals prior to arrival of a possible HID patient being transported to the facility.

2.4.11 Mass Fatality

Fatality services are managed directly by the health care facility. Decedent transport is either via a funeral home or contracted livery to an appropriate facility. Should the process of moving decedents be delayed due to an infectious disease outbreak and surge, processes have been developed to support decedent care based on anticipated longevity and volume of surge.

DRAFT

Regional medical examiners and coroners can provide subject matter leadership in fatality management. However, known medical causes of death such as HID, are not the responsibility of ME/Coroner offices. Depending on the county, departments of public health may be involved because dramatic increases in deaths could become a public health concern.

Contact the Regional HCC Readiness & Response Coordinator or the SMOC Duty Officer for assistance with fatality management surge or concerns.

Mobile refrigerated trailers capable of holding 24 decedents each are stationed in Missouri (2) and Illinois (1) and can be requested through the SMOC DO or HCC Coordinator. Should additional resources be needed, the HCO can use private vendor contracts and/or coordination through the SMOC will be necessary for possible state resources.

2.5 Special Considerations

2.5.1 Behavioral Health

Behavioral Health programs for patients and staff members are important in times of increased stress. These programs should be handled separately from each other to provide the appropriate care.

Additional Behavioral Health processes and resources will be determined by each individual hospital system based on their internal plans. MO Department of Mental Health has established strike teams designed to provide Behavioral Health assistance when requested by regions and individual agencies. MODMH strike teams are a limited resource and may not be available depending on the scope of the incident.

2.5.2 Vulnerable and At-Risk populations

Residential care and assisted living facilities will have specific and unique needs based on their level of care and the residents who live there. Coordination of information, infection data, and HID mitigation measures will be supported by the HCC.

Each facility that transports or receives patients in an HID surge has a plan and capabilities for assisting adult, pediatric, and neonatal patients with various access and functional needs (including appropriate medical language interpretation). Additional resources are available in the region. If necessary, contact the SMOC Duty Officer for support.

The HCC Coordinator can make connections to a variety of community organizations if necessary to provide contacts into the community. Education Plus and the Special School District are two resources for reaching out to schools. HCO social workers are also a good resource for outreach and connections to at risk populations. Within the metro area, Federally Qualified Health Centers play an important role in community-based healthcare and working with vulnerable populations. Emergency managers and public health have programs around community outreach efforts.

DRAFT

2.5.3 Situational Awareness

The SMOC along the HCC Coordinator will facilitate regular situational updates across the HCC as determined by the needs of HCC members. Updates typically are conference calls but could be via email or other means determined to be the most effective for the incident. See pages 31-32 of the STLRHCC Response Plan, which this is an annex to.

2.5.4 Communications

See page 40 of the StLRHCC Response Plan, which this is an annex to.

2.5.5 Jurisdictional Considerations

The St. Louis Regional HCC works closely with other HCCs in neighboring communities. The two most common HCCs response efforts coordinated with are the Missouri Hospital Association (MHA) which manages the Missouri Non-Urban HCC, 573-893-3700 https://web.mhanet.com/preparedness-response/ and the HOPE Coalition in metro Illinois, 618-257-4673 or www.swilhope.org . You may also reach out to the STLRHCC Coordinator for additional assistance contacting these or other Health Care Coalitions.

2.5.6 Evacuation

It is unlikely a community or facility evacuation will be necessary during an HID incident. Each healthcare facility has evacuation procedures included in their Emergency Operations plan. Also consult the following documents:

- Missouri Ebola Viral Disease CONOPS,
- Missouri Statewide Patient Movement Plan, p16-23
- STL HCC Response Plan, p35
- STL Hospital Mutual Aid Agreement, p6
- St Louis Hospital Evacuation & Transportation Plan, Section 3.2

2.5.7 Family Reunification

It is unlikely a HID will cause a mass separation of families. Family reunification processes will be determined by each individual hospital system based on their EOP/CONOPS. The HCC Regional Coordinator in collaboration with emergency management will be able to provide limited support and resources for large sized family reunification needs. There is not a regional or state plan related to family reunification.

2.5.8 Security

Each healthcare facility has appropriate security measures detailed in their respective Emergency Operations Plans.

DRAFT

2.6 Training and Exercise

This highly infectious disease annex should be reviewed by HCO staff who are in leadership positions and need to be aware of and understand annex contents. Each health care facility is responsible for identifying appropriate staff and training them for a HID surge incident.

HCOs will develop and conduct their own just in time training related to HID. Each HID has unique response characteristics. HCO policies may change for each HID event. Updated medical protocols for patient interactions and PPE are ongoing and would be incomplete to include in this annex.

The St. Louis Health Care Coalition will conduct regular training and exercises on the HID annex, along with other surge annexes. Contact the HCC Readiness & Response Coordinator for more information.

2.7 Deactivation and Recovery

Deactivation of hospital/health care organization infectious disease unit, incident command, or specialty task group will be the responsibility of the facility. Deactivation of the EOC, ESF-8, or SMOC functions will take place when regional partners believe the incident has stabilized to an appropriate level.

3. Appendices

3.1 Legal Authorities

Missouri Ebola CONOPS

Missouri Statewide Patient Transport Plan

MHA Statewide Hospital Mutual Aid Agreement

3.2 Other Regional Plans

St. Louis Regional SMOC CONOPS

St. Louis Regional Mass Fatality Plan

St. Louis Regional Multi-Agency Coordination Plan

DRAFT

Healthcare Coalition Infectious Disease Surge Annex Template

The 2019-2023 HPP Funding Opportunity Announcement (FOA) requires Healthcare Coalitions (HCCs) to develop a complementary coalition-level infectious disease surge annex to their base medical surge/trauma mass casualty response plan. This annex aims to improve capacity and capabilities to manage a small number of patients with high-consequence pathogens or a large number of patients during a major epidemic or pandemic. According to the 2017-2022 Health Care Preparedness and Response Capabilities, "both healthcare organizations and the HCC have roles in planning for and responding to infectious disease outbreaks that stress either the capacity and/or capability of the healthcare delivery system." (Capability 4, Objective 2, Activity 9).

This infectious disease-focused operational annex complements the HCC's Response Plan. It is intended to be a high-level, incident-specific response plan, identifying the experts and specialized resources that exist within the HCC or external to the HCC that are available. Each facility is encouraged to develop more detailed policies/procedures that support their individual operations, but that level of detail is not necessary in this annex.

This template provides general headers and descriptions for a sample HCC infectious disease surge annex. The resources used to develop this template include sample HCC plans and the 2017-2022 Health Care Preparedness and Response Capabilities. This document is organized as such:

- Sample plan headings/sub-headings;
- Description and considerations (where appropriate, language from the FOA and Health Care Preparedness and Response Capabilities are used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may provide guidance or a template for HCCs to assist in their planning efforts. There is no guarantee the resource(s) listed will fully comply with the capability. A sample annex outline is provided in Appendix A of this document. Appendix B includes considerations/ key issues for each scenario type. Appendix C includes relevant resources.

According to the 2019-2023 FOA, HCCs must develop a series of specialty surge annexes to address pediatric, burn, infectious disease, radiation, and chemical emergencies. It is important to consider trauma, illness, surgical, and behavioral health topics inclusively since those caring for patients will likely be working on these situations simultaneously.

The FOA states, on page 70, "In addition to the usual information management and resource coordination functions, each specialty surge annex framework should be similarly formatted and emphasize the following **core elements**:

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources[1])
- Access to subject matter experts (SMEs) – local, regional, and national
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)
- Relevant baseline or just-in-time training to support specialty care
- Evaluation and exercise plan for the specialty function."

Additionally, the FOA states that the infectious disease surge annex *may also consider*:

- "Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases
- Developing coalition-level anthrax response plans
- Developing coalition-level pandemic response plans
- Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills
- Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations

- Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity
- Coordinating medical countermeasure (MCM) distribution and use by health care facilities for prophylaxis and acute patient treatment
- Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available."

Prior to developing any emergency operations plan, HCCs should work with jurisdictional emergency management to conduct or participate in a risk assessment/hazard vulnerability assessment and a resource gap analysis to gather the information listed above and understand their specific risks, hazards, and resources available for a response. Additional guidance on collaborative planning and the role of HCCs through the phases of disaster can be found in the 2017-2022 Health Care Preparedness and Response Capabilities. In addition to the above, HCCs should also consider identifying incident specific essential elements of information, integrating with state and local crisis standards of care plans, and supply stockpiles of relevant acquisition and standards of re-use and extended use.

NOTE TO COALITIONS: Although jurisdictions are not required to use this template nor follow this format, the previously listed **core elements** must be included in their infectious disease surge annex. There are many acceptable planning methods and document formats. However, HCCs are encouraged to use this template to promote consistent operational planning and formatting of the specialty annexes. The focus of this planning is to facilitate the growth of operational capabilities of coalitions to address specialty casualties. The planning process should be collaborative between hospitals, community-based healthcare facilities, public health departments (particularly with local and state infection prevention teams), emergency medical services (EMS), emergency management agencies, and other community organizations to discuss, strategize, and plan for the level of care that can be provided and resources available during an infectious disease outbreak. This annex template is consistent with our base Healthcare Coalition Response Plan format and supports a seamless planning process and facilitated response. The length and complexity of the annex is directly proportional to the diversity of resources and members within the coalition. Additional ASPR TRACIE resources developed for HCCs include:

- Preparedness Plan, Response Plan, and Recovery Plan templates

Attachment B1

- Pediatric Surge Annex Template and Burn Surge Annex Template
- Select Infectious Disease Resources
- Bioterrorism and High Consequence Biological Threats, Coronavirus, Ebola/VHF, Influenza Epidemic/ Pandemic, Zika Topic Collections
- Healthcare Coalition Influenza Pandemic Checklist
- Additional resources that are helpful for HCCs

For more information, visit https://asprtracie.hhs.gov or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

Contributors and reviewers of this document are listed alphabetically and include:
Mary Ellen Bennett, MPH, RN, CIC*, Minnesota Department of Health****; Susan Sutton Clawson****, PhD, HPP Field Project Officer Region III, HHS ASPR;* ***John Hick, MD****, Hennepin Healthcare and HHS ASPR;* ***Angela Krutsinger****, HPP Field Project Officer Region VII, HHS ASPR;* ***Mary Russell, EdD MSN****, Healthcare Emergency Response Coalition Palm Beach County Florida;* ***Michelle Schwedhelm, MSN, RN, NEA-BC****, Executive Director of Emergency Management and Biopreparedness, Nebraska Medicine, and Project Leader and SME, National Emerging Special Pathogen Training and Education Center (NETEC);* ***Susan Snider, MA****, G&H International Services, Inc;* ***CDR Duane Wagner****, U.S. Public Health Service, HPP Field Project Officer Region V, HHS ASPR; and* ***Matthew Watson****, HHS ASPR.*

1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the infectious disease surge annex will address and related HCC goals and objectives. The annex should provide guidance to support a coordinated healthcare response to a range of known and emerging infectious diseases and be adjustable to ensure a tailored activation and response to address varying infectious disease agent and severity scenarios.	Arizona Department of Health Services Infectious Diseases of High Consequence Plan Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) Minnesota High Consequence Infectious Diseases (HCID) Disease Specifics PowerPoint North Georgia Health District Communicable Disease Exposure Control Plan Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan
1.2 Scope	This section should include: • Timeframe covered by the plan, • Involved coalition and jurisdictional partners, • General command structure and communication protocols (may refer to base plan), • Definitions of key terms, and • Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities). This section may also describe elements not addressed in the plan and refer the reader to the relevant organizational documents and other specialty annexes such as pediatrics, behavioral health, etc. This annex should refer to the state's infectious disease plan (e.g., pandemic influenza plan, viral hemorrhagic fever / Ebola plan) and remain consistent with terminology/ definitions (e.g., HHS Pandemic Influenza Plan pandemic intervals, etc.). It should also refer to any other agent or scenario-specific infectious disease-related plans the HCC has developed, such as an Ebola CONOPs and pandemic or anthrax plans.	

1.3 Overview/Background of HCC and Situation	This section should include a **general overview** of the HCC and the community relative to **infectious disease resources**, including: • Members specific for infectious disease response • Demographics (basic) or specific risks for infectious disease outbreaks (e.g., international airports, large numbers of immigrants from high risk areas, etc.) • Geography specific for infectious disease outbreaks and response • Healthcare facilities (e.g., long term care, residential facilities, outpatient care, urgent care, community health centers, acute care) • Coalition Frontline hospitals • Specialized Assessment Hospitals • Specialized Treatment Centers • Specialized EMS transport units / teams • Alternate Care Site plans • Baseline screening and reporting • Any existing caches of materials including PPE, ventilators, or countermeasures • Private sector assets This section may also include the impact of an infectious disease event and show the overarching differences between the following planning scenarios (see Appendix B for key issues): • Pandemic (e.g., 2009 H1N1, COVID-19) • Bioterrorism event (e.g. anthrax, plague) • Viral Hemorrhagic Fever (VHF) (e.g., Ebola, Lassa) • Highly Pathogenic Respiratory Viruses (e.g., MERS, SARS, Avian Influenza, Measles) • Other (e.g., Antibiotic Resistant Infections, Hepatitis A, Norovirus)	

1.4 Assumptions	This section should outline the key points/assumptions of the plan. Note that even though this is an HCC surge annex, individual facility preparedness for infectious emergencies is essential. An HCC will play a key role in advancing facility and regional preparedness. For example: • Understanding of the pathogen, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution. • The response will be longer than, and require the most integration of, any incident that coalition partners may face and may require virtual coordination mechanisms. • A brief description of state public health emergency powers and when and why some events may trigger a public health emergency / disaster declaration and others may not. • Required essential elements of information for healthcare facility submission (e.g., bed availability, ICU availability, ventilator availability, current capacity, etc.) relevant to infectious disease – this may refer to the coalition base plan. • Planning for integration of or increase use of telemedicine/ telehealth consultations. • Planning for potential limitations with EMS and transportation. • Depending on the infectious agent and the scale of the outbreak, it may be necessary to transport some patients to higher levels of clinical care – potentially using specialized transport – or to establish and use alternate care sites. • Major public health emergencies will require federal Centers for Medicare and Medicaid Services (CMS) waivers, Food and Drug Administration (FDA)-issued Emergency Use Authorization (EUA), and other authorities that may affect healthcare operations and affect coalition options. • Public health agencies have an overall responsibility for epidemiologic investigations, contact tracing, and the issue of any social distancing, isolation, and quarantine orders according to state laws as well as for issuing overall guidance on infection prevention and control precautions. • Staffing at coalition facilities may be challenged by illness, fear of illness, or family obligations (e.g. child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the coalition.	

	• Families of patients will place a strain on the healthcare system through information-seeking about loved ones or concerns about exposure/illness. Family members may have also been exposed and may pose a risk to healthcare workers and others in the community. • Cases will require laboratory confirmation unless authorities no longer require testing to meet the case definition. • Healthcare facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport. • Supply chain and delivery issues will occur and may have dramatic effects on clinical care. • The coalition should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets in accord with jurisdictional public health and emergency management processes, including personal protective equipment (PPE), ventilators, and medical treatment (e.g., antitoxin for anthrax). • There is, at present, no known cure or vaccine for most emerging infectious diseases; treatment for patients consists mainly of supportive care. If vaccines or treatments are available, their allocation and distribution may involve significant logistics operations. • Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask-wearing, contact tracing, individual vaccination, quarantine and/or isolation, community-wide cancellation of events, visitation policies) remain the primary methods for controlling and stopping the spread of infectious diseases. • Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions. • Buildings and outdoor areas may become contaminated with infectious agents and may be closed until they are disinfected. Ensure signage is available for facility entrances advising of precautions and restrictions. • Security considerations to include systems in place to monitor areas of a facility/ campus that may have to isolated, restricted, etc.	

	• Process for external communications (to include liaisons and spokespersons) and internal communications (to include a way for employees to obtain the most up-to-date information and to receive updates on the event/ incident). The media will play an integral role in the response based on the information they are sharing, the intensity of how it is shared, and where they are physically positioning themselves (i.e., media staging areas). • Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve healthcare workers. • During some infectious disease incidents, individual healthcare facilities may face fatality management challenges that require support from other coalition members. • Community-based interventions may require significant public health effort (e.g., mask distribution, social distancing / isolation assistance). • Health concerns, difficult work environments, and stresses of community mitigation measures may present behavioral health challenges among staff of coalition members and the general public. • This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.	

2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Activation	This section should include the annex activation process (and levels, if relevant) and indicators/triggers that initiate the plan (including use of incident command and a description of the system if relevant). This section should also define who is contacted to initiate the coordination response and how that is done.	Arizona Department of Health Services Infectious Diseases of High Consequence Plan ASPR TRACIE HCC Influenza Pandemic Checklist Los Angeles County Emerging Infectious Disease Healthcare System
2.2 Notifications	This section should include the alerting/notification strategies, including who will be notified, by whom, when, and how. Content should address communication systems and information management and include notification and coordination strategies with the HCC and healthcare facilities, and with local, state, and federal health agencies. This may be divided according to viral hemorrhagic fever vs. highly pathogenic viral respiratory infection vs. bioterrorism vs. pandemic, if needed.	

2.3 Roles and Responsibilities	Provides an overview of healthcare system response to an infectious disease outbreak, and coordination with other relevant regional plans and partners. This section should identify and document the roles and responsibilities for coalition members in infectious disease planning and response, including identifying a lead agency when necessary (e.g., for alternate care site operation, distribution of personal protective equipment [PPE], points of dispensing activities). Identify subject matter experts in infectious disease, critical care, infection prevention, behavioral health, and other disciplines who may need to inform response practices and define their incorporation into coalition and/or agency activities. This section may note that some roles and responsibilities change or are only applicable during certain events such as a bioterrorism event, VHF, pandemic, or other outbreak.	Annex Concept of Operations (CONOPS) North Georgia Health District Communicable Disease Exposure Control Plan Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan REDi Healthcare Coalition COVID-19 Response
2.4 Operational Mission Areas *See Appendix B for key issues by scenario type that will assist you in planning and developing this specialty surge annex.*		
2.4.1 Surveillance	This section should describe the HCC's role in supporting identification (e.g., identify, isolate, inform) and reporting of cases and essential elements of information, and monitoring and evaluating response outcomes. HCC should partner with relevant public health and healthcare delivery system informatics initiatives, including electronic laboratory reporting, electronic test ordering, electronic death reporting, staff absenteeism rates, and syndromic surveillance as it relates to the submission of emergency department visit data to the public health agency.	Arizona Department of Health Services Infectious Diseases of High Consequence Plan ASPR TRACIE COVID-19 Telemedicine/Virtual Medical Care Resources ASPR TRACIE HCC Influenza Pandemic Checklist
2.4.2 Safety and Infection Control and Prevention	Ensure jurisdictional public health infection control and prevention programs (including healthcare-associated infections [HAI] program staff) participate in developing infectious disease response plans and	

Attachment B1

TRACIE

	include HCC members for management of individual cases and larger emerging infectious disease outbreaks. Consider use of the National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls to consider applicable interventions as appropriate to the pathogen and transmission routes. Considerations include: roles and resources for N95 respirator fit-testing, guidelines for conservation and re-use or extended use of N95 respirators/ powered air purifying respirators (PAPRs), workplace engineering and administrative controls, training in PPE donning and doffing, return to work post illness or exposure policy for healthcare workers consistent across the coalition, contingency plan for at-risk staff, meeting the need for family support to enable staff to work, use of telehealth and phone triage lines, dedicated care teams for the outbreak, decontamination of PPE and patient care areas, etc.	Centers for Disease Control and Prevention Non-Pharmaceutical Interventions Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan
2.4.3 Non-Pharmaceutical Interventions	Define how the HCC will promote consistent response strategies and joint policy and strategy coordination during a protracted event/pandemic (multi-agency coordination mechanisms). • Public communication and promotion of personal protective actions • Recommendations for quarantine operations and isolation protocols • Restrictions on facility visitors, including adaptations that allow for continuation of critical services such as emergency medical services (EMS) handoffs, supply deliveries, off-site laboratory processing, and waste management while protecting the facility • Restrictions on mass gatherings and other social distancing measures	
2.4.4 Surge Staffing	This section should include considerations for specialized infectious disease response teams (if applicable), general staffing contingencies, cross-training of staff, including policies and procedures for engaging volunteers and expedited credentialing of staff from other facilities within the coalition. Assure coalition leadership succession plan and adequate personnel for extended operations. This section may reference surge capacity plans in the coalition base plan.	

2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)	This section should describe the development and dissemination of PPE guidance for healthcare organizations. • Describe HCC and regional trainings and strategies for the consistent use of PPE. • Document PPE resources, including stockpiling considerations, vendor managed inventory, and the potential extended use or reuse of equipment. This includes consistent policies regarding the type of PPE necessary for various infectious pathogens; sharing information about PPE supplies across HCCs, EMS, public health agencies, and HCC members; and how facilities work with HCCs to leverage purchases. • List current HCC PPE and other stockpiles (including working with the state to understand the status of Cities Readiness Initiative/SNS programs) and assure that HCC members are aware of and trained on the resource request protocols. Also ensure local PPE stockpile release, replenishment, and sharing policies are clear and documented (e.g., who gets what, when, and is replenishment expected). • Define baseline preparedness supply thresholds for hospitals and EMS agencies in the coalition. This assures that based on their size, each facility/agency has a reasonable starting amount of supplies on hand (e.g., PPE, medications, linens, oxygen) prior to any incident that may provide a critical buffer during an event, but are sustainable for the facility to rotate or replace. ○ Assess inventories and determine if any may be shared within the coalition and document a process for doing so. • Describe inventory management and supply chain disruption potential and strategies, including promising practices initiated in COVID-19 and other infectious disease response. • Define the HCC role in determining whether collaborative or joint purchasing contracts are feasible and assessing whether members are overly reliant on a single supply vendor for commonly needed supplies.	ASPR TRACIE COVID-19 Personal Protective Equipment Resources ASPR TRACIE COVID-19 Supply Chain Resources ASPR TRACIE Hospital Personal Protective Equipment Planning Tool ASPR TRACIE Hospital Pharmacy Disaster Calculator ASPR TRACIE Partnering with the Healthcare Supply Chain During Disasters National Emerging Special Pathogens Training and Education Center PPE Use and Conservation REDi Healthcare Coalition Resource Coordination Process
2.4.6 Support Services	This section may include healthcare and non-healthcare staff or material resources required to support the care of infectious disease patients, such as respiratory care, dialysis, blood banks/ blood product providers, laboratory, waste and material management, food and dietary services, pharmacy, radiology,	Arizona Department of Health Services Infectious Diseases of High Consequence Plan

Attachment B1

TRACIE

	and environmental services. This should include capability for diseases like VHF, as well as provision of services to special respiratory patients (i.e., requires use of N95 mask). HCC may work with healthcare organizations and support service providers on recommendations for standardized patient care protocols, staffing, etc.	ASPR TRACIE Exchange Issue 8: Supporting Hospital Surge—Meeting Patient and Staff Needs Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan
2.4.6.1 Laboratory	This section should identify how the HCC will assist to ensure there is a known process for sample submission to public health laboratories, members understand the role of the public health laboratories (what they will do versus the hospitals), surge capacity considerations, and reporting. This should include considerations for VHF as well as pandemic events. For pandemic events, description of expanded community-based sample handing/testing capacity should be described as well as overall responsibility and staffing.	
2.4.6.2 Waste Management, Decontamination	Identify contingency plans for waste management and environmental inspections if facility/agency capabilities are overwhelmed including considerations for handling of Category A waste. May refer to state-based plans as applicable. Assist with disseminating disinfection and decontamination guidance and services to healthcare facilities and transport organizations.	
2.4.7 Patient Care/ Management	Describe screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations. Adapt screening protocols when there are known cases in the community, or an outbreak is possible. Plan for integration of or an increased use of telemedicine. Describe HCC role in developing and disseminating strategies to maintain patient care when system is overwhelmed, provide triage guidance, assess and fill resource needs across the healthcare system, and facilitate the review or development of Crisis Standards of Care.	ASPR TRACIE COVID-19 Resources: • Critical Care Surge Resources • Drive-Through Testing/Community Screening Resources • Fatality Management Resources

	• Plans should include the ability to shift from conventional to contingency to crisis care and back as the situation requires. • Describe the use of Medical Operations Coordination Cells (MOCC) or other means of distributing large volumes of patients or specialty patients within healthcare systems. • Describe the coalition resources available to support infectious disease surge operations such as: transport types, bed types, isolation rooms, identified or potential alternate care sites, and equipment (e.g., ventilators, extracorporeal membrane oxygenation systems). • Define other potential resource issues and sources of assistance during an infectious disease outbreak (staff, testing or specialty supplies including clinical care and PPE, memoranda of understanding for patient load balancing and resource sharing). Coordinate visitor policies for infectious disease emergencies at member facilities to ensure consistency. Describe medical countermeasure (MCM) request and distribution for healthcare facilities for prophylaxis and acute patient treatment. Identify HCC role in sharing clinical and operational protocols modified or developed based on lessons learned during an infectious disease outbreak. This may include expert clinical groups (e.g., critical care or infectious disease or infection preventions) or expansion or changes in care delivery (e.g., alternate care sites/ systems [ACS] and enhanced use of telemedicine).	• Healthcare System Operations Resources • Hospital Triage/Screening Resources ASPR TRACIE Crisis Standards of Care TC ASPR TRACIE EMS Infectious Disease Playbook ASPR TRACIE Fatality Management TC ASPR TRACIE HCC Influenza Pandemic Checklist ASPR TRACIE Hospital Personal Protective Equipment Planning Tool Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)
2.4.8 Medical Countermeasures	Provides an overview of healthcare coalition role in distribution / administration of medical countermeasures including prophylaxis for bioterrorism incidents and vaccination during epidemics including the roles and responsibilities of public health and healthcare systems.	
2.4.9 Community-based Testing	Describes the roles and responsibilities of the coalition stakeholders related to community based issues and decisions (e.g., school closures, social distancing orders, reducing or eliminating elective surgeries	

	and procedures, need for hospitals to implement additional testing to support community, expanded testing, testing results follow-up, etc.).	Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan Northwest Healthcare Response Network Regional COVID-19 Coordination Center Operational Framework REDi Healthcare Coalition Regional Clinical Triage Team Annex REDi Healthcare Coalition Regional Patient Tracking Annex
2.4.10 Patient Transport	This section should refer to transport policies, plans and procedures for safe patient transport, including specialty transport resources available for VHF/Ebola. Transport considerations for patients with suspected or confirmed VHF/Ebola are complicated and required detailed planning. This section should also reference any use of EMS for 'level loading' of hospitals during an epidemic/pandemic (i.e., moving patients from overwhelmed facilities to facilities with capacity). The multiplied patient transports and reallocation of resources to support all HCC members, long term care facilities, etc.	
2.4.11 Mass Fatality	This section should describe the HCC role in helping to develop and disseminate decedent handling guidance to healthcare agencies. Support the Family Assistance Center's operations and management.	
2.5 Special Considerations		
2.5.1 Behavioral Health	This section should include considerations for access to a continuum of behavioral health services for patients, caregivers, and providers including telehealth options. General behavioral health response issues should be addressed in the all-hazards coalition response plan.	ASPR TRACIE Mental/Behavioral Health (non-responders) TC Disaster Behavioral Health Self Care for Healthcare Workers Modules
2.5.2 At-Risk Populations	This section should include considerations specific to at-risk populations and people with special needs (e.g., children, communities of color, older adults, people with underlying physical and behavioral health conditions, individuals experiencing access to care issues, language barriers, individuals experiencing homelessness, and incarcerated individuals).	ASPR TRACIE Access and Functional Needs TC ASPR TRACIE COVID-19 At-Risk Individuals Resources ASPR TRACIE Engaging Healthcare System Partners in Medical Surge Resource Page

Attachment B1

	Ensure that coalition member organizations account for community members who could be more vulnerable during an epidemic / pandemic. Targeted testing, care, isolation housing, vaccination, prophylaxis, or other interventions may be needed to assure access to services.	REDi Healthcare Coalition Pediatric Medical Surge Annex
2.5.3 Situational Awareness	This section should outline the HCC's role in maintaining and promoting situational awareness. Establish a coalition-based protocol for providing: • Situational awareness that may include reporting essential elements of information (EEI) (e.g., patient tracking, bed tracking, available resources, ability to maintain essential services, surge capacity status, staff absenteeism, etc.) or disease surveillance data. • Consistent information to the incident common operating picture via the ESF-8 lead agency/agencies. The protocol should include a process to help track available potential scarce resources (e.g., ventilators, Extracorporeal Membrane Oxygenation (ECMO) systems, bariatric equipment, neonatal isolettes, alternate care locations, etc.) and shifts to contingent or crisis care. Consider daily/regular conference calls until the threat wanes. • Continued awareness of concurrent incidents (e.g., mass casualty incident, natural disaster) affecting the HCC or HCC members that may require additional resources or modifications to how the infectious disease outbreak is managed.	Los Angeles County Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS) REDi Healthcare Coalition Regional Situational Awareness Response Processs
2.5.4. Communications	This section should include HCC role in disseminating timely, accurate, and consistent information to partners and the public. Coalition partners should: • Have mechanisms in place to maintain awareness of current conditions in the community and adjust resources as needed. • Assure provision of information to coalition members with timing and content adjusted to operational tempo of the response. • Monitor multiple sources of information and adapt to changing circumstances. • Establish mechanisms to enable consistent media access policies and coordinated messaging. • Provide real-time information through coordinated HCC and jurisdictional public health information sharing systems.	ASPR TRACIE TCs: • Communication Systems • Information Sharing • Risk Communications/Emergency Public Information and Warning • Social Media in Emergency Response

	• Interface with other coalitions and the state for coordinated communications. • Monitor and counter rumors and misinformation. • Have a process for internal and external communications. • Ensure tested and operational redundant and alternate communication systems are in place. • Consider designating media-trained clinicians to speak on behalf of the HCC.	
2.5.5 Jurisdictional-Specific Considerations	These considerations are jurisdictional/demographic/geography specific such as tribal health, border health, etc.	ASPR TRACIE Rural Disaster Health TC ASPR TRACIE Rural Health and COVID-19 Quick Sheet
2.6 Training and Exercises	This section should address how to: • Develop a coalition-wide training, exercise, and evaluation program to improve response capabilities in an infectious disease scenario. This may include PPE training, crisis standards of care training, community-based interventions, etc. • Ensure ongoing training on appropriate use of PPE and management of suspect special pathogen or high consequence infectious disease cases in healthcare facilities and EMS. • Include infection prevention personnel at the health care facility and jurisdictional levels in planning, training, and exercises/drills. • Develop and exercise plans to coordinate patient management and distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available	ASPR TRACIE COVID-19 Healthcare Workforce Training Resources Minnesota Multi-year Planning, Training, and Exercise Plan Template Minnesota Video Vignettes for Donning and Doffing NETEC Exercise Templates West Virginia Hospital Association Emerging Infectious Disease Preparedness and Response for Frontline Healthcare Facilities: Drill Plan Elements
2.7 Deactivation and Recovery	This section should include considerations for deactivation of the annex, continuity of recovery efforts, the after-action report process, reimbursement, and analysis and archiving of incident documentation.	ASPR TRACIE Continuity of Operations (COOP)/ Business Continuity Planning TC

	Define the contributions of the coalition to the incident action plan at the jurisdictional or regional level.	ASPR TRACIE Healthcare System Considerations for Resumption of Services during COVID-19 (Quick Sheet) ASPR TRACIE Recovery Planning TC Northwest Healthcare Response Network Regional Acute Infectious Disease Response Plan

3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Legal Authorities	This appendix should list or refer to applicable legal authorities/regulatory information specific or relevant to infectious disease outbreaks/pandemic response, mass fatality, non-pharmaceutical interventions, etc. This may refer the reader back to the all-hazard coalition response plan. Interstate issues of staff licensure/sharing and use of volunteers should be addressed (e.g., National Disaster Medical System, Medical Reserve Corps, Community Emergency Response Teams).	ASPR TRACIE COVID-19 Legal/Regulatory/Authorities Resources ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy TC
3.2 Additional Resources/ References	This appendix lists applicable plans, tools, templates, and/or resources used to develop the infectious disease surge annex.	Arizona Department of Health Services Infectious Diseases of High Consequence Plan California Emergency Medical Services Authority Incident Response Guide: Infectious Disease

Appendix A: Healthcare Coalition Infectious Disease Surge Annex Outline Example

1. Introduction

1.1 Purpose
1.2 Scope
1.3 Overview/Background of HCC and Situation
1.4 Assumptions

2. Concept of Operations

2.1 Activation
2.2 Notifications
2.3 Roles and Responsibilities
2.4 Operational Mission Areas
- 2.4.1 Surveillance
- 2.4.2 Safety and Infection Control and Prevention
- 2.4.3 Non-Pharmaceutical Interventions
- 2.4.4 Surge Staffing
- 2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)
- 2.4.6 Support Services
  - 2.4.6.1 Laboratory
  - 2.4.6.2 Waste Management, Decontamination
- 2.4.7 Patient Care/ Management
- 2.4.8 Medical Countermeasures
- 2.4.9 Community-based Testing
- 2.4.10 Patient Transport
- 2.4.11 Mass Fatality

2.5 Special Considerations
- 2.5.1 Behavioral Health
- 2.5.2 At-Risk Populations
- 2.5.3 Situational Awareness
- 2.5.4 Communications
- 2.5.5 Jurisdictional-Specific Considerations

2.6 Training and Exercises
2.7 Deactivation and Recovery

3. Appendices

3.1 Legal Authorities
3.2 Additional Resources/References

Attachment B1

Appendix B: Key Issues by Scenario Type

This list supplements the considerations noted in **Section 2.4 Operational Mission Areas.**

Bioterrorism

- Recognition of event / determination of potential impact
- Defining the population at risk / implementing screening
- Environmental assessment
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC
- Surge capacity (outpatient and inpatient) with an emphasis on critical care
- Alternate care systems / sites
- Incorporation of SNS, FMS, and other federal resources into response
- MCM distribution – community
- MCM distribution and use – healthcare
    - Pharmacy (e.g., distribution, receipt, handling, billing)
    - Clinical care (e.g., antitoxin)
- Crisis Standards of Care (CSC) – roles and responsibilities, triage decision-making
- Fatality management
- Waste management and environmental protection of facilities

VHF/Ebola

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Testing / sample coordination
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC role / thresholds (i.e., when is a MOCC needed?)
- PPE support / coordination
- Engineering and administrative controls for infection prevention
- Public health investigation / isolation / quarantine
- Frontline / Assessment / Regional treatment resources and roles
    - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process
- Waste management and environmental protection of facilities

- Fatality Management

Highly Pathogenic Respiratory Viral Infection

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Regional patient movement coordination / MOCC role / threshold (i.e., when is a MOCC needed?)
- Testing / sample collection
- Risk communication
- Behavioral health (community and responders)
- PPE support / coordination
- Public health investigation / isolation / quarantine
- Engineering and administrative controls for infection prevention
- Frontline / Assessment / Regional treatment resources and roles (may be significantly different than VHF; regional facilities may not be used; and usual referral centers may provide care)
    - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process as applicable

Pandemic

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Coalition vs. state coordination / interface (how do coalitions interface with state response to prevent duplication of effort / maintain coalition operations that may be different in different areas)
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Regional patient movement coordination / MOCC role and 'level loading' policies
- Risk communications
- Behavioral health (community and responders)
- PPE use recommendations, support for fit-testing, supply / cache support role
- Supply Chain
- Public health investigation / isolation / quarantine
- Surge capacity (outpatient and inpatient, especially ICU)
- CSC – indicators and triggers (e.g., cancelling elective surgery), roles and responsibilities, triage decision-making
- Testing strategy and roles/responsibilities
- MCM distribution – community
- MCM distribution and use – healthcare

  - Pharmacy (e.g., distribution, receipt, handling, billing)
  - Clinical care
- Long-term care facility support
- Homecare agency support
- Alternate care sites / systems
- Fatality management

Appendix C: Resources

ASPR TRACIE Developed Resources

- Infectious Disease
  - Bioterrorism and High Consequence Biological Threats TC
  - Coronaviruses (e.g., SARS, MERS and COVID-19) TC
  - Ebola/VHF TC
  - EMS Infectious Disease Playbook
  - Healthcare Coalition Influenza Pandemic Checklist
  - Hospital Personal Protective Equipment Planning Tool
  - Infectious Disease Select Resources
  - Influenza Epidemic/ Pandemic TC
  - Novel Coronavirus Resources
    - COVID-19 Regional Support Resources
    - Rural Health and COVID-19 Quick Sheet
  - Zika TC
- Communications
  - Communication Systems
  - Information Sharing
  - Risk Communications/Emergency Public Information and Warning
  - Social Media in Emergency Response
- Other
  - Crisis Standards of Care
  - Ethics
  - Fatality Management
  - Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy
  - Hospital Patient Decontamination
  - Hospital Surge Capacity and Immediate Bed Availability
  - Mental/Behavioral Health (non-responders)
  - Partnering with the Healthcare Supply Chain During Disasters
  - Sample State Pandemic Plans

Other Resources

Alabama Department of Public Health. (n.d.). Hospital Template for Serious Infectious Disease Procedures. (Accessed 8/17/2020.)

Arizona Department of Health Services. (2019). Arizona Pandemic Influenza Response Plan.

Arizona Department of Health Services. (2020). Infectious Diseases of High Consequence Plan.

California Emergency Medical Services Authority. (2014). Incident Planning Guide: Infectious Disease.

Centers for Disease Control and Prevention. (n.d.). Non-Pharmaceutical Interventions. (Accessed 8/17/2020.).

Connecticut Department of Public Health. (2010). Pandemic Influenza Response Plan.

Illinois Department of Public Health. (2014). Pandemic Influenza Preparedness and Response Plan.

Kansas Department of Health and Environment. (2020). Kansas Pandemic Influenza Preparedness and Response Plan.

Los Angeles County Department of Public Health. (2018). Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS).

Los Angeles County Emergency Medical Services Agency. (2010). Recommended Actions for Hospitals to Prepare for and Respond to Pandemic Influenza.

Maryland Department of Health. (2018). Maryland Influenza Plan: 2018-2019 Influenza Season.

Minnesota Department of Health, Association for Professionals in Infection Control and Epidemiology – Minnesota, and Health Care Coalitions of Minnesota. (n.d.). High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities. (Accessed 8/17/2020.)

Missouri Department of Health and Senior Services. (2018). Pandemic Influenza Response Plan.

National Emerging Special Pathogens Training and Education Center. (n.d.). NETEC Exercise Templates. (Accessed 8/17/2020.)

National Emerging Special Pathogens Training and Education Center. (n.d.). PPE Use and Conservation. (Accessed 8/17/2020.)

National Institute for Occupational Safety and Health (NIOSH). (n.d.). Hierarchy of Controls. (Accessed 8/17/2020.)

New Hampshire Department of Health and Human Services. (2007). Influenza Pandemic Public Health Preparedness and Response Plan.

New York City Department of Health and Mental Hygiene. (n.d.). Mystery Patient Drill Toolkit. (Accessed 8/17/2020.)

New York City Department of Health and Mental Hygiene. (2014). NYC DOHMH Guidance Document for Development of Protocols for Management of Patients Presenting to Hospital Emergency Departments and Clinics with Potentially Communicable Diseases of Public Health Concern.

North Dakota Department of Health. (2010). North Dakota Pandemic Influenza Preparedness and Response Plan.

Northwest Healthcare Response Network. (2017). Plans and Resources.

Northwest Healthcare Response Network. (2020). Regional COVID-19 Coordination Center Operational Framework.

NRCC Healthcare Resilience Task Force. (2020). Medical Operations Coordination Cells Toolkit (First Edition).

RAND Corporation. (2020). A Mechanism to Reduce Medical Supply Shortfalls During Pandemics.

San Francisco Department of Public Health. (2011). Infectious Disease Emergency Response Plan.

Spokane Regional Health District. (n.d.). COVID-19 REDI Healthcare Coalition. (Accessed 8/17/2020.)

State of Delaware, Department of Health and Social Services, Division of Public Health. (2008). Delaware Pandemic Influenza Plan.

State of Illinois, Illinois Department of Public Health. (2014). Pandemic Influenza Preparedness and Response Plan.

Steward, R., Bulger, E., Epley, E., and Mitchell, S. (2020). How to Set Up a Regional Medical Operations Center to Manage the COVID-19 Pandemic. American College of Surgeons.

Utah Department of Health. (2007). Utah Novel Influenza Disease Plan.

U.S. Department of Health and Human Services. (2017). Pandemic Influenza Plan: 2017 Update.

Veterans Health Administration- Office of Emergency Management. (2020). COVID-19 Response Plan. Incident-specific Annex to the VHA High Consequence Infection Base Plan.

STARRS Healthcare Subcommittee
2021 Goal Development Workplan

Goal 1	Cultivate an inclusive healthcare subcommittee that is reflective of the St. Louis community and includes representation from all provider/facility types.				
	Description	Deadline	Workgroup Leader	Completion	Notes
Objective 1A	Coordinate with local/state partners to identify applicable healthcare organizations and facilities within subcommittee geographic scope.	31-May	A. Blevins	51 - 75%	
Objective 1B	Review, verify, and update current subcommittee membership roster.	31-May	A. Blevins	100%	
Objective 1C	Develop healthcare subcommittee one-page summary sheet with membership responsibilities, benefits, enrollment details, and FAQs.	31-May	A. Blevins	0 - 25%	
Objective 1D	Distribute subcommittee summary sheet to all eligible healthcare organizations.	30-Jun	A. Blevins	0 - 25%	
Objective 1E	Monitor membership expansion and healthcare facility representation; revise strategy for Goal 1 achievement if/as required.	31-Dec	A. Blevins	0 - 25%	
Objective 1F	Update contact information for all current and new subcommittee members.	30-Jun	A. Blevins	100%	

Goal 2	Deliver healthcare/hospital outcomes defined in St. Louis Healthcare Coalition Strategic Plan.				
	Description	Deadline	Workgroup Leader	Completion	Notes
Objective 2A	Develop and distribute electronic survey to determine and rank specific membership portal needs/features.	31-May	J. O'Brien	76 - 99%	Survey replaced with facilitated discussion during upcoming Regular Meeting.
Objective 2B	Analyze and report membership portal survey results within during May meeting.	30-Jun	J. O'Brien	76 - 99%	Survey replaced with facilitated discussion during upcoming Regular Meeting.
Objective 2C	Identify potential portal solutions that support/resolve critical needs, as defined by survey results.	30-Jun	J. O'Brien	26 - 50%	
Objective 2D	Establish portal solution for subcommittee membership and verify resolution of critical gaps.	30-Sep	J. O'Brien	0 - 25%	

STARRS Healthcare Subcommittee
2021 Goal Development Workplan

Goal 3	Elevate healthcare subcommittee visibility and accountability via production of semiannual reports.				
	Description	**Deadline**	**Assigned Group/Leader**	**Completion**	**Notes**
Objective 3A	Coordinate with HCC Coordinator and partner subcommittee chairs to identify content/data to maximize report utility and relevance.	31-May	J. Campbell	100%	
Objective 3B	Develop DRAFT report outline and dashboard for review/approval by appropriate regional partners/leaders.	31-May	J. Campbell	100%	
Objective 3C	Distribute initial subcommittee report to full membership and designated partner recipients.	30-Jun	J. Campbell	100%	
Objective 3D	Incorporate applicable report revisions/improvements and distribute annual report to all recipients.	31-Dec	J. Campbell	0 - 25%	

Goal 4	Optimize healthcare subcommittee management via revision/alignment of applicable Charters, Bylaws, and other administrative materials.				
	Description	**Deadline**	**Assigned Group/Leader**	**Completion**	**Notes**
Objective 4A	Verify all applicable documents are included in subcommittee review/revision scope.	30-Jun	C. Minks	100%	
Objective 4B	Review current subcommittee Charter; document recommended edits and submit revised version to subcommittee for review/approval.	30-Jun	C. Minks	76 - 99%	
Objective 4C	Coordinate with HCC Coordinator and ESF-8 Committee Chairs to strengthen alignment of approved Healthcare Subcommittee Charter with applicable coalition/STARRS administrative documents; support revision as appropriate.	30-Sep	C. Minks	51 - 75%	
Objective 4D	Verify all applicable coalition and healthcare subcommittee management materials are aligned for optimal administrative coordination for upcoming year.	31-Dec	C. Minks	0 - 25%	

Attachment C

St. Louis Regional Healthcare Coalition
Healthcare Subcommittee
CY 2021 Mid-Year Report
January 1 – June 30, 2021

I. St. Louis Healthcare Subcommittee Overview

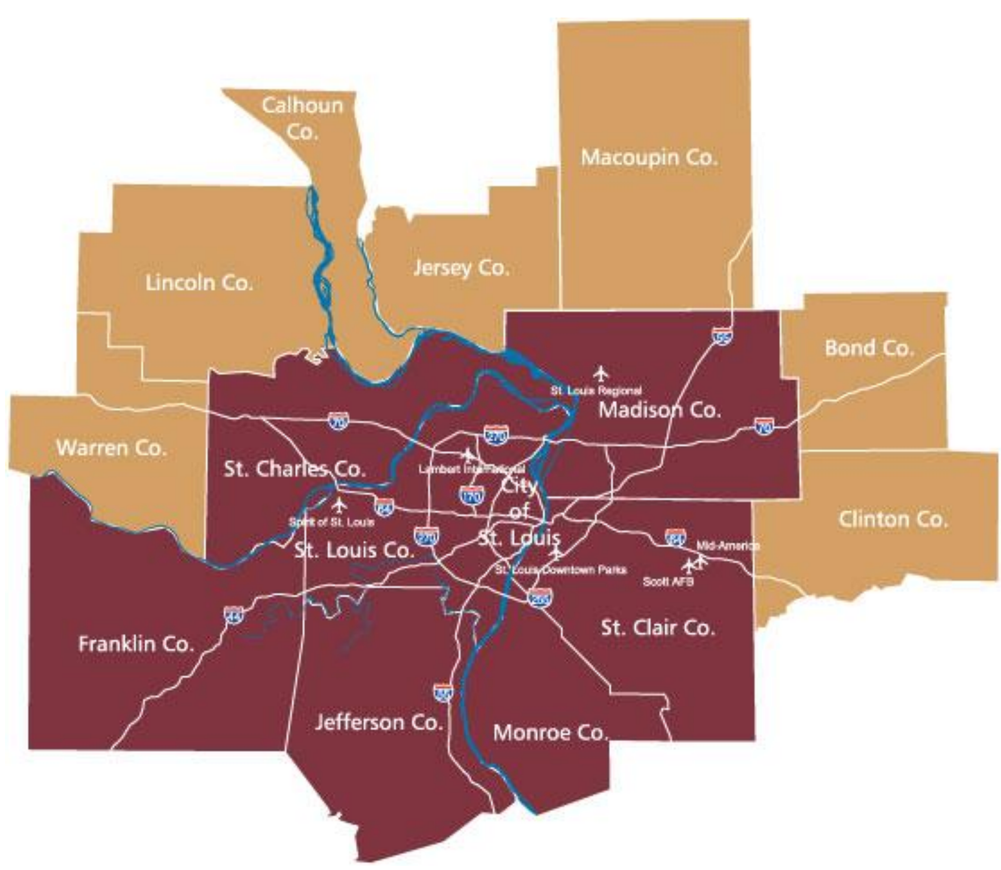
A. Mission

Cultivate a network of healthcare sector partners to:

- Strengthen organizational, industry, and community healthcare preparedness
- Advance healthcare emergency management concepts and capabilities
- Support cross-functional healthcare communication and collaboration
- Provide regulatory/accreditation compliance solutions

B. Scope

All hospitals, healthcare organizations, and other qualified Centers for Medicaid and Medicare Services (CMS) facilities/provider types within the St. Louis Area Regional Response System (STARRS) geographic area identified in red below.



Attachment D

II. Goal Development Plan

Refer to Appendix A

In January 2021, Healthcare Subcommittee members adopted a new Goal Development Plan (GDP) outlining improvement objectives aligned to four (4) distinct projects.

CY2021 Healthcare Subcommittee GDP activity approximately 48% complete.

GPD activity, including project/objective status, obstacles/barriers, and anticipated completion dates, detailed below.

A. Membership and Recruitment

Goal 1	Cultivate an inclusive healthcare subcommittee that is reflective of the St. Louis community and includes representation from all provider/facility types.		
	Description	**Deadline**	**Completion**
Objective 1A	Coordinate with local/state partners to identify applicable healthcare organizations and facilities within subcommittee geographic scope.	31-May	51 - 75%
Objective 1B	Review, verify, and update current subcommittee membership roster.	31-May	100%
Objective 1C	Develop healthcare subcommittee one-page summary sheet with membership responsibilities, benefits, enrollment details, and FAQs.	31-May	0 - 25%
Objective 1D	Distribute subcommittee summary sheet to all eligible healthcare organizations.	30-Jun	0 - 25%
Objective 1E	Monitor membership expansion and healthcare facility representation; revise strategy for Goal 1 achievement if/as required.	31-Dec	0 - 25%
Objective 1F	Update contact information for all current and new subcommittee members.	30-Jun	100%

During this reporting period, Goal 1 workgroup coordinated with Missouri Department of Health and Senior Services (DHSS) to commence review of all eligible healthcare providers and organizations within Healthcare Subcommittee scope. Analysis continues to identify healthcare partners for recruitment and representation.

Goal 1 workgroup also reviewed existing roster of Healthcare Subcommittee members and supporting partners. Approximately twenty-five (25) former members were removed from roster due to career transition or relocation. Additionally, workgroup established a new Healthcare Subcommittee Membership Form to standardize and maintain individual contact information/role details for new and existing members. Using both tools, Goal 1 workgroup expanded active Healthcare Subcommittee membership by 26% during this reporting period.

Upcoming activities for Goal 1 workgroup focus on development of a Healthcare Subcommittee summary sheet. Intended to be used as recruitment tool, summary sheet to highlight purpose, scope, responsibilities, and membership advantages of St. Louis Healthcare Subcommittee.

No obstacles or barriers identified.

Anticipated Completion: Q4 2021

B. Support Technology

Goal 2	Implement healthcare subcommittee membership support technology to resolve identified interface gaps.		
Description		Deadline	Completion
Objective 2A	Develop and distribute electronic survey to determine and rank specific membership portal needs/features.	31-May	51 - 75%
Objective 2B	Analyze and report membership portal survey results during Regular Meeting.	30-Jun	51 - 75%
Objective 2C	Identify potential portal solutions that support/resolve critical needs, as defined by survey results.	30-Jun	0 - 25%
Objective 2D	Establish portal solution for subcommittee membership and verify resolution of critical gaps.	30-Sep	0 - 25%

During this reporting period, Goal 2 workgroup convened to review existing technology supporting Healthcare Subcommittee business and membership services. Review included technology aspects such as membership interaction, meeting material access and archiving, regional plans and resource repository, and calendar management. Team identified significant opportunities for technology support improvement and is facilitating a technology review/ranking workshop during Healthcare Subcommittee Regular Meeting on July 14, 2021.

Goal 2 workgroup continues to coordinate with healthcare coalition counterparts across the country to identify best practices and fiscally-sound solutions to resolve St. Louis Healthcare Coalition technology gaps.

One (1) potential obstacle to Goal 2 success relates to long-term technology solution funding and website sustainment. Issue is escalated to STARRS and elected Coalition leadership for consideration and resolution.

Anticipated Completion: Q4 2021

C. Subcommittee Reporting

Goal 3	Elevate healthcare subcommittee visibility and accountability via production of semiannual reports.		
	Description	**Deadline**	**Completion**
Objective 3A	Coordinate with HCC Coordinator and partner subcommittee chairs to identify content/data to maximize report utility and relevance.	31-May	100%
Objective 3B	Develop DRAFT report outline and dashboard for review/approval by appropriate regional partners/leaders.	31-May	100%
Objective 3C	Distribute initial subcommittee report to full membership and designated partner recipients.	30-Jun	100%
Objective 3D	Incorporate applicable report revisions/improvements and distribute annual report to all recipients.	31-Dec	0 - 25%

During this reporting period, Goal 3 workgroup met with Coalition partners to develop a standardized outline for subcommittee routine reporting. This *CY2021 Healthcare Subcommittee Q2 Biannual Report* reflects decision outcomes/content preferences and provides a model for partner subcommittees to share respective progress in support of regional readiness.

Feedback and constructive criticism related to initial report to be incorporated into Healthcare Subcommittee Q4 Biannual Report.

No obstacles or barriers identified.

Anticipated Completion: Q4 2021

D. Subcommittee Administration

Goal 4	Optimize healthcare subcommittee management via revision/alignment of applicable Charters, Bylaws, and other administrative materials.		
	Description	**Deadline**	**Completion**
Objective 4A	Verify all applicable documents are included in subcommittee review/revision scope.	30-Jun	100%
Objective 4B	Review current subcommittee Charter; document recommended edits and submit revised version to subcommittee for review/approval.	30-Jun	51 - 75%
Objective 4C	Coordinate with HCC Coordinator and Coalition Committee Chairs to strengthen alignment of approved Healthcare Subcommittee Charter with applicable coalition/STARRS administrative documents; support revision as appropriate.	30-Sep	26 - 50%
Objective 4D	Verify all applicable coalition and healthcare subcommittee management materials are aligned for optimal administrative coordination for upcoming year.	31-Dec	0 - 25%

During this reporting period, Goal 4 workgroup finalized documents and scope for Healthcare Subcommittee administrative review. Documents include *Healthcare Subcommittee Charter*, *Healthcare Coalition Bylaws*, and *STARRS Bylaws*. Team scheduled to commence review and submit revision recommendations during September 2021 Regular Meeting.

No obstacles or barriers identified.

Anticipated Completion: Q4 2021

III. Membership Accomplishments and Celebrations

A. Master Exercise Practitioner

In April 2021, Cody Minks, Emergency Preparedness Specialist – SSM Health, earned his Master Exercise Practitioner (MEP) certification. This prestigious distinction validates an emergency management professional's expertise in organizational program management and mastery of key Homeland Security Exercise and Evaluation Program (HSEEP) concepts and practices. Congratulations, Cody!

IV. Resources

A. Healthcare Subcommittee Membership Form

Members and partners may use the Healthcare Subcommittee Membership Form to update their individual contact information within Healthcare Subcommittee Directory.

B. Healthcare Subcommittee Intake Form

Members and partners may use the Healthcare Subcommittee Intake Form to submit questions, ideas, discussion topics, or concerns for review during our next meeting.

Please contact J. Campbell at 314-280-5993 or via email for any questions or concerns.

Respectfully submitted,

Jason Campbell
Chair
St. Louis Healthcare Subcommittee

Cody Minks
Vice-Chair
St. Louis Healthcare Subcommittee

SHARE:

Join Our Email List

View as Webpage

U.S. Department of Health and Human Services Public Health Emergency

The Express: May 2021 (Update #2)

This issue of *The Express* highlights the following new/updated resources:

- Updated: Facility-Specific CMS EP Rule Requirement Overviews
- Be a COVID-19 Vaccine Champion (Webinar)
- 2020 in Review: Medical Supply Chain Responses to the COVID-19 Pandemic
- Hospice and COVID-19
- Home Care and Hospice during COVID-19: A Rural Perspective

In light of recent cyber breaches in healthcare and elsewhere, we invite you to check out the webinar that features presenters discussing their experiences and lessons learned from previous cyber incidents. Our recently released Healthcare System Cybersecurity: Readiness and Response Considerations document and accompanying overview presentation also provide helpful information.

Please continue to access our Novel Coronavirus Resources Page, the National Institutes of Health Coronavirus Disease 2019 (COVID-19) Treatment Guidelines, and CDC's Coronavirus webpage, and reach out if you need technical assistance.

Updated: Facility-specific CMS EP Rule Requirement Overviews

Attachment E

In 2016, the Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. These documents, updated in 2021, combine excerpts from the Final Rule, the Interpretive Guidelines, and revisions from CMS to provide a consolidated overview document for the facilities that must comply with the rule.

New: Be a COVID-19 Vaccine Champion

Increasing vaccine confidence can bring real benefits to your community—lowering COVID infection rates, hospitalizations, and deaths—but vaccine hesitancy remains a real issue in many communities. In this webinar, the speakers discuss the campaign designed to build confidence in and address hesitancy related to COVID-19 vaccines.

New: 2020 in Review: Medical Supply Chain Responses to the COVID-19 Pandemic

Nicolette Louissaint, PhD, the Executive Director of Healthcare Ready, shares how they leveraged unique relationships with government, nonprofit, and medical supply chains to build and enhance the resilience of communities before and during the COVID-19 pandemic in this brief recording. Access the rest of the Healthcare Operations during the COVID-19 Pandemic speaker series for more information.

New: Home Care and Hospice during COVID-19

Hospice and COVID-19 and Home Care and Hospice during COVID-19: A Rural Perspective highlight how agencies amended these services to protect patients and providers during the pandemic.

ASPR's New Federal Advisory Committees: Apply Today!

ASPR is now accepting applications for its two new federal advisory committees: National Advisory Committee on Seniors and Disasters (NACSD) and the National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD).

Subscribe to the Division of Critical Infrastructure Protection's Bulletins

Attachment E

ASPR's Division of Critical Infrastructure Protection (CIP) recently launched the Healthcare and Public Health Sector Infectious Disease Update. This newsletter can help you keep track of the 2021 Ebola outbreaks and other emerging infectious diseases by providing you with the latest news and resources. Keep your organization resilient and prepared for infectious disease —subscribe today by visiting the CIP bulletins subscription webpage.

COVID-19 Clinical Rounds Peer-to-Peer Virtual Communities of Practice are a collaborative effort between ASPR, the National Emerging Special Pathogen Training and Education Center (NETEC), and Project ECHO. These interactive virtual learning sessions aim to create a peer-to-peer learning network where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 share their challenges and successes; a generous amount of time for participant Q & A is also provided. These webinar topics are covered every week:

- EMS: Patient Care and Operations (Mondays, 12:00-1:00 PM ET)
- Critical Care: Lifesaving Treatment and Clinical Operations (Tuesdays, 12:00-1:00 PM ET)
- Emergency Department: Patient Care and Clinical Operations (Thursdays, 12:00-1:00 PM ET)

Access previous webinars and special topic sessions and sign up today to receive information on upcoming events.

Attachment E

SHARE:

Join Our Email List

View as Webpage

U.S. Department of Health and Human Services Public Health Emergency

The Express: June 2021

This issue of The Express highlights the following new resources:

- Innovations in COVID-19 Patient Surge Management
- Infectious Disease TTX Toolkit (Step-by-Step Implementation Guide)
- The Role of Respiratory Therapists during COVID-19
- Be a COVID-19 Vaccine Champion: Webinar Q and A
- The Experience of Chaplains during COVID-19

In light of wildfire season, we invite you to check out Issue 10 of *The Exchange* that focuses on preparing for and responding to wildfires and planned outages and the wildfire sections in our Natural Disasters Topic Collection.

As cyber breaches continue to affect healthcare, we encourage you to check out our new Cybersecurity Resources Page.

Please continue to access our Novel Coronavirus Resources Page, the National Institutes of Health Coronavirus Disease 2019 (COVID-19) Treatment Guidelines, and CDC's Coronavirus webpage, and reach out if you need technical assistance.

New: Innovations in COVID-19 Patient Surge Management

Attachment E1

COVID-19 patient surges have prompted healthcare facilities to be innovative in record time, updating and creating new plans as lessons were learned. In this article, ASPR TRACIE highlights how four healthcare executives from different states and settings collaborated and used data to manage patient surge statewide.

New: Infectious Disease TTX Toolkit

This toolkit can help emergency planners create an interactive, discussion-based exercise focusing on impacts to healthcare coalition and healthcare facilities caused by large numbers of patients seeking healthcare following exposure to an infectious agent.

New: The Role of Respiratory Therapists during COVID-19

In this presentation, **Douglas S. Laher** (Chief Operating Officer, American Association for Respiratory Care [AARC]), provides an overview of AARC and their role during the pandemic. Two presenters from Rush University, **J. Brady Scott**, (Director of Clinical Education, Associate Professor, Department of Cardiopulmonary Sciences, Division of Respiratory Care, College of Health Sciences), and **David L. Vines**, (Chairperson, Academic Program Director, Associate Professor, Department of Cardiopulmonary Sciences, Division of Respiratory Care, College of Health Sciences), highlight the critical role played by respiratory therapists during the pandemic and discussed the rapid training they developed on prone positioning for acute respiratory distress syndrome. Access the rest of the Healthcare Operations during the COVID-19 Pandemic speaker series for more information.

New: Be a COVID-19 Vaccine Champion: Webinar QA

Speakers respond to the questions received during and after the webinar; check out the slides and link to the recording for more!

New: The Experience of Chaplains during COVID-19

The leader of Spiritual Care at Hennepin Healthcare, a Level One Trauma Center and safety net hospital in downtown Minneapolis, shares how the pandemic presented the chaplain team with distinct challenges and opportunities in this article.

Subscribe to the Division of Critical Infrastructure Protection's Bulletins

ASPR's Division of Critical Infrastructure Protection (CIP) recently launched

the Healthcare and Public Health Sector Infectious Disease Update. This newsletter can help you keep track of the 2021 Ebola outbreaks and other emerging infectious diseases by providing you with the latest news and resources. Keep your organization resilient and prepared for infectious disease—subscribe today by visiting the CIP bulletins subscription webpage.

Access Archived COVID-19 Clinical Rounds

Peer-to-Peer Virtual Communities of Practice, a collaborative effort between ASPR, the National Emerging Special Pathogen Training and Education Center (NETEC), and Project ECHO, created a peer-to-peer learning network where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 shared their challenges and successes. Access previous webinars and special topic sessions and sign up today to receive information on upcoming events.

Attachment E1

St. Louis Healthcare Training Newsletter July 2021

Below are current and future training opportunities that apply to Emergency Management in the Healthcare Sector. All listings will contain the course title, dates, location, a brief description, and a link for registration and additional information. If you have training opportunities you would like shared in this format or questions, please email Samantha Peterson at the St. Louis Area Regional Response System (STARRS) at Samantha.Peterson@ewgateway.org.

Most of these trainings require a FEMA Student Identification Number (SID). Please visit the FEMA SID website: https://cdp.dhs.gov/FEMASID to register for a SID or for a forgotten SID.

Additional Training Opportunities can be found at Missouri Emergency Management Agency at: https://sematraining.com/offerings and find Illinois Emergency Management Agency Training Opportunities at: https://public.iema.state.il.us/iema/Training/OnlineReg/classes.asp.

AWR-336-W: Health Sector Emergency Preparedness Distance Learning Course

- Center for Domestic Preparedness
- Virtual
- https://cdp.dhs.gov/training/course/AWR-336-W

This course content is to provide training and resources to emergency management officials, healthcare coalitions, healthcare providers and suppliers. The course focuses on the general overview of emergency planning and preparedness; development of policies and procedures; creation of communication plans and training and exercises for healthcare entities.

AWR376-V: Understanding Targeted Cyber Attacks

- July 13 & 14 2021 from 9 AM – 1 PM
- Virtual
- https://sematraining.com/courses/1641/offerings/8127

This course provides students with specific information regarding targeted cyber attacks, including advanced persistent threats. This information will place them in a better position to plan, prepare for, respond to, and recover from targeted cyber attacks. This course will fill the gap in threat-specific training for cybersecurity as a community-driven course that focuses on the phases of targeted cyber attacks and the attacker methods used during each phase.

G300-ICS 300 Intermediate Incident Command System

- July 21-23, 2021 from 8 AM – 5 PM
- Hampton Inn St. Robert/Ft. Leonard Wood
- https://sematraining.com/courses/29/offerings/8000

Prerequisites: IS 100, IS 200, IS 700, and IS 800.
This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in the ICS 100 and ICS 200 courses.

*Additional offerings of ICS 300 will available September 22-24th and November 3-5th at the St. Louis County OEM. Online listings to follow.

MO134.a-V- Terrorism Liaison Officer (TLO)

- July 23, 2021 from 10 AM – 4 PM
- Virtual
- https://sematraining.com/courses/1787/offerings/8144

The Missouri State Highway Patrol's MIAC Division has a 6-hour Terrorism Liaison Officer program that we offer to our statewide partners. Through the program, we are building a network of Terrorism Liaison Officers from various disciplines to detect and report terrorist activity and major criminal threats in the State of Missouri. We all play a role in Homeland Security, not just law enforcement.

Attachment F

G191-V-ICS/EOC Interface Workshop

Offering 1:
- Aug 17 & Aug 18, 2021 from 8:30 AM – 12:30 PM
- Virtual
- https://sematraining.com/courses/1703/offerings/8120

Offering 2:
- Oct 19 & Oct 20, 2021 from 8:30 AM- 12:30 PM
- Virtual
- https://sematraining.com/courses/1703/offerings/8122

Offering 3:
- Dec 14 & Dec 15, 2021 from 8:30 AM – 12:30 PM
- Virtual
- https://sematraining.com/courses/1703/offerings/8121

The course provides an opportunity for emergency management and response personnel to begin developing an Incident Command System (ICS)/Emergency Operations Center (EOC) interface for their communities. The course reviews ICS and EOC characteristics, responsibilities and functions and depends heavily on activities and group discussions to formulate an interface.

MGT 349 Pediatric Disaster Response & Emergency Preparedness

Offering 1:
- Aug 25 - Aug 26, 2021 from 8 AM – 4:30 PM
- Belleville, IL
- https://my.teex.org/TeexPortal/

Offering 2:
- Sep 30 - Oct 1, 2021 from 8 AM – 4:30 PM
- BJC/ St. Louis Children's Hospital
- Registration Link Pending- Contact Michele Tanton at michele.tanton@bjc.org

This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children, addressing the specific needs of pediatric patients in the event of a community based-incident. Pediatric specific planning considerations include mass sheltering, pediatric-triage, reunification planning and pediatric decontamination considerations. This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in field of disaster response and preparedness work.

PER211- Medical Management of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Events

- Sep 7 & 8, 2021 from 8 AM – 5 PM
- Christian County Planning and Development Bldg.
- https://sematraining.com/courses/42/offerings/7986

Participants completing this program will be able to properly perform patient triage, decontamination, treatment, and transportation in the event of exposure to chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons. The course consists of facilitated discussions, small group exercises, hands-on activities, and task-oriented practical applications. Course participants will use both state-of-the art adult and pediatric human patient simulators to promote critical thinking skills while utilizing the RAPID – Care concept.

G400- ICS400 Advanced Incident Command System

- Dec 7 & 8, 2021 from 8 AM – 5 PM
- Eureka Fire Protection District-Training Center
- https://sematraining.com/courses/18/offerings/8053

This course provides training for personnel who require advanced applications of the Incident Command System (ICS).

Prerequisites: ICS 100, ICS 200, ICS 300, IS 700 & IS 800.

*An additional offering of ICS 400 will available January 6-7th 2022 at the St. Louis County OEM. Online listings to follow.