Knox/East Tennessee Health Care Coalition

Response, Continuity, and Recovery Plan

Revised February 2021

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MISSION

The Knox/East Tennessee Healthcare Coalition (KET HC) will assist the health care community and other emergency response agencies to jointly prepare for, respond to and recover from disaster events by supporting collaborative planning and information sharing among a broad range of healthcare partners in order to protect, promote, and improve the health and prosperity of the people in Tennessee.

PURPOSE

The purpose of this plan is to provide general guidelines and an overview for preparation, response, and recovery activities to natural and manmade events that threaten the healthcare system.

SCOPE

The plan describes the roles and functions of critical response partners (hospitals, regional health jurisdictions, emergency medical services, emergency management, etc.), under Emergency Support Function 8 (ESF-8) of the Tennessee Emergency Management Plan (TEMP). The plan and its appendices address general operational concepts, roles and responsibilities, inter-agency communication, resource sharing and allocation, Healthcare Resource Tracking System (HRTS), Tennessee Health Alert Network (TNHAN) and training and exercise components.

This plan does not supersede any local or internal emergency response plans. Rather, it is intended to augment and support plans across agencies and disciplines to assist in a coordinated emergency response in the event of a healthcare system disruption. This plan is not intended to circumvent or supersede existing lines of emergency communications between hospitals or healthcare organizations and local emergency agencies. Local and county Emergency Management and/or Emergency Operations Centers (EOCs) remain the first line of contact for the coordination and acquisition of emergency resources.

The Knox/East Tennessee Healthcare Coalition is not an independent response body. Rather, each member of the coalition has a primary organization to which they are accountable. The purpose of the coalition is to plan, prepare, share information, and coordinate resources. The organized planning developed through the coalition is invaluable for a well-coordinated response among healthcare agencies.

The KET HC Memorandum of Understanding describes how member organizations plan to work together and share assets during times of need. The bottom line is that member organizations agree to share assets and resources as they are able to do so during emergency events.

OVERVIEW

The Knox/East Tennessee Healthcare Coalition encompasses the Knox County and East Tennessee Health Department Regions (East TN EMS Region). It is bordered on the North by Kentucky, the east by Northeast TN Region and North Carolina, the south by Southeast TN Region, and Mid-Cumberland Region to the west. It includes an urban center surrounded by many rural communities. This hospital region consists of 16 counties with a population of approximately 1.18 million people. Knox County comprises approximately 37% of this population.

The sheer physical size of the coalition coupled with the mix of rural and urban areas requires considerable and detailed planning and coordination. Knoxville and the surrounding metropolitan community, being large urbanized areas, enjoys a high concentration of business and tourist traffic, Population varies greatly during high tourism months for the Smoky Mountains, Sevier County (Gatlinburg, Pigeon Forge, Sevierville), and University of Tennessee Football weekends. These factors thereby result in increased complexities of a response in the event of a mass casualty incident.

Coalition background and governance structure is explained fully in the KET HC bylaws (Appendix A) and Preparedness/Administration/Continuity of Operations Plan (Appendix B). The KET HC updates their Hazard Vulnerability Assessment annually, which informs preparedness, planning, training, and exercise efforts. Membership is comprised of regional hospitals, public health, emergency management, emergency medical services, long-term care, outpatient providers, homeland security, and other healthcare- related response partners. Details regarding the KET HVA (Hazard Vulnerability Analysis) and Gap Analysis process are located in the KET Preparedness Plan. Full membership information and all referenced documents can be obtained from the KET HC website (www.ketcoalition.org). KET member information can be found in Appendix C. Plans are reviewed annually and updated as needed, and the website is updated as needed.

PLANNING ASSUMPTIONS

An emergency event or other healthcare system disruption could overwhelm the capacity and capability of KET HC healthcare partners and resources (staff, supplies, equipment). Development of this plan assumes the following:

- Depending upon the magnitude of the incident, this entire plan or parts of it may be activated within single or multiple regions.
- A large number of victims requiring treatment and those seeking medical assistance will result in a reduction in the overall level of patient care.
- A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.
- Healthcare system partners will activate their emergency operations plan, staff their command centers, and coordinate closely to ensure continuation of critical services.
- Emergency response will require the participation of many healthcare system partners, as well as coordination with communal, government and non-governmental agencies to ensure a successful response. Roles and responsibilities of medical response partners are guided by ESF 8.
- State and federal resources may not be available for 72-96 hours after incident onset.
- Hospitals may cancel elective procedures, discharge non-critical patients, convert private rooms to semi-private rooms, establish alternate care facilities and take other steps necessary to increase their surge capacity.
- Disaster Mental Health partners from psychiatric facilities and coordinated by the American Red Cross and state and local public health will provide support for behavioral health programs during a disaster event.
- The regional trauma center will continue to receive trauma and other patients requiring specialty services during an incident.
- Smaller rural hospitals may become overwhelmed quickly during mass casualty or highly contagious events and may require staffing and logistical support. Alternate care facilities will be needed to support the medical mission in very rural areas.
- The rural hospitals will have to hold and care for acute injuries that they would ordinarily transfer to a more specialized facility.
- Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.
- The use of National Incident Management System (NIMS) consistent processes and

procedures by the HCC will promote integration with public sector response efforts.

- Except in unusual circumstances, individual healthcare organizations retain their respective decision-making sovereignty during emergencies.
- This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Therefore, flexibility is built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

1.0 CONCEPT OF OPERATIONS

1.1 INTRODUCTION

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

1.2 ROLE OF THE KET COALITION IN EVENTS

The overall role of the coalition in an emergency or disaster event includes (but is not limited to) the following:

- Promote a common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources
- Support patient tracking
- Support evacuation activities.

Overall the KET HC response effort would be essentially a Multi-Area Coordination system, whereas each entity operationally responds within its own organization and/or discipline's incident command structure but works together to incorporate facilities, information systems, internal and external communication systems, interagency reciprocal, and mutual aid agreements, common procedures, terminology, training and qualifications into an integrated common operating system that ensures effective interagency and inter-jurisdictional coordination.

1.2 HEALTH CARE SYSTEM PARTNER ROLES & RESPONSIBILITIES

1.2.1 EMERGENCY MEDICAL SERVICES

The Emergency Medical Services (EMS) in Knox County and East Tennessee are comprised of the following elements:

- 20 Primary EMS Providers
- 8 Secondary EMS Providers
- Specialty EMS Service Providers
- 1 Helicopter Service Provider with 5 aircraft.

The EMS Division has an important role in state government disaster planning and operations. The Division's responsibilities are delineated in the Tennessee Emergency Management Plan (TEMP). EMS Division responsibilities include:

- Ensure continuity of normal 911/EMS operations during events.
- When deaths or injuries occur in a disaster, Tennessee Emergency Management Agency (TEMA) tasks the EMS Division with the responsibility of verifying deaths and injuries, determining where patients were transported and by what means. Official state casualty reports are produced by EMS Division staff.
- Division staff provides initial damage assessment and help to any health care facility damaged or disabled in a disaster. This includes reporting to TEMA and the Division of Health Care Facilities.
- When a mass casualty incident occurs, division staff can help local ambulance services manage the consequences. This includes contacting other services for help, identifying staging areas for responding ambulances and distributing patients to hospitals within the region. The emergency evacuation of health care facilities is part of this responsibility.
- To ensure that these emergency management responsibilities can be carried out rapidly, EMS Division management and all regional staff are on call 24 hours per, 7 days a week.
- Emergency Medical Services Director is the primary Emergency Services Coordinator (ESC) for ESF 8 in the SEOC. The EMS Consultant is the regional representative for ESF 8 Coordination.

- Additionally, the Regional Medical Communications Center (RMCC) falls under EMS leadership within the state of Tennessee. This serves as the 24/7 communications coordination center during events. The RMCC has communication capabilities coalition hospitals, EMS, other RMCCs, and local and state Emergency Operations Centers. RHCs generally respond to the RMCC during events to perform the information sharing and resource coordination roles of the healthcare coalition.

1.2.2 HOSPITALS

There are 19 acute care hospitals in East Tennessee. There are 6 hospitals located in Knox County, including the Level 1 Trauma Center and Comprehensive Pediatric Referral Center. Overall, there are approximately 3157 (floor, ICU, and monitored beds) acute care hospital beds in facilities located within the jurisdiction of the Knox/East TN Healthcare Coalition.

In addition, there are 3 behavioral health facilities and no Veterans Affairs Hospitals in the region.

During an emergency, hospitals are responsible for providing secondary triage and assessment, basic decontamination, emergency care/treatment, and isolation/quarantine of patients. Each hospital has an emergency response plan to address internal plan activation, emergency staffing, surge capacity including additional bed expansion, isolation patient management, acquisition of additional supplies/equipment/pharmaceuticals, emergency evacuation, shelter-in-place, fatality management, and coordination with their local office of emergency management and other hospitals in the region.

As patient numbers increase beyond the capacity of the impacted hospital, they will:

- Activate their internal Emergency Operations Plan (EOP)
- Contact the Regional Medical Communications Center (RMCC)
- Contact their county Emergency Management Agency (EMA)
- Coordinate response efforts through their Regional Hospital Coordinators (RHC) and the KET HC share information and resources as outlined in the KET HC bylaws and MOU. Appendix D

1.2.3 REGIONAL HEALTH JURISDICTIONS

The KET HC consists of 2 Regional Health Jurisdictions (RHJ) which is governed by the Tennessee Department of Health (TDH). This East TN Regional Health Office oversees and supports the administration of public health services at 15 County Health Offices (CHO)

surrounding Knox County. The KET HC also consists of the Knox County RHJ which is governed by its county government.

The role of the RHJ is to command (as ESF 8 Lead) and support the response to a medical disaster within their jurisdiction. Each jurisdiction's emergency planning efforts are led by an Emergency Response Coordinator (ERC) who is responsible for developing their emergency response plan detailing lead responsibilities during public health emergencies and the roles of the CHOs. Under state law an Emergency Service Coordinator has the authority to commit state resources without gaining departmental approval. Through the ERC, each RHJ is responsible for coordinating with other RHJs, TDH, health care practitioners, hospitals, veterinarians, other health care professionals, and disease-reporting agencies for disease surveillance and control activities. ERCs also assist in coordination of ESF 8 activities at the regional and local level.

The Tennessee Department of Health maintains the State Health Operations Center (SHOC) that assists with coordinating medical response at the state level, working closely with the ESF 8 Coordinator (ESC) at the State EOC (SEOC). Additionally, each RHC maintains a RHOC to support local public health coordination efforts during events.

Additionally, each RHJ has a Regional Hospital Coordinator that is assigned to advise and coordinate coalition planning, preparedness, and response efforts. RHCs work closely with coalition partners and serve as a point of contact to the RHJ during emergency events

1.2.4 EMERGENCY MANAGEMENT

Emergency Management in Tennessee operates at the county level under the larger umbrella of the Tennessee Emergency Management Agency (TEMA) at the state level. TEMA's responsibility is to coordinate disaster response and recovery efforts across the state. TEMA developed and updates the Tennessee Emergency Management Plan (TEMP) which provides the foundation for all disaster and emergency response operations conducted within the state. Within the TEMP are Emergency Support Functions (ESF). Each ESF details the lead agency and support agency roles in disaster response. ESF8, Public Health and Medical Services, provides the mechanism for coordinated State assistance to supplement regional and local resources in response to public health and medical care needs for potential health and medical situations. ESF 8 is coordinated by the Department of Health principally through the Emergency Services Coordinators (ESC). ESF 8 is Appendix B.

TEMA is divided into three grand divisions across the state which closely aligns with the healthcare coalition divisions. The Knox/East Tennessee Healthcare Coalition mirrors the TEMA East Region with the exception of very few counties on the eastern side of the coalition.

TEMA regions were established to support and improve services to the local emergency management directors and agencies. Services include technical guidance, information on federal and state requirements for emergency management, updates on laws and regulations, technical advice on grants, NIMS and other reports required for federal funding, information on other training, and a rapid avenue to submit requests for state or other external mutual aid or assistance.

All county emergency management plans are required to mirror the TEMP in terms of structure and purpose. The county offices of emergency management will facilitate interagency coordination, provide centralized situation assessment and public information, coordinate the mobilization of local government resources in response to an emergency, and coordinate community disaster recovery. In the event that responding agencies, including the hospitals, have exhausted critical resources available through routine channels and through mutual aid, local EMA will request resources from the State Emergency Operations Center (SEOC) at TEMA. TEMA will coordinate emergency assistance to local jurisdictions from state agencies, other counties, states, or the Federal government. A list of all county EMA's can be found at www.tn.gov/tema under the Regional Information.

1.2.5 MEDICAL RESERVE CORPS

Medical Reserve Corps (MRC) serves as TDH's volunteer organization. Volunteer information is maintained in the statewide web-based registry called Tennessee Volunteer Mobilizer (TVM). It is designed to serve as a single, centralized source of information to ease the intra-state, state-to-state and state- to-federal deployment or transfer of medical professionals and other volunteers. A part of the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), TVM gives Tennessee the ability to quickly identify and assist in the coordination of volunteers in an emergency.

The KET HC has two Medical Reserve Corps (MRC) units. Both the East Regional Health Office and Knox County Health Department have an MRC Coordinator assigned to the Public Health Emergency Preparedness Section that works to recruit and train medical and general volunteers to support ESF 8 in an emergency. All requests for MRC Volunteers should be made to the SEOC through the County EMA or the Regional Hospital Coordinators.

1.2.6 GOVERNMENTAL PARTNERS

The KET HC and public health partners work closely with law enforcement, fire services, city government offices and county-level agencies where appropriate for planning purposes.

Supporting agencies of the Public Health and Medical Services Response are Department of Agriculture, Department of Environment and Conservation, Department of Military, Department of Human Services, Department of Commerce and Insurance, Department of

Mental Health and Mental Disabilities, Department of Safety, Tennessee Bureau of Investigation and Tennessee Emergency Management Agency.

1.2.7 COMMUNITY HEALTH PARTNERS

There are numerous skilled nursing homes, assisted living facilities, surgical centers, home health agencies, hospice agencies, dialysis centers, primary blood provider, durable medical equipment providers, and other healthcare partners within the KET HC. The KET HC has worked closely with these partners including them on our regional MOU. Also, training and exercise opportunities have been provided to increase their emergency preparedness programs.

At this point in time, there is expanding participation from these partners in emergency planning. Many have partnered with TDH for Medical Countermeasure Distribution Planning. This generally includes a plan to vaccinate or dispense medication to their staff and patients in a public health emergency that requires medical countermeasures. In addition, a few of these partners participate at the RHJ level for

Medical Assistance Shelter planning. Currently, KET HC is working to onboard nursing homes and assisted living facilities into HRTS to ensure more broad bed availability information and enhanced resource coordination with this sector of the healthcare system.

The Knox/East Tennessee Healthcare Coalition continues to reach out to these partners at both the region and division levels to strengthen all-hazards preparedness. Our immediate goal is to encourage these partners to participate in KET HC subcommittee meetings and Local Emergency Planning Committees (LEPC). Contact information for LEPC can be found at www.tn.gov/tema under the region information.

1.2.8 BORDERING STATES

Kentucky Department of Health and TDH have been meeting for cross-border planning since 2007. This includes the counties located on the northern border of East Tennessee Division and those located along the southern border of Kentucky. Staff at the state level, within both jurisdictions, also participate. This group meets quarterly to share updates on current planning events, exercises and best practices. This group has also developed a cross-border notification policy which details how the two states will communicate during an emergency involving one or both jurisdictions.

1.2.9 OTHER PARTNERS

American Red Cross

The American Red Cross is the only non-profit, non-government agency required by Congressional charter to undertake disaster relief activities to ease human suffering caused by disasters. As such, they are the only organization in the country that responds to the immediate, disaster-caused basic needs of anyone in our community, with a focus on vulnerable populations who have no safety net.

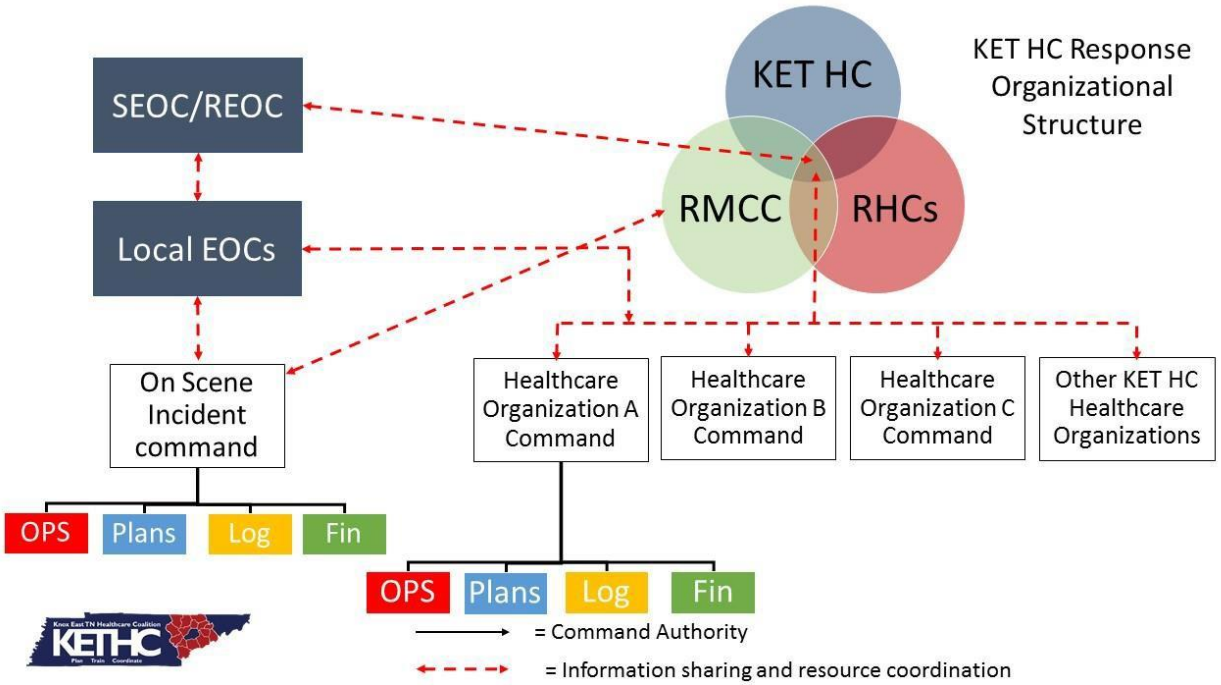
American Red Cross has locally active chapters in most counties in the region with active participation in the KET HC, with the utmost goal of meeting ESF 6 (mass care) needs as they relate to ESF 8.

American Red Cross actively participates with TDH in emergency planning for Disaster Mental Health, General Population Shelters, Medical Assistance Shelters and Children in Disasters.

Disaster Mental Health

State and local Disaster Mental Health plans are available to guide recovery operations. There is a local Disaster Mental Health Committee that is made up of Red Cross, Public Health, and key mental health providers within the region that has plans in place to respond to a wide variety of situations that may require disaster mental health services. KET HC members participate on the committee and actively assist in planning, training, and exercising. There is currently an MOU among the partner agencies, pledging their support to the state and local plans. There are also State Disaster Mental Health Strike Teams available to provide consultation, one-on-one follow-ups and assist with a plan for referrals to additional care as needed. See section 5.4. The local Disaster Mental Health Plan is in Appendix E.

1.2.10 COALITION RESPONSE STRUCTURE



The Knox/East Tennessee Healthcare Coalition is not an independent response body. Rather, each member of the coalition has a primary organization to which they are accountable, and each member oversees their own response structure as indicated by the black solid lines on the organization chart above. The KET HC serves as an information and resource coordination body for the healthcare community within its region – much like a multi-area coordination system. Each healthcare organization must staff an Incident Commander and/or Liaison Officer to communicate with the RHCs and the RMCC during events. Accordingly, the RHC role and the RMCC must be staffed during response operations. Together, these entities form the KET HC response operations positions. Furthermore, the RMCC interacts directly with on-scene responders to provide information to KET HC partners during events. Finally, the KET HC communicates with local and state Emergency Operations Centers through the RMCC and RHCs during response operations, with the RHCs communicating with and providing situation awareness to the ESF 8 ESC and/or SHOC as required.

2.1 SYSTEM RESPONSE & RESOURCE COORDINATION

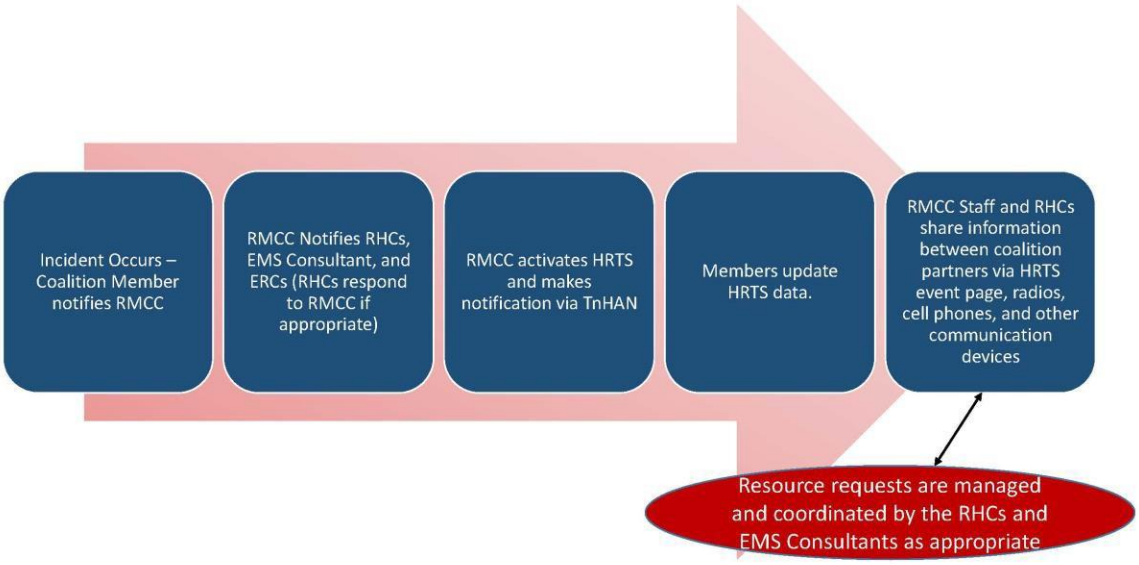
2.1 INCIDENT RECOGNITION

The KET HC will be notified or become aware of an event that will trigger response via various avenues described below:

- A request to activate or monitor by a coalition member or partner
- Multi-jurisdictional outbreak
- Awareness through open source media, notification by a partner, notification by a local, state, or federal entity
- Any substantive Health Alert Network message requiring action from public health and/or healthcare.

2.2 ACTIVATION

Following incident recognition, public health (ERCs, RHCs, and EMS Consultants) will coordinate to determine the level of activation required from monitoring to a fully staffed response with public health representatives deploying to the local or regional EOC, RHCs to the RMCC, and EMS Consultants to a scene (when applicable). The public health partners work with the Regional Medical Communications Center (RMCC) who activates their internal plans.



Then the following activities may occur:

- RMCC will activate the Healthcare Resource Tracking System (HRTS) (the statewide system that can track the availability of hospitals, EMS, and long-term care partners) to alert regional hospitals and partners of the event.
- Placing HRTS in disaster mode triggers hospitals & health care system partners to evaluate the level of response required and enhances situational awareness.
- Availability of facilities to receive patients will be monitored through HRTS by the RMCC, Regional Hospital Coordinator, and the EMS Consultant.
- Resources coordination will be managed via the Regional Hospital Coordinators, Emergency Response Coordinators, EMS Consultant, and local and state Emergency Management utilizing HRTS and WebEOC (for emergency management).

2.3 NOTIFICATION AND INFORMATION SHARING/ESSENTIAL ELEMENTS TO BE SHARED DURING EVENTS

Notification to KET HC members will be made via Tennessee Health Alert Network (TNHAN), HRTS, and the KET HC website membership management tool. KET HC essential information elements to be shared include:

- Bed Availability (HRTS)
- Resource Capabilities (HRTS)
- Organization and Service Capabilities (HRTS)
- Facility Status form is provided as needed and will be distributed by the coalition website.

2.4 MOBILIZATION

When necessary, RHCs will request KET HC mobilization of key healthcare organization decision makers. This is most often done via region-wide conference call but can occur face-to-face. However, most efforts are coordinated through communications via the HRTS event message board and to coalition members not on HRTS via the KET HC website membership management tool.

2.5 INCIDENT OPERATIONS

2.5.1 INITIAL KET HC ACTIONS

Initial KET HC actions include establishing points of contact with jurisdictional authorities and other entities involved in the response for the particular incident. Also, gathering initial information and sharing it with responding HCC members. Finally, the operational period and initial goals should be established to include creation of an incident action plan for the coalition.

2.5.2 ONGOING KET ACTIONS: RESOURCE COORDINATION (STAFF AND STUFF)

BED TRACKING

Healthcare Resource Tracking System (HRTS), the statewide bed and service availability system, is used on a daily basis by hospital, EMS, and RMCC's. Hospitals update the system daily and more frequently in mass casualty situations. The coalition is in the process of adding

weekly updates from EMS and Long-Term Care.

The purpose of the system is to provide situational awareness to assist hospitals, Regional Hospital Coordinators (RHCs), EMS Consultants, and RMCC controllers in managing the following:

- regional notifications, alerts, and incident communications
- availability of beds and services within hospitals, including isolation beds and Alternative Care Facilities (ACF)
- inventory of critical equipment and supplies, including, ventilators, antidotes, decontamination units and PPE
- movement of patients between hospitals
- coordination of EMS
- communications with hospitals in the region and other RMCCs within the State.

KET HC will utilize the TDH Patient Tracking System located on the Tennessee Emergency Medical Awareness, Response and Resources (TEMARR) website at: https://www.tn.gov/health/cedep/cedep-emergency-preparedness/temarr.html. RHCs will provide training and access for the patient tracking system to KET HC partners. Also, RHCs will notify KET HC partners of patient tracking system activation during events through HRTS, TNHAN, and/or the KET HC website.

2.5.3 ONGOING KET ACTIONS: DEMOBILIZATION

When it is determined that the situation is contained, through the local EM or the on-scene IC / UC, the RMCC will communicate to health care agencies via HRTS, phone, radio, website and/or other communication methods that the disaster or situation has been contained and the region has returned to a normal state of operation. For region wide events, KET HC member organizations will be polled for input regarding demobilization.

3.1 CONTINUITY OF OPERATIONS

3.1 EMERGENCY/REDUNDANT COMMUNICATION SYSTEMS

The KET HC has several alternate forms of communication available. Preferred forms of communications may vary by discipline. The alternate forms are listed below in approximate priority of preferred and attempted use.

- **Landlines**
- **Cellular telephones**

- **TNHAN:** The Tennessee Health Alert Network is a web based alerting system that provides for timely dissemination of emergency and health related information by telephoning, emailing and texting. Department of Health, hospital, EMA, EMS, RMCC and limited local Emergency Operations Center staff are activated with this system.
- **HRTS:** The Healthcare Resource Tracking System provides a means of communication between the hospitals, the Regional Hospital Coordinators, Emergency Medical Services and the Regional Medical Communication Centers during a disaster event by means of the Message Board or Event pages.
- **Regional Medical Communications Center:** The communication resources of the RMCC are vast and robust and key to KET HC communication efforts in emergencies. They maintain every type of radio communication capability available (VHF, UHF, 800,). They ensure communication channels are capable between all hospitals and EMS providers. Additionally, they have the ability to communicate with state and local Emergency Operations Centers, other Regional Medical Communication Centers across the state, and many other agencies.
- **KET HC Website:** The KET HC is an ever-evolving on-line tool that serves as a key resource tool for the healthcare community. Not only is it used routinely to push out information, it is being used to gather information as well. Updates to the website include on-line tools that can be modified as needed to meet the needs of the event. These tools, such as the on-line facility assessment tool allow incoming information to be provided quickly from multiple sources. The website can also be used to contact both RHCs as the administrators of the system.
- **Hospital and EMS Emergency Radio System:** The Division of Emergency Medical Services coordinates provision of effective and rapid delivery of emergency medical services to the general population and operational radio communications between ambulances and hospitals. The Division maintains liaison with emergency service agencies and the Tennessee Emergency Communications Board concerning access of emergency medical services through the 911 emergency-telephone system. Special radio systems and frequencies are used to dispatch ambulances and provide for medical communications between the ambulance and hospital. Hospital-to-EMS communications on frequency VEMS340. Hospital-to-hospital communication is available on frequency VEMS280. The frequency VEMS205 may be used for ambulance mutual aid activities. A redundant UFH radio system supports the hospitals of the Knox/East Region.

- **TDH Mobile Operations Center (MOC):** The Tennessee Department of Health houses one Mobile Operations Center (MOC) in the East Tennessee Region (located at AMR). The MOC can be mobilized if needed by contacting the RMCC. The MOC communication abilities include: an extensive radio system consisting of the following

ten public safety radios: low-band, VHF high band, Tennessee Emergency Management Agency- compliant external Motorola Data Communications (MDC) board two-way radio (UHF), 700/800 MHz, Aircraft, CB radio, Bearcat digital scanner, NOAA weather radio, Amateur all band and marine. The MOC also has a specialized satellite and cellular based voice and data broadband system. Eight Cisco Voice Over Internet (VoIP) phones consisting of satellite and cellular based broadband are available. The unit houses a 1,000 fiber optic cable that allows hook up to an outrigger to provide additional workspaces. Audio-visual inputs are available from digital satellite, local TV and computers. The electrical system can be powered from an onboard diesel generator or shore power input cord.

- **Tennessee Disaster Support Network:** The Tennessee Department of Health maintains as part of their public access website, the Tennessee Disaster Support Network, http://health.state.tn.us/CEDS/TNDisSup/keyword. Because individuals with special needs may be disproportionately affected by a disaster, the **Tennessee Disaster Support Network (TDSN)** offers resources to help meet those needs before, during, and after a disaster. This web-based resource also has materials for agencies and providers who work with special needs populations. In addition, this website could be utilized to post important information for the public.
- **Satellite telephones**: Each RHOC and the SHOC are equipped with satellite phones. Also, some hospitals have satellite phones. These would be used in the event that all other forms of communication failed.
- **Amateur radios:** The RHOC, SHOC, RMCCs, local EMAs and hospitals are equipped with amateur radios. Amateur radios may be used for communication between health care facilities and local, county and state emergency organizations. Monthly the KET HC hospitals conduct a monthly hospital net call to test equipment and systems. The Amateur Radio Emergency Service (ARES) is a communication service consisting of licensed operators that have voluntarily registered their qualifications and equipment for duty in public service. Local ARES Emergency Coordinators are listed at www.tnares.com Additionally, winlink capabilities are being added at all KET HC hospitals to further enhance amateur radio capabilities by sending data during emergency events.
- **Videoconferencing:** All CHO and RHJ have video conferencing capabilities with each other and the State Health Operations Center.
- **Emergency Alert System (EAS):** Tennessee has established procedures for issuing emergency messages or safety advisories to the public utilizing major media (radio/television). At the state level, TEMA and the National Weather Service have the authority to activate the EAS. Local authorities may initiate EAS messages through the appropriate radio stations for their operational area.
- **Reverse 911:** The reverse 911 system allows residents and businesses to be notified by telephone of emergency situations. It works in conjunction with GIS mapping

systems and allows residents of a particular area to be notified by dialing each landline phone and playing a pre-recorded emergency message. The system can make thousands of calls in a matter of minutes. Not all counties in the Knox and East Tennessee Region maintain this capability. Local emergency management and/or the 911 Dispatch in each county with Reverse 911 capabilities would be able to activate this system.

3.2 HCC COORDINATION KEY STAFF SUCCESSION PLANNING

Public health entities (ERCs, RHCs, and EMS Consultants) who do the majority of coordination activities are trained to provide back-up to each other within the jurisdiction. Additionally, there are personnel with the same jobs assigned throughout the state; therefore, back-up can be requested from another jurisdiction to meet extended operational periods. RMCC functions can be covered by the TDH MOC, the Knox County 911 Center's EMS Operations Section, and the Knoxville/Knox County Emergency Agency Mobile Command Post.

4.0 SURGE CAPACITY

Healthcare system partners operate within the context of this plan and authority is derived through regional agreements/acknowledgements, relationships and authority given under various legislative actions, Tennessee Code and Executive orders. In general, coalition members strive to reach at least 20% (374 beds for the 1868) staffed acute care beds in the region) surge, which is accomplished with coordinating resources between healthcare coalition partners to include hospitals, long-term care, home-health and other agencies. Triggers will vary depending on the event; they can be acute events such as a mass casualty incident or less overtly recognized such as a disease outbreak. Nevertheless, the plan may be activated at the request of a coalition member organization.

Surge capacity may be identified early with specialty patients such as pediatric or burn patients. The initial course of action for hospitals experiencing surge capacity issues is to contact the Regional Medical Communications Centers, as they have regularly- utilized referral options in place associated with their additional role as the region's air medical critical care transport. They have pre-established contacts with the closest burn, pediatric, and other specialty centers. If needs cannot be met through these channels or are specific to the region, the RHCs should be contacted. The RHCs will then convene each hospital and other pertinent organizations to develop a course of action to address the immediate needs.

Healthcare partners experiencing equipment and supply shortages may utilize established agreements and relationships with other agencies and/or vendors to include the KET HC Memorandum of Understanding. Additionally, each healthcare organization has emergency

delivery agreements established with suppliers of fuel for back-up generator power, medical supplies, laundry service, medical gases, blood, food, potable water, medical equipment rental, service equipment, etc. If an internal or external disaster results in a shortage of essential supplies, 24/7 contacts can be made with the appropriate suppliers. Similar agreements are in place for other healthcare partners within the healthcare coalition.

The KET HC maintains an inventory of medical surge equipment resources (details are available on the KET HC website: http://www.ketcoalition.org/regional-assets/). The RHCs will be responsible for coordinating the regional surge supplies for additional medical surge resource requests. Regional surge supplies that are in limited quantity will be provided on a first come, first serve basis unless the RHCs have regional intelligence that indicate they will better be served elsewhere or the crisis standards of care (CSC) plan has been activated, then they will follow the guidance by the convened CSC ethics committee. For resources, the KETHC will provide resources bases on regional bed and/or staff percentages as well as availability.

For events that exceed the scope of local, regional, and state resources, Tennessee has developed the "Guidance for Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee." Knox/East Tennessee Healthcare Coalition understands that crisis standards of care may be invoked following both a Governor's Proclamation and an Executive Order. The guidance is available on the coalition website. Additionally, KET HC partners are encouraged to ensure internal plans address crisis standards of care and a method of implementing the plans (to include a pre-established ethics committee) be in place.

Additionally, state and federal resource support should be requested through the requesting organization's local emergency management agency. RHCs may assist in facilitating the request if needed.

4.1 BED TRACKING

Healthcare Resource Tracking System (HRTS), the statewide bed and service availability system, is used on a daily basis by hospital, EMS, and RMCC's. Hospitals update the system daily and more frequently in mass casualty situations.

The purpose of the system is to provide situational awareness to assist hospitals, Regional Hospital Coordinators (RHCs), EMS Consultants, and RMCC controllers in managing the following:

- regional notifications, alerts, and incident communications
- availability of beds and services within hospitals, including isolation beds and

Alternative Care Facilities (ACF)

- inventory of critical equipment and supplies, including, ventilators, antidotes, decontamination units and PPE
- movement of patients between hospitals
- coordination of EMS
- communications with hospitals in the region and other RMCCs within the State.

4.2 ALTERNATE CARE FACILITIES

Alternate Care Facilities (ACFs) are facilities or structures designed to temporarily augment the existing healthcare infrastructure during an emergency or to temporarily replace damaged facilities. An Alternate Care Facility Plan is the responsibility of each healthcare facility. The Alternate Care Facility can be located at an off-site location, internal hospital space, on-campus facility (preferably a licensed health care facility), or a community-based alternate care site for a Federal Medical Station. This model allows a flexible and timely response by the medical community to patient surges and may serve as a framework to support a massive medical response. It is designed to augment existing medical systems, not replace them. This site is to be activated when hospital capacities have been reached and projections suggest casualties will continue to accumulate.

The Alternate Care Facility should be operated in cooperation with the Tennessee Department of Health, but public health does not typically run alternate care facilities. The alternate care facility must be organized with support and commitment from local and regional hospitals and other healthcare organizations. Therefore, staffing, management, and administration must come from within the healthcare facility. The Alternate Care Facility Plan must take into account ownership, command and control, staffing, scope of care to be provided, criteria for admission, standard operating procedures, safety and security, housekeeping and other complex considerations.

FMS is a federal asset that contains cache of medical supplies and equipment that can be used to set up an ACF for non-acute medical care or quarantine. Each FMS has beds, supplies and medicine to treat up to 250 patients for three days. The RHC will be the regional hospital link to federal assets such as the FMS. The RHC may be asked to provide information as to the existing regional situation. **It is understood that during a nationwide event, this resource may be severely limited or unavailable**.

4.3 EVACUATION AND RELOCATION

KET HC members must individually maintain evacuation and relocation plans and ensure they are coordinated with RHCs and the KET HC. During a facility evacuation, KET HC will activate and provide information sharing and resource coordination support just as with any other event. The evacuating organization should first make every effort to decompress their patients. After decompression, generally, bed and transport resources within our region and neighboring regions will be identified via HRTS. The RMCC, RHCs, and EMS Consultants will work to provide the resource information to evacuating and receiving organizations and transport organizations. The evacuating organization will utilize the bed and transport information provided and will work with the lead EMS transport organization to make patient destination decisions. Patients will be tracked utilized the statewide patient tracking system.

5.0 HEALTHCARE SYSTEM CRITICAL ISSUES

5.1 SECURITY

Most hospital and healthcare organization emergency response plans indicate a reliance on local law enforcement, Tennessee Highway Patrol, and/or other agency contracts for facility security during a large-scale event. Building and personnel security procedures are addressed in individual emergency response plans. Requests for security support should be sent through the local county emergency management agency first and then the RHC.

5.2 FUNCTIONAL NEEDS POPULATIONS

The delivery of health and medical care in a mass casualty event should address how the functional needs of several groups within the general population can be met. These needs may vary from providing for alternate means of decontamination for babies and other non-ambulatory persons, to having translators available at intake centers, to providing mental health assessment resources within the health care setting. Currently, a Functional Needs Planning Group exists in East TN, which includes KET HC members to ensure that coordination exists.

During public health emergencies and disasters, it is the responsibility of the Tennessee Department of Health (TDH) to take the lead in ensuring the Functional Needs Population (FNP) receives necessary and appropriate shelter and healthcare throughout the course of the event. During such events, it is often the case that damage will occur, within one or more communities, to the infrastructure of healthcare systems (including physical structures/facilities) that provide services to the FNP. In such circumstances, it will be necessary for non-impacted communities to be involved in absorbing the needs of the FNP

of impacted communities. Among potential absorption solutions, displaced persons in the FNP could be admitted to unaffected, neighboring health care facilities that have vacancies and/or the capacity to receive such persons. Such facilities generally possess many of the resources necessary to provide care and shelter to the FNP. The TDH in carrying out its role and responsibilities would initiate, coordinate, manage, and oversee the implementation of any such absorption system.

The Tennessee Disaster Support Network (TDSN) is a web-based resource to assist Tennessee communities in meeting their needs before, during, and after a disaster. The TDSN was designed to specifically reach out to populations that have unique needs, as well as the agencies that serve them.

Populations recognized as having functional needs in a mass casualty event include but may not be limited to the following:

- Children
- Persons with Physical or Cognitive Disabilities
- Persons with pre-existing mental health and/or substance abuse problems
- Frail or immune compromised adults and children
- Non-English speakers
- Persons with dementia/Alzheimer's or reduced activities of daily living
- Homeless and Transient Populations

All hospitals address functional needs populations in their individual emergency response plans, including but not limited to communication, mobility, behavioral and mental health, and age-related issues. Hospitals will coordinate with other agencies such as public health and ESF 6 agencies to develop protocols on the transfer of patients between mass care shelters and healthcare organizations. Other healthcare organizations within the KET HC shall consider functional needs populations when developing their internal plans.

The National Response Framework (NRF) and the Tennessee Emergency Management Plan (TEMP) tasked ESF 8 to assist ESF 6 with sheltering individuals who have special medical needs. ESF 6 will remain the primary ESF for all shelter operations. The Tennessee Medical Assistance Shelter will support a catastrophic event, such as an emergency originating one of Oak Ridge's Department of Energy facilities, or any other event that would result in the need to open and operate mass care shelters in East Tennessee. It could also be utilized to support a more localized event such as a devastating flood or large scale tornado event requiring the evacuation of a community or healthcare facility.

5.3 PEDIATRIC EMERGENCY CARE

The State of Tennessee has developed comprehensive regulations concerning the readiness of all hospitals with emergency departments to care for the pediatric population. Under these regulations, known as "The Pediatric Emergency Care Rules," there are four levels of pediatric care including hospitals that have been designated at the highest level, Comprehensive Pediatric Emergency Care Facilities. These facilities are capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. East Tennessee Children's Hospital in Knoxville is the only such facility in the KET HC.

Committee on Pediatric Emergency Care (CoPEC) is dedicated to ensuring public and professional education, provider training, research, and advocacy regarding injury prevention, disaster preparedness, and quality family- centered, emergency and critical care services for Tennessee's children, and thereby, promoting the development of all aspects of the Children's Emergency Care Alliance TN (CECA TN) continuum in Tennessee. CECA TN provides educational programs and advice to health care providers, including emergency medical responders, nurses, and physicians that care for children being treated for either an injury or acute illness.

5.4 BEHAVIORAL MENTAL HEALTH

The State of Tennessee has a Tennessee Disaster Mental Health Response Plan to facilitate coordinated state, regional, and local mental health planning, intervention, and response efforts relative to disasters of any type in order to maintain quality of care, safety, and security for survivors, their families, disaster responders, and volunteers. The plan provides for behavioral health information, referrals, telephone support counseling, psychological first aid, crisis counseling and spiritual care. Requests for assistance will be made through the ESC at the SEOC. Additionally, in the Knox/East region, Disaster Mental Health services from community mental health organizations are coordinated by the American Red Cross with participation from public health.

The State of Tennessee has formed a Mental Health Strike Team. These teams can be deployed to help assist with mental health debriefings and the format can be tailored to the needs of the agency. The Strike Team is trained to provide Adult and Youth Mental Health First Aid, Crisis Intervention, and initial Mental Health Triage for citizens and emergency responders following major disasters and/or local emergency events.

This team will not take over or displace mental health services. This Strike Team is highly trained in mental health screening, mental health first aid, crisis intervention and most importantly:

effective referral. Using this Strike Team concept, the team can refer to whatever mental health agency is appropriate and available in a timely manner.

Contact Melissa Taylor at 423-202-1023 or Melissa.A.Taylor@tn.gov.
To request a team to deploy for planned multi-day debriefing sessions through TEMA.

Please contact Emergency Services Coordinator, Amy Cox (Amy.Cox@tn.gov)
To request urgent services from the Tennessee Crisis Response Network for any local, regional or state-wide response please call 1-800-792-1033 to reach the dispatch center.

5.6 MEDICAL EVACUATION / SHELTER IN PLACE

Healthcare facilities and providers should have a Medical Evacuation Plan and a plan for the receipt of evacuated patients from other health care facilities. This plan must address the decision process to determine whether sheltering-in-place or evacuation is best for the patients and staff. The evacuation plan should be based on the personnel, equipment and systems, planning, and training needs to ensure the safe and respectful movement of patients and the safety of personnel. This plan may be a separate plan, or the required elements of the plan may be incorporated into the healthcare facility EOP.

5.7 PHARMACEUTICAL RESOURCES / CACHES

A Healthcare Regional Surge Capacity Cache Deployment Plan Standard Operating Guide provides guidance to each RHJ on planning for responder safety and distribution of medical countermeasures in a public health emergency such as Anthrax. At present, medical countermeasures are located centrally with the Tennessee Department of Health.

The state pharmaceutical cache must ensure a sufficient supply of Ciprofloxacin, Doxycycline, and Amoxicillin to provide adult and pediatric prophylaxis for three (3) days to hospital personnel (including medical staff and ancillary staff), patients and their families.

Statewide, the cache contains enough antibiotics to treat a population of 500,000 for 3 days. Additionally, TDH maintains an agreement with a pharmaceutical supplier to provide the necessary medications to meet the needs of Tennessee residents.

In the event of a terrorist induced or naturally occurring disease outbreak that requires distribution of antibiotics for prophylaxis or treatment, the Tennessee Department of Health (TDH) will be in charge of countermeasure distribution. Once the TDH identifies the need for medical countermeasures, the RHC working in conjunction with the TDH central office staff will direct the appropriate amount of antibiotics to be distributed to the affected hospital(s) and healthcare organizations based on the prevention and treatment

recommendations of the Tennessee Department of Health at the given time.

Each participating agency within the East Tennessee Division should have a plan to distribute medical countermeasures to at least their primary and ancillary medical personnel. They can also distribute to employee family members and inpatients if they so choose.

5.8 PATIENT DECONTAMINATION

All hospitals have access to either a portable or fixed decontamination system for managing adult and pediatric patients as well as healthcare personnel who have been exposed during a chemical, biological, radiological, nuclear, or explosive incident. While gross decontamination should occur at the scene before transport to the hospital, hospitals must be prepared to decontaminate those that self-report to the emergency room. Therefore, hospitals must have the capacity to decontaminate more than one patient at a time and be able to decontaminate both ambulatory and stretcher bound patients. The decontamination process must be integrated with local, regional, and State planning.

5.9 NEGATIVE PRESSURE ISOLATION

All East Tennessee hospitals have the capacity, to maintain, in Negative Pressure Isolation (NPI), a suspected case of a highly infectious or febrile patient with a suspect rash or other symptom of concern that might be developing a highly communicable disease. Each hospital has at least one NPI room in the emergency department and one on the inpatient unit. Each hospital has additional Environmental Containment Units (ECU), Minties, that were purchased by the KET HC in 2019 (42 total units). These units provide the hospitals to increase the number of AIIR rooms in each facility.

5.10 HIGHLY INFECTIOUS DISEASE HEALTHCARE PREPAREDNESS

KET HC partner organizations will be familiar with statewide highly infectious disease and pandemic influenza plans. KETHC will facilitate information sharing of guidance and response activities to coalition partners during infectious disease events. If necessary, resource coordination may be activated as well. As a last resource, crisis standards of care will be implemented and the KETHC will follow the guidance as outlined in the plan.

5.11 FATALITY MANAGEMENT

The Tennessee Department of Health Mass Fatality Plan and Regional Forensic Center Mass Fatality Plan information will be shared with coalition partners. Hospitals must have a Fatality Management Plan that meets their internal requirements. Organizational plans should consider alternative methods of transport for decedents to the Regional Forensic Center or designated location for medical examiner operations.

Healthcare organization morgue capacity is a premium asset with hospitals and other partners having little to no in-house morgue capacity. Each county in the KET HC region has a medical examiner to address fatalities. If additional capacity is needed, the KETHC will contact ESF-8 for support. The Knox County Regional Forensic Center maintains a portable morgue trailer; however, this asset is privately maintained and may not be available for regional use. Additional trailers are available throughout the state and may be requested through the SEOC and the SHOC.

6.0 RECOVERY

6.1 GENERAL COALITION RECOVERY PLANNING

Each coalition member organization should complete an internal recovery plan utilizing guidance in the National Disaster Recovery Framework. As with response, the KET HC will continue to play a role in information sharing and resource coordination through the recovery period by sharing recovery related local, state, and federal resource information, planning, and activities with coalition members. KET HC will remain flexible in planning recovery operations and tactics, so that specific event-based needs may be addressed, ensuring a coordinated transition from response to recovery. The RHCs and other KET HC member organizations will strive to integrate with pre-incident recovery planning efforts in their communities, identify critical infrastructure dependencies, and meet workforce needs to ensure the healthcare system remains operational following a disaster.

6.2 COMMUNICATION

When it is determined that the situation is contained, through the local EM or the on- scene IC / UC, the RMCC will communicate to health care agencies via HRTS, phone, radio, website and/or other communication methods that the disaster or situation has been contained and the region has returned to a normal state of operation.

6.3 FACILITY RE-ENTRY AUTHORIZATION

If a facility has been evacuated as a result of an event, Hospital Administration, and/or health care agencies in conjunction with lead local, state and/or federal agencies, will authorize re-entry to the facility in accordance with their internal re- entry guidelines.

6.4 ADDITIONAL POTENTIAL COALITION RECOVERY SUPPORT ROLES

- Data collection and analysis to identify priorities in the reconstruction and delivery of community health care services at the outset of an emergency.

- Collaboration with federal infrastructure assessment teams to enhance knowledge of disaster impacts on physical infrastructure and inform future risk mitigation strategies.

- Implementation of emergency management organizations' disaster impact assessments to assess post-disaster community health concerns.

- Facilitate family reunification in partnership with law enforcement and the American Red Cross as appropriate.

- Facilitate patient repatriation and system operations restoration.

- Support mental health need requests for responding agencies and support community efforts where appropriate.

- Assist HCC members by linking them to resources and information to support processes for reimbursement, reconstitution, and resupply in concert with emergency management activities.

- Utilize current communications practices to identify long-term health care and community health recovery gaps, and assist in community-wide efforts to

  develop potential strategies to address them when possible.

- Develop and communicate short and long-term priorities to the jurisdiction's government and emergency management functions related to healthcare operations.

- Collaborate with emergency management organizations and government officials to identify opportunities for future mitigation strategies or initiatives to enhance resilience of the physical healthcare infrastructure.

7.0 TRAINING

Coalition-wide training of all healthcare system stakeholders will ensure effective use of this coordination plan. Additional training needs will be identified by the Knox/East Tennessee Healthcare Coalition through gap analysis.

8.0 ADMINISTRATIVE SUPPORT: MAINTAINING, EXERCISING AND UPDATING THE PLAN

The master version of the Plan will be maintained by the RHCs and be available on the KET HC website. It will be shared with KET HC member organizations, Tennessee Department of Health, EMS, emergency management, and other response partners.
Health care agencies participate in annual local and/or regional exercises. Best practices and lessons learned, identified in after-action reports and improvement plans, will be utilized in updating this plan and in planning the necessary training to support the effective use of this plan.

The RHCs will work with Knox/East Tennessee Healthcare Coalition, emergency management, EMS and other appropriate community partners in updating this plan. The plan will be reviewed and updated annually or after identification of best practices and lessons learned in regional and local drills and exercise. Health care system leadership & response partners are regularly engaged in the planning process by collaborating with the following groups & agencies and will provide their feedback and plan input on the plan via their KET HC liaison.

9.0 ACRONYMS

ACF:	Alternate Care Facility
ARES:	Amateur Radio Emergency Service
ASPR:	Assistant Secretary for Preparedness and Response
CHO:	County Health Office
COPEC	Committee on Pediatric Emergency Care
CSC	Crisis Standards of Care
DMAT:	Disaster Medical Assistance Team
DMORT:	Disaster Mortuary Operational Response Team
EAS:	Emergency Alert System
EM	Emergency Manager
EMA:	Emergency Management Agency
EMAC:	Emergency Medical Assistance Compact
EMS:	Emergency Medical Services
ERC	Emergency Response Coordinator
EOC:	Emergency Operations Center
EOP:	Emergency Operations Plan
ESC:	Emergency Services Coordinator
ESF:	Emergency Support Function
FCC:	Federal Communications Commission
FMS:	Federal Medical Station
FNP:	Functional Needs Population
HICS:	Hospital Incident Command System
HRTS:	Hospital Resource Tracking System
IC:	Incident Commander
ICS:	Incident Command System
JIC:	Joint Information Center
KET HC	Knoxville/East Tennessee Healthcare Coalition
LEPC:	Local Emergency Planning Committee
MCI:	Mass Casualty Incident
MOC	Mobile Operations Center
MRC:	Medical Reserve Corps
NDMS:	National Disaster Medical System

NIMS:	National Incident Management System
NRF:	National Response Framework
PIO:	Public Information Officer
RHC	Regional Hospital Coordinator
RHJ:	Regional Health Jurisdiction:
RHOC:	Regional Health Operations Center
RMCC:	Regional Medical Communications Center
SEOC:	State Emergency Operations Center
SHOC:	State Health Operations Center
SNS:	Strategic National Stockpile
TDH:	Tennessee Department of Health
TDSN:	Tennessee Disaster Support Network
TEMA:	Tennessee Emergency Management Agency
TEMP:	Tennessee Emergency Management Plan
TNEMSC:	Tennessee Emergency Medical Services for Children
TNHAN:	Tennessee Health Alert Network
TVM:	Tennessee Volunteer Mobilizer
UC:	Unified Command

Appendix A: KET HC Bylaws
Appendix B: KET HC Preparedness/Administration/Continuity Plan
Appendix C: Coalition Contacts
Appendix D: KET HC MOU
Appendix E: Regional Disaster Mental Health Plan