Maryland Region V Emergency Preparedness Coalition Medical Surge Plan

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Approval and Implementation

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Record of Changes

Changes listed below have been made to the Maryland Region V Regional Medical Surge Plan since its promulgation.

#	Date	Section	Summary of Change	By (Name/Title/Organization)

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Record of Distribution

The Maryland Region V Regional Medical Surge Plan has been distributed to the following agencies and organizations since its promulgation and subsequent revisions.

Name/Title	Organization	Date	Number of Copies

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Table of Contents

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I. Introduction

This Medical Surge Plan (Plan) shall serve as a basis to enhance coordination between the local, county, regional, and statewide agencies, as well as healthcare facilities and systems in order to provide a coordinated response to a large-scale medical surge event.

A. Purpose

The purpose of this document is to establish guidelines for protocols and procedures for regional response within Maryland Region V. This will help to ensure optimal integration and management of local, state, regional, and federal assets. This document is meant to serve as a guide, and does not replace sound judgment or anticipate all situations and contingencies.

There are many defined jurisdictions within Maryland Region V that overlap in geography, authority and responsibility. Therefore, for the purposes of this Plan, the terms region and regional refer to the coordination of response activities beyond local/county response capacity, involving support from neighboring jurisdictions. This regional dynamic may be the highest level of response, or it may be a subset of response activities that make up a broader statewide or national response.

These guidelines are meant to optimize health and medical resources in order to maintain the continuation of healthcare delivery in the event an emergency overwhelms existing resources. This Plan shall outline a systematic approach aimed at preserving the quality of care and the integrity of the healthcare system. The roles and responsibilities of federal, state, regional, and local agencies, hospitals, public health, and other healthcare entities during a large-scale medical surge event will be identified and defined.

B. Scope

This Plan focuses primarily on response and recovery operations. However, this Plan may also be utilized as a guide for preparedness activities. Upon activation of this Plan, it serves to complement the current emergency operations plans used by the various entities within Maryland Region V.

This Plan applies to all planned and unexpected events that may result in a surge of hospital and other health care resources within the state.

C. Situation

The Region V Emergency Preparedness Coalition was established to build a strong collaborative of healthcare responders, receivers, and providers. This enables them to effectively respond as a team to a disaster or significant crisis having an impact on the health and medical needs of the million-plus population within Maryland Region V (counties of Montgomery, Prince George's, St. Mary's, Charles, and Calvert).

The Region V Emergency Preparedness Coalition goals and objectives are aimed at:

- Building a better community-based, disaster healthcare system;
- Strengthening the local healthcare system by fully integrating disaster preparedness into the daily delivery of care;
- Capitalizing on the links between private healthcare providers and public agencies and other organizations; and
- Using an evidence-based approach to improving health and medical preparedness and response

D. Planning Assumptions

This Plan is based on the following planning assumptions:

- Emergency conditions can arise in Maryland Region V ranging from small localized emergencies to catastrophic emergencies affecting the entire state and beyond.
- This Plan applies to any surge event resulting in a number or type of patients that overwhelms the day-to-day operating capacity of the entity in question. This will require additional support and resources outside of a single hospital or healthcare system.
- Events can occur with varying levels of advance notice, from several days in the case of a tropical storm or hurricane, to no-notice events such as explosions or intentional acts.
- Within this Plan, the term "region" or "regional" refers to an element of the event that requires the support of jurisdictions or resources outside of the impacted area.
- The initial response to any medical surge event will be almost entirely based upon locally available health and medical organizations. Support from agencies outside the region may take 72 hours or longer to arrive.
- A catastrophic medical surge event will necessitate the care of large numbers of patients with limited personnel and resources. This will result in a progression from individual based medical care to population based care in order to maintain essential medical services. This may result in patients not receiving the degree of services that they would normally expect.
- Medical surge events will impact the entire community involving many diverse medical and public health entities, including healthcare systems, public health departments, emergency medical services, medical laboratories, individual healthcare practitioners, and medical support services.
- Large scale events bring together agencies which do not work together on a regular basis. Careful planning and coordination will be required to ensure that all necessary tasks and functions are sufficiently addressed and assigned.
- All healthcare organizations must incorporate their Incident Command Systems (ICS) or Hospital Incident Command Systems (HICS) into their jurisdictional incident management structure.
- All healthcare and jurisdictional response agencies involved in a surge response maintain organization specific surge plans and procedures.

- There are potentially significant differences in the policies and procedures among partner agencies. These differences will require flexibility during an escalated incident where inter-agency collaboration is necessary.
- The Plan will remain in effect through the recovery phase, until all affected agencies are operating at pre-event levels.
- The execution of this Plan and supporting plans will take a community centered approach to include the integration of access and functional needs populations as well as other at-risk populations.

II. Concept of Operations

The concept of operations for a surge response is to incorporate a strategic and prioritized response to each unique surge event. This systematic approach ensures an adequate surge response across each of the emergency management phases: mitigation, preparedness, response and recovery.

A. Leadership

The management of any medical surge will begin at the local governmental jurisdiction which shall also include cities and towns. Within the jurisdictional boundaries, the local Incident Command maintains responsibility for all actions that occur for the emergency response. The local Emergency Operations Center (EOC) will handle the interagency coordination. The local public health agency will have a position within the local EOC and provide guidance on public health and medical related matters.

A medical surge event may evolve beyond the capacity and capability of the local jurisdiction. As the emergency evolves, the local jurisdiction will notify their respective city or county as soon as it becomes evident that they will fully commit their medical/EMS/health related resources (resources can include materials, equipment and personnel) and will soon be unable to adequately respond to the emergency, while maintaining its own operational capacity. Upon receiving such a request, the city or county may be tasked to assist by offering coordination services under this Plan. In the event local and regional surge response resources become overwhelmed and upon notification from the counties, the Maryland Department of Health and Mental Hygiene (DHMH) along with the Maryland Emergency Management Agency (MEMA) are obligated to provide additional assistance and resources to the region.

During a medical surge response operation, the local EOC shall be responsible for coordination between the local office of emergency management, the Region and the local public health department to determine the need for a full Emergency Support Function (ESF) #8 activation. The local or county public health department shall notify agency staff assigned to ESF #8 and request their deployment to the EOC and other pre-designated locations. Additional support agencies of this Plan shall be notified and, as required by the emergency, requested to mobilize and deploy personnel and/or resources to identified surge response locations.

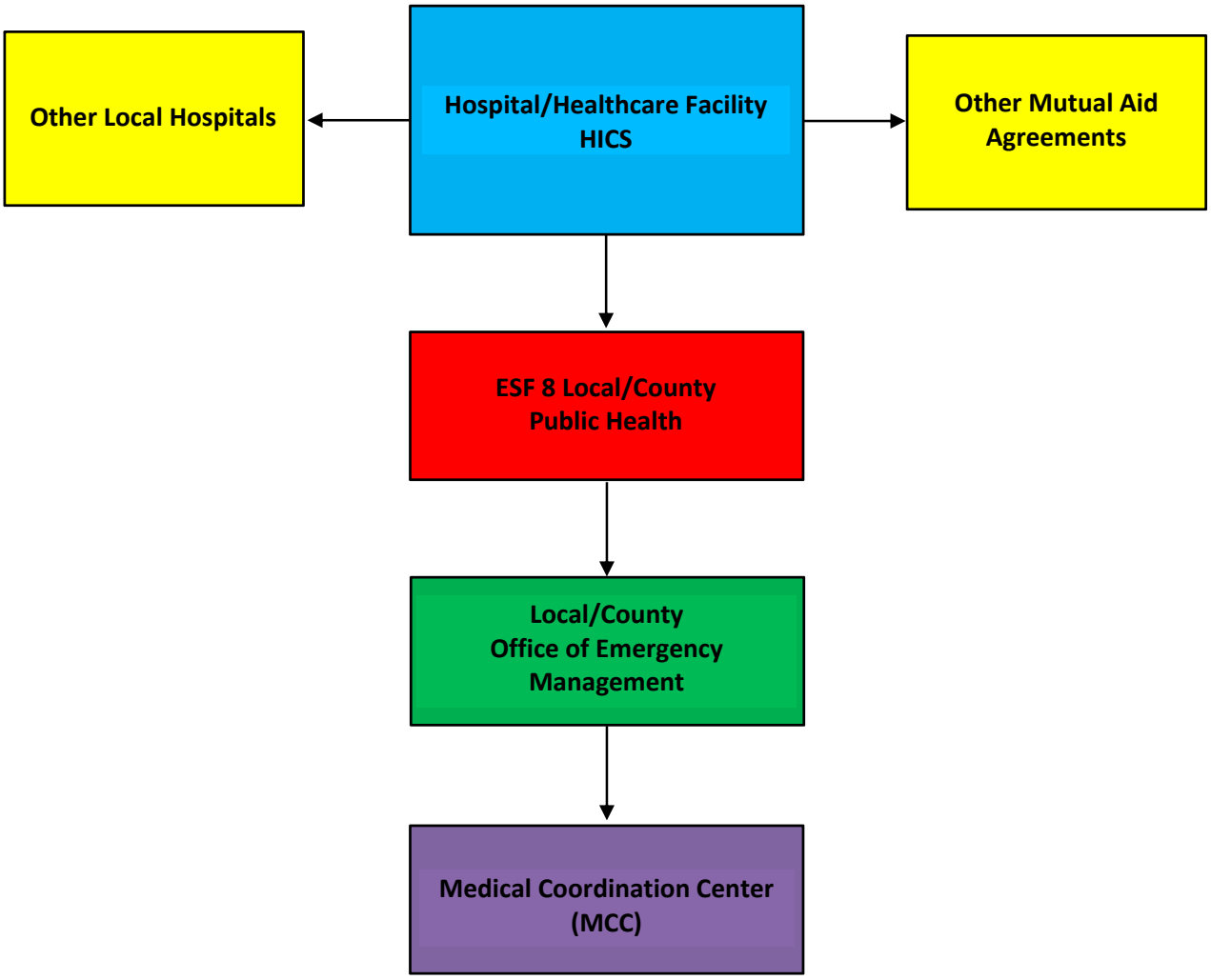
B. Local Coordination

Initially, the healthcare facility should have the capability to support a localized surge event without outside assistance by activating their internal medical surge plans. If a facility finds that their resources are becoming overwhelmed, they may reach out to other hospitals within their healthcare system or other local facilities or by contacting predetermined mutual aid partners for assistance.

Should the medical surge event escalate beyond the ability of currently available resources, the healthcare facility shall utilize the local governmental agencies to assist in coordinating the response. This includes reaching out to the local public health agency (as the main local point of

contact) which will collaborate with the local office of emergency management and/or EOC to acquire necessary resources to respond to the event. By maintaining situational awareness and a common operating picture, both the facility and the local governmental entities will be able to adequately anticipate future needs and can effectively mitigate any foreseen issues. Figure 2.1 Local Medical Surge Event illustrates how communications and resource requests are achieved during a local event.

Figure 2.1
Local Medical Surge Event



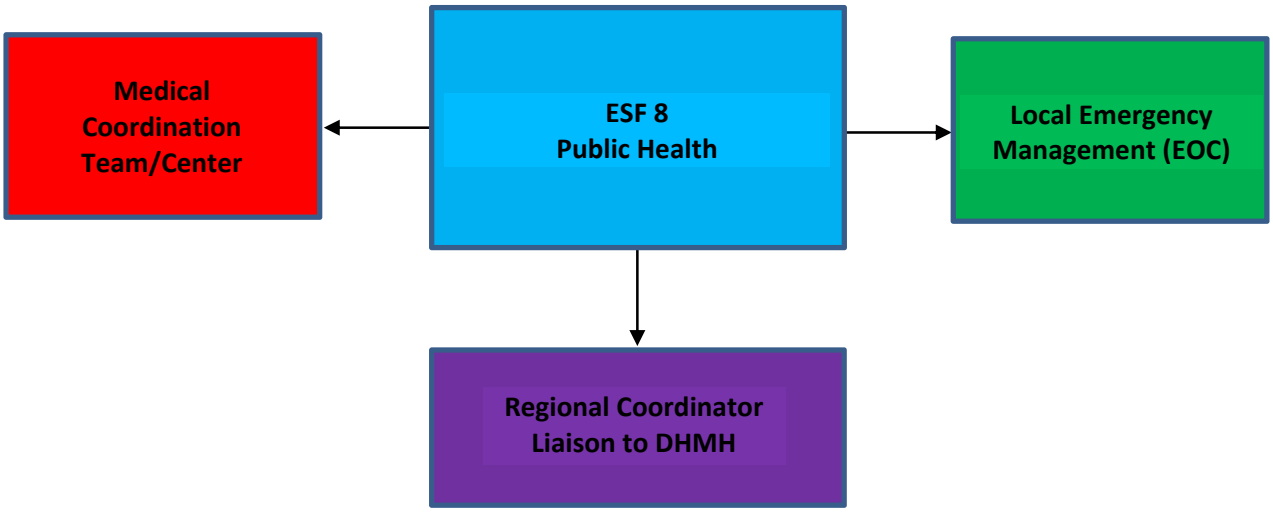
C. Regional Coordination

During a medical surge event, regional decision making may be required when resources for response are not sufficient to immediately fulfill requests or actions taken by multiple response entities. Regional coordination and collaboration is necessary as there may be multiple requests for the same resources which will quickly diminish available supplies in the region.

As a regional event goes beyond the jurisdictional boundaries of local governments, the use of the Medical Coordination Center (MCC) may be necessary. The MCC functions as a clearing house for information and resource requests communicated within the healthcare system throughout the region. This center also serves as the conduit between the local public health agencies and DHMH.

ESF 8 will assist with coordinating all aspects of the regional response as required by the event (see Figure 2.2). This will be particularly important for allocation of available resources.

Figure 2.2
Regional Surge Event



D. Statewide Coordination

Should the medical surge event evolve beyond regional borders, the response shall become considered a statewide medical surge response. Activation of the State Emergency Operations Center (SEOC) will be required and the possibility of a declaration of emergency by the Governor may be considered. Should this occur, an additional layer of coordination and communications will be necessary to make the response effective.

When this occurs, the local healthcare facilities will still have the primary point of contact as the local public health department and the MCC. However, local/county EOC will now further communicate requests to the SEOC for fulfillment. Additional layers of situational awareness and reports will also be necessary to assist state decision makers to determine the appropriate response actions. All requests for resources will continue to be fulfilled at the lowest level of government, but shall be pushed up the chain as necessary.

E. Recovery

When a disaster or emergency occurs that overwhelms the capabilities of a local government to effectively recover, assistance from the state may become necessary in order for the local government to provide a timely and effective recovery effort. To recover from a medical surge event, actions and resources must be committed to assist in returning the situation to normal or as near pre-disaster condition as possible.

Jurisdictions should begin planning for deactivating resource support and returning to normal operations at the earliest opportunity. This includes long-term planning for demobilization and recovery.

Throughout this process, continued community outreach and public education will be essential. This requires that advanced planning be undertaken during the preparedness phase prior to an incident, and long-term planning to begin early in the response phases of the incident to ensure a seamless transition from peak operations to demobilization and recovery operations.

F. Assignment of Responsibilities

The following provides a general overview of the roles and responsibilities of the partner agencies and organizations during a medical surge event. More detailed roles and responsibilities are defined under the functional areas of the Plan in Sections III through XII.

Maryland Department of Health and Mental Hygiene

- Provide guidance on emergency planning for potential health risks and hazards that exist in the state.
- Maintain situational awareness of the current health situation within the state and across the country in order to provide such information to local public health departments and healthcare organizations.
- Assist with health and medical resource procurement when needed.
- Be the conduit for health related matters from the local health and medical agencies and organizations to the federal government when necessary.
- Serve as the point of contact for state government in terms of public health emergencies and provide recommendations to the Office of the Governor in terms of health related situations and actions.
- Maintain a database of health and medical assets purchased with Maryland Office of Preparedness and Response (OP&R) funds across the state that can be called upon during an emergency.
- Maintain the *Maryland Responds* volunteer registry and facilitate the deployment of pre-credentialed volunteers.

Maryland Institute for Emergency Medical Services Systems

- Oversee and coordinate Emergency Medical Services (EMS).
- Dispatch state medevac if necessary.
- Lead coordinating agency for the National Disaster Medical System (NDMS).
- Coordinate EMS transportation.
- Provide incident guidance messages to the hospitals.

Medical Coordination Centers (MCC)

- Serve as the conduit between the healthcare organizations, public health, office of emergency management and the state.
- Maintains communications with local/county OEM and local/county public health departments on the current status of surge situation and medical resource capacity and capability.
- In coordination with the Regional Communication Center, determine and track regional bed availability.
- Provide assistance with resource requests and fulfillment.

Local/County Public Health Departments

- Serve as the conduit between the healthcare organizations and local EMS and the local EOC in coordination with MCC.
- Maintain situational awareness and common operating picture of public health within their jurisdiction.
- Assist with resource allocation and procurement when needed or make requests to the state through the local EOC when activated.
- Provide public information (in conjunction with the state, healthcare facilities, and Joint Information Center [JIC]) when necessary, providing a clear and consistent message.
- Maintain documentation of the event and steps taken to mitigate or respond to a public health emergency or disaster.
- Facilitate Medical Reserve Corps (MRC) activation to augment staffing providing qualified volunteers to support the medical needs during an incident response as appropriate.
- Maintain a list of regional medical assets and assist in deployment when requested.

Healthcare Facilities and Systems

- Develop and maintain internal emergency management/emergency operations plans and procedures.
- Develop and maintain internal medical surge plans.
- Provide situation status updates to the local public health departments, the MCC and DHMH.
- Maintain all required assets and be prepared to share regional assets.
- Maintain and report bed status regularly to DHMH.
- Report any indication of unusual or high numbers of symptoms and other reportable conditions as required by the state.

Local Emergency Medical Services (EMS)

- Maintain situational awareness and be in a steady state of preparedness for a medical surge event.
- Help to provide community education in terms of the event that is occurring.
- Provide surveillance information to local and state public health departments as required.
- Assist with transportation of patients.
- Maintain Mass Casualty plans.

Local/County Office of Emergency Management (OEM)

- Maintain situational awareness.
- Activate local EOC when needed based on internal plans.
- Assist with coordination, procurement, and deployment of assets for medical surge events.
- Provide assistance or deliver public information or messaging regarding a medical surge event.

Maryland Emergency Management Agency

- Maintain situational awareness.
- Activate the SEOC when needed based on internal plans.
- Assist with coordination and procurement of assets for medical surge events.
- Activate and staff a JIC when needed for public information support operations.
- Be a conduit between local agencies and the Federal Emergency Management Agency (FEMA) or other federal agencies for information and resource requests.

III.Healthcare Delivery

Healthcare facilities and systems as well as public health entities must plan for a rapid influx of patients resulting from a medical surge event by having the ability to rapidly respond to an increased demand for medical services and resources. This Plan focuses on the five key components of surge planning for the healthcare delivery systems. These components include:

1. Bed Capacity
2. Staffing
3. Continuation of Essential Medical Services
4. Alternate Care
5. Behavioral Health Support

IV. Bed Capacity

A. Overview

A medical surge event may require additional bed space in all the facilities within Region V depending on the scale of the event. It will be important to track the types and numbers of beds available, to determine needs, provide coordination in the transport of patients and distribute available assets accordingly.

Hospital bed reporting (for the type and availability) may be event specific and may include the following categories:

- Adult
- Pediatric
- Medical/Surgical
- Orthopedic
- Telemetry
- Cardiac
- Critical Care
- Surgical/Trauma
- Maternity/(OB/GYN)
- Burn

*See Hospital Surge Reporting Assessment for specific details on how each hospital's surge information will be collected and reported.

B. Tasks and Responsibilities

Healthcare Facilities and Systems

- Activate individual healthcare organization's internal surge plans.
- Update bed availability through with pre-established reporting structure.
- Communicate directly with receiving hospitals to triage patients to appropriate available beds (critical care, burn pediatric, behavioral health, etc.)
- Increase bed availability within the healthcare facility based on facility surge planning prior to requesting additional capabilities.
- Implement additional plans, such as rapid discharge, early discharge with appropriate follow-up, transfer of appropriate patients to corresponding hospitals and long-term care facilities, and forward movement of patients to transfer in-patients to other hospitals in an effort to make additional beds available nearer the incident.

Medical Coordination Center/Team (MCC/T)

- Determine and track regional bed availability by type.
- Coordinate the communication of regional bed availability among hospitals and other applicable healthcare organizations.
- Assist with information gathering and sharing among hospitals and healthcare organizations, and county OEM.

Local/County Office of Emergency Management (OEM)

- Assist with the coordination of patient transportation through the Emergency Medical Services County Coordinator/designee at the EOC).

V. Staffing

A. Overview

During a medical surge event, additional staff will be needed to handle the influx of patients to hospitals and healthcare organizations for an acute period or over an extended period of time. Staffing refers to all staff including clinical and non-clinical personnel. DHMH is the lead agency for coordinating the request and recall for additional staff during a medical surge events. Additional staff may be requested through the activation of local volunteer organizations or by requesting capabilities from other States and the federal government.

B. Tasks and Responsibilities

Maryland Department of Health and Mental Hygiene

- Assist with assessment and coordination of health and medical staffing needs during a surge event.
- Facilitate the identification of Emergency System Advanced Registration – Volunteer Health Professionals (ESAR-VHP) resources as appropriate.
- Assist with the coordination of requested federal staffing capabilities through the Department of Health and Human Services' (HHS) National Disaster Medical System (NDMS). Once activated, Disaster Medical Assistance Teams (DMAT) and other federal resources will be integrated in the surge response according to local plans, policies and procedures.

Healthcare Facilities and Systems

- Activate the hospital's surge staffing plan. This may involve staff recall and changes in shift scheduling (e.g. 8 hours shift become 12 hour shifts). This may also result in the reassignment of staff from non-patient care, administrative or elective care areas into primary care roles.

- Physicians, physician assistants, nurse practitioners, nurses, pharmacists, respiratory therapists, paramedics, EMTs, communications specialists, support personnel, administrative roles, and others who may fill clinical roles will need to be considered on an ongoing basis in order to ensure adequate staffing.
- Request additional medical professional staffing.

Medical Coordination Center (MCC)

- Assist with communicating and dissemination of the status of staffing needs and requests of hospitals and other healthcare organizations to appropriate public health agencies.

Local/County Public Health Departments (ESF 8)

- Evaluate and suspend non-critical functions and re-assign health district staff as appropriate to respond to local emergency needs.
- Assist with the facilitation of MRC activation to augment staffing, by providing qualified volunteers to support the medical needs during an incident response, as appropriate.
- Coordinate with emergency management authorities to activate public health staff appropriate for the incident response needs.

Local/County Office of Emergency Management (OEM)

- Coordinate with local/county public health departments to activate volunteers (MRC, CERT, etc.) appropriate for the incident response needs.
- Coordinate with the State Office of Emergency Management to ensure that all hospital personnel are designated as "critical staff" in a medical surge event.
- In a federally declared medical surge event, coordinate additional hospital clinical staff requests through predetermined processes for requesting federal DMAT.

VI. Communications

A. Overview

Communication challenges often coincide with coordination activities, within and among organizations. In efficient emergency operations, the vast majority of communications have occurred before the incident. Goals and tasks are often determined by tradition and are formalized in statutes, contracts, charters, mutual aid agreements, and standard operating procedures. These are especially important if critical infrastructure has been compromised or if local canvassers are dispatched into the community because a medical surge has occurred.

B. Tasks and Responsibilities

Maryland Department of Health and Mental Hygiene

- Serve as the lead coordinating agency for all health and medical resources in Maryland Region V.
- Coordinate with local public health agencies to provide incident specific health and medical guidance.
- Through the Healthcare Coordination Center (HCC), coordinate communications and situation status updates among health and medical agencies/organizations.
- Maintain and monitor situational information management through designated communications systems.
- Maintain and monitor the Maryland Health Alert Network (HAN).
- Maintain the Maryland HAvBED system.

Healthcare Facilities and Systems

- Notify county OEM of potential medical surge situation.
- Maintain and monitor situational information through the MCC.
- Maintain ongoing communications with local/county OEM.
- Maintain ongoing communications with the MCC.

Medical Coordination Center (MCC)

- Support health facilities and systems to maintain and monitor real-time information through designated communications systems.
- Maintain ongoing communication with healthcare facilities and systems.
- Assist with the coordination of regulatory resource requests between healthcare facilities and DHMH.
- Provide any updates to relevant health and medical information to the health and medical community (single hospital or healthcare facility/systems, EMS, etc.).

Local/County Public Health Departments

- Coordinate health-related information with the DHMH and assist with dissemination of incident specific health information to hospitals and other healthcare facilities.
- Coordinate with DHMH to assist with emergency specific directions and messaging for the public.
- Maintain and monitor situational information through designated communications systems.
- Coordinate all public information through the JIC.
- Communicate with hospitals through the HAN.

Local/County Office of Emergency Management (OEM)

- Notify state OEM of a potential medical surge situation.
- Coordinate all communications through designated communications systems.
- Coordinate with partner agencies (ESF #1, Non-Governmental Organizations [NGO], etc.) and the private sector for additional resource allocation and distribution.
- Coordinate situational information with MCC and other partner agencies.
- Identify additional resources to support communications as necessary.

VII. Continuation of Essential Medical Services

A. Overview

Medical services required in a catastrophic surge event can be best described as a continuum based on resource availability and demand for those medical care services. One end of the continuum is "conventional care" which is described as medical care that is provided during normal operations. The other end of that continuum is "crisis care." Crisis care is that medical care where limited resources are available and the shift of medical care has been adjusted to ensure the "greatest good for the greatest number" and the continuation of essential medical services.

Conventional Standards of Care: Space, staff and supplies used are utilized on a daily basis. Conventional standards of care are utilized during a Mass Casualty Incident (MCI) which triggers the activation of the facility emergency operations plan.
Contingency Standards of Care: The spaces, staff, and supplies used are not consistent with daily practices, but provide care that is functionally equivalent to usual patient care. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources).
Crisis Standards of Care: Adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the context of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a significant adjustment to standards of care.

B. Tasks and Responsibilities

Maryland Department of Health and Mental Hygiene

- Coordinate the assessment of medical resource capacity and capability.
- Collect and disseminate current situational information to local/county public health departments, healthcare facilities and systems with the assistance of the MCC.
- Disseminate situation specific triage and clinical care guidance to hospitals, local/county public health departments, and other healthcare organizations.
- Provide ongoing medical resource specific situational awareness to hospitals, local/county public health departments, and healthcare organizations.
- Facilitate requests and receipt of federal, interstate, and intrastate medical assistance.
- Ensure the actions of the federal healthcare responders (DMATs) and responders from other states (through Emergency Management Assistance Compact [EMAC] requests) are consistent with Maryland medical practice guidelines.

Healthcare Facilities and Systems

- Coordinate with MCC to provide individual facility assessments of current surge situation and medical resource capacity and capability for county OEM and DHMH.
- Maintain communications with MCC and DHMH regarding any modifications in clinical and triage guidance.
- Communicate with DHMH and the MCC any facility specific issues or concerns that may require interpretation of state guidance.
- Ensure appropriate medical/technical experts (e.g., chief medical officer, critical care, legal) are assigned to incident command staff.
- Coordinate with MCC, ESF 8 and local OEM to ensure family reunification process is in place following a Mass Casualty Incident.

Medical Coordination Center (MCC)

- Coordinate the assessments of medical resource capacity and capability from hospitals and healthcare organizations.
- Maintain communications with county OEM and local/county public health departments current status of surge situation and medical resource capacity and capability.
- Facilitate resource requests between hospitals and healthcare organizations with county OEM.
- Coordinate with healthcare facilities, ESF 8 and local OEM to ensure family reunification process is in place following a Mass Casualty Incident.

Local/County Public Health Departments (ESF 8)

- Facilitate the assessment of local medical resource capacity and capability.
- Maintain communications with DHMH and MCC regarding current status of local medical resource capacity and capability.
- Maintain communications with DHMH regarding any modifications in clinical and triage guidance.
- Coordinate with county OEM and MCC to provide medical/technical experts (Public health Epidemiologists) to county EOC as requested.
- Facilitate public messaging with the regarding use of limited medical resources.
- Coordinate with MCC, healthcare facilities and local OEM to ensure family reunification process is in place following a Mass Casualty Incident.

Local/County Office of Emergency Management (OEM)

- Coordinate with local/county public health departments and healthcare facilities and systems to get updates on individual facility assessments of current surge situation and resource capacity and capability.
- Maintain information on local EMS available resources.
- Monitor and track responses at the county EOC.
- Request additional capabilities through the SEOC
- Assist with non-registered volunteers' deployment to sites designated by the county for registration and background checking.
- Coordinate with MCC, healthcare facilities and ESF 8 to ensure family reunification process is in place following a Mass Casualty Incident.

Emergency Medical Services

- Maintain communications with EMS and/or DHMH regarding any modifications in triage and transfer protocols.
- Coordinate with local dispatch any changes in patient transport destinations in accordance with state guidance.

VIII. Alternate Care

A. Overview

As defined by the Joint Commission, alternate care facilities or "surge hospitals" may be identified as:

1. Facilities of opportunity, which are non-medical buildings, which, because of their size or proximity to a medical center, can be adapted into surge hospitals;
2. Mobile medical facilities, which are mobile surge hospitals based on tractor-trailer platforms with surgical and intensive care capabilities; or
3. Portable facilities, which are mobile medical facilities that can be set up quickly and are fully equipped, self-contained turnkey systems.

B. Tasks and Responsibilities

Maryland Department of Health and Mental Hygiene

- Determine the need to issue a declaration of a public health emergency.
- In collaboration with local/county public health departments and the local affected hospitals, determine the scope of care to be delivered within the alternate care facility.

Healthcare Facilities and Systems

- In collaboration with county OEM and local/county public health departments, make the decision to activate alternate care facilities, based on the current surge situation.
- In collaboration with DHMH and local/county public health departments, determine the scope of care to be delivered within the alternate care facility.
- Assist county OEM to determine staffing needs within the alternate care facilities that have been or may be activated.

Medical Coordination Center (MCC)

- Support information sharing and activation tracking for alternate care facilities between, hospitals, EMS, local/county public health departments and county OEM.

Local/County Public Health Departments

- In collaboration with county OEM and the affected hospitals, make the decision to activate alternate care facilities, based on the current surge situation.
- In collaboration with DHMH and the local affected hospitals, determine the scope of care to be delivered within the alternate care facility.
- Assist county OEM with tracking the activations of alternate care facilities within their jurisdiction.

- Collaborate to determine available staffing to assist within the alternate care facilities that have been or may be activated.

Local/County Office of Emergency Management (OEM)

- In collaboration with local/county public health departments and the affected hospitals, make the decision to activate alternate care facilities, based on the current surge situation.
- In conjunction with local/county public health departments, track the activations of alternate care facilities within their jurisdiction.
- In collaboration with the hospital's incident command, determine staffing needs within the alternate care facilities that have been or may be activated.

Emergency Medical Services

- Maintain communications with DHMH and notify the county OEM regarding any modifications in triage and transfer protocols.
- Coordinate with local dispatch any changes in patient transport destinations in accordance with state guidance.

IX. Behavioral Health Support

A. Overview

In a medical surge event, the stress of the situation and the potential for loss of life can overwhelm the resources within the city/county. Historical events demonstrate, particularly in mass casualty surge events, hospital surge will include a mix of medical and psychological casualties, including families of victims and members of the community looking for lost loved ones. In particular, psychological casualties may outnumber medical casualties in mass casualty surge events involving a terrorist attack or weapons of mass destruction.

Medical surge events also put enormous emotional demands on staff involved disaster response activities. Staff that have had no prior experience with handling high-stress situations are significantly more likely to have symptoms than those with prior experience. Provision of crisis counseling, critical incident staff programs, or other support services will assist in mitigating the impact of the medical surge event and accelerate the return of staff to normal operations after the event.

B. Tasks and Responsibilities

Maryland Department of Human Services/Mental Health Services

- Provide crisis counseling, clinical services, information and referral, and specialized interventions for the pubic as needed.
- In collaboration with the appropriate agency, establish a toll free hotline to provide a resource for persons seeking mental health services and information, as appropriate.
- Support the potential activation of Disaster and Terrorism Branch Training and Technical Assistance Group (TTAG) to provide on-demand training for mental health professionals.
- Assist Maryland Department of Children and Families, Division of Child Behavioral Health Services to provide behavioral health support resources for children affected by the surge event.
- Provide status/information on the statewide availability of mental health and other stress management professionals available for additional support.

State of Maryland Department of Children and Families, Division of Child Behavioral Health Services

- Assist the Maryland Department of Human Services, Mental Health Services to provide behavioral health support resources for children affected by the surge event.

Maryland Department of Health and Mental Hygiene

- Assist the Maryland Department of Human Services, Mental Health Services to provide behavioral health support resources to the community affected by a disaster, including victims, their families and first responders.

Healthcare Facilities and Systems

- Ensure behavioral health resources including crisis counseling and psychological first aid are available to support staff affected by the surge event.
- Ensure behavioral health resources including crisis counseling and referral services are available for patients, families and loved ones and other members of the community seeking assistance during a surge event.

Medical Coordination Center (MCC)

- Assist with the coordination of behavioral health needs between hospitals, local/county public health, local/county OEM and the Maryland Department of Human Services, Mental Health Services.

Local/County Public Health Departments

- Assist the Maryland Department of Human Services, Mental Health Services with identifying behavioral health support needs.
- Coordinate with Maryland Department of Human Services, Mental Health Services with facilitation of behavioral health support for the community.

Local/County Office of Emergency Management (OEM)

- Assist local/county public health with identifying behavioral health support needs.
- Transmit request for capabilities to the county OEM.
- Coordinate with other state assets/agencies for behavioral health.

X. Fatality Management

A. Overview

A predicted secondary effect of a surge event is the potential for an increase in deaths directly or indirectly related to the event. That surge of deaths may lead to implementation of plans and processes established through mass fatality planning efforts.

This secondary fatality event will put an additional strain on resources and the ability to effectively provide medical treatment. In a mass fatality event the medical examiner's (ME) role cannot be transferred to federal entities or expanded to untrained personnel. In addition, the ME ultimately determines the cause and manner of death, even in a surge event from pandemics and natural disasters. They hold the responsibility for victim identification, interfacing with family assistance centers and ultimately, releasing the decedent's remains to surviving family or loved ones.

Within Maryland Region V, the Office of the Chief Medical Examiner is the lead agency for fatality management during a medical surge event.

All agencies that maintain responsibility in a mass fatality incident may find it necessary to activate their individual mass fatality management plans. The concurrent activation of surge and mass fatality plans will mitigate the response to the potential increase in resource needs due to the increase in deaths that may be seen during a medical surge event.

B. Tasks and Responsibilities

Healthcare Facilities and Systems

- Activate individual mass fatality management plans as necessary.
- Coordinate with county OEM for mass fatality plan implementation.
- Implement strategies to increase morgue capacity for decedents in accordance with individual organizational plans.
- Coordinate with county ME's office to integrate with their decedent tracking processes and any jurisdictional Family Assistance Centers.

Medical Coordination Center (MCC)

- Assist county OEM in coordinating the communication of situational status, decedent tracking and other fatality related activities to hospitals and other healthcare facilities.

Local/County Public Health Departments

- Issue death certificates based on legal authority and responsibility.
- Assist county ME in field mortuary operations as necessary.

Local/County Office of Emergency Management (OEM)

- Determine capability and capacity to manage fatalities in a surge event.
- Activate mass fatality management plans as necessary.
- Activate and deploy Deployable Portable Mortuary Units (DPMU) from unaffected counties as necessary.

State Medical Examiner's (ME) Office

- Coordinate with local agencies.
- Coordinate with county OEM and the hospitals.
- Request additional capabilities through the county OEM.
- Support the identification of temporary morgue facilities/strategies and capacities.

Mortuaries and Funeral Homes

- In coordination with the state ME's office, mortuaries and funeral homes may be requested to participate and assist as needed with:
    - Capabilities for decedent transportation
    - Providing representatives at community based family assistance centers
- Assist local/county public health with the death certification process through the Maryland Death Registration System
- Coordination of final disposition of decedents.

XI. Resource Management

A. Overview

A medical surge event will require many additional resources including personnel, equipment and supplies, facilities, pharmaceuticals, and additional funding sources to effectively respond to the incident. The coordination of these resources will need to be handled on a local, regional, and statewide basis depending on the scale of the event. To facilitate an efficient resource request and allocation process, a simplified process will be used. Hospitals will make all requests for resources (both medical and non-medical) to the local MCC. The MCC, who is part of the MAC at the county OEM, will coordinate with OEM to determine where the available resources are located. In most cases, the MCC will determine availability for medical assets while OEM will handle non-medical equipment.

Requested resources should first come from local owned assets that are housed and distributed throughout the region. As a surge event evolves to where additional resources are required, then resources may be requested from other local hospitals or healthcare agencies as determined by existing Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU). The MCC will assist in coordination of requested resources. In some cases, the MCC may need to go directly to DHMH for certain medical supplies (such as those that will come from the Strategic National Stockpile). If a needed resource cannot be gathered on a local level, it will need to be elevated to the SEOC through the normal resource request process for fulfillment.

B. Tasks and Responsibilities

Maryland Department of Health and Mental Hygiene

- Provide guidance for triage and allocation of resource requests.
- Provide technical, medical and resource assistance as necessary.
- Provide leadership in directing, coordinating and integrating the state efforts to provide medical and public health assistance.
- Follow procedures outlined in the MOUs with local vendors and organizations to request their resources.
- Maintain procedures for prioritization and deployment of medical surge caches/equipment.
- Coordinate and direct activation and deployment of voluntary state resources of health and medical personnel, supplies and equipment.
- Allocate and distribute Strategic National Stockpile resources.

Healthcare Facilities and Systems

- Maintain current surge inventories.
- Maintain preventive maintenance on all applicable medical assets.
- Report resource availability to MCC/OEM as requested.
- Assume responsibility for tracking resource requests, shared, received and used.

Medical Coordination Center (MCC)

- Determine medical resource availability in coordination with county OEM.
- Track medical resource availability and distribution.

Local/County Public Health Departments

- Assist the MCC and hospitals to determine medical resource availability.
- In coordination with county OEM and MCC, provide inventory of available medical assets as requested.
- Coordinate with county OEM and MCC for allocation and distribution of local medical resource assets.
- Assist with resource allocation and procurement when needed or make requests to the state through the local EOC when activated.
- Maintain inventories on all medical resource assets.

Local/County Office of Emergency Management (OEM)

- Determine non-medical resource availability.
- Coordinate with MCC, determine medical resource availability.
- Coordinate with SEOC request EMAC and federal assets.
- Coordinate distribution of resources.
- Track distribution of resources.

XII. Transportation

A. Overview

Additional transportation capabilities will be required to support multiple aspects of a medical surge event. Transportation of the patients to, from, and between treatment facilities will be required throughout the duration of the event. The county OEM will be the lead agency responsible for the coordination of transportation resources. This may include utilizing alternate means of transportation with companies in which pre-event MOUs or MOAs have been established. Vehicles for use by the Patient Transportation System may be drawn from EMS task force, local transportation authorities, military transportation units, taxi companies, bus companies, and other sources. These transportation resources may include:

- Those equipped to carry a single recumbent patient (such as an ambulance)
- Those that can carry 30 non-recumbent patients (such as a bus)
- Non-recumbent wheelchair-accessible vehicles (such as wheelchair-accessible vans)

The best vehicles for patient transportation should be those vehicles that have the characteristics and capabilities most closely associated with the patient's needs (e.g., Advanced Life Support (ALS)/Basic Life Support (BLS) ambulances).

B. Tasks and Responsibilities

Maryland Department of Transportation

- Communicate the status of transportation infrastructure to county OEM and other stakeholders.
- Ensure that transport routes are passable to emergency support vehicles.
- Identify alternate routes, as necessary, to ensure the movement of emergency support vehicles.

Healthcare Facilities and Systems

- Identify immediate transportation needs based on event.
- Determine availability of pre-identified transportation resources.
- Request additional transport support through the county EOC, if needed.
- Ensure all appropriate patient care records accompany all patient transports.

Medical Coordination Center (MCC)

- Coordinate the communication of available transportation resources among county OEM, hospitals and other applicable healthcare organizations.
- Assist with transportation and transportation route availability among hospitals and healthcare organizations, county OEM and DHMH.

Local/County Public Health Departments

- Assist with coordination of transportation assets between the Emergency Medical Services and the county OEM.

Local/County Office of Emergency Management (OEM)

- Implement internal procedures to place transportation resources on standby or ready status.
- Open established communication links with dispatchers, hospital EOCs and the MCC.
- Determine availability of pre-identified transportation resources through ESF #1 and ESF #8
- Determine location to serve as the transportation resource's "staging area" to which they provide service on a daily basis thereafter.
- Identify pre-determined private sector transportation resources and coordinate with them for the use of their assets.

Emergency Medical Services

- Support the movement of patients from an incident scene to the designated hospitals or alternate care sites.
- Support the movement of patients between hospitals, other healthcare facilities and alternate care sites, as needed.
- Request additional capabilities through internal protocols, as needed.

XIII. Administration and Finance

This section provides a basic level view of the administration, finance, and logistics for the Plan. Specific requirements on the local or organizational level are not covered here, but rather in internal documents within the agency or facility.

A. Administration

Administration for this Plan is provided by the Maryland Region V Emergency Preparedness Coalition.

All internal emergency plans and procedures for facilities and organizations (including facility medical surge plans) are the responsibility of the organization or agency themselves. These plans should however, be easily able to be integrated into this regional plan and structure during a wide-spread event.

Any MOA or MOU that is developed as part of the Plan should be fully executed and maintained by all agencies who are participating. These should clearly articulate how assets and personnel can be shared, including procedures for activation, recovery and demobilization, liability considerations, payment, and other items. See the *Authorities and References* section of the Plan for a further discussion on this area.

B. Finance

Each jurisdiction, organization, or healthcare facility is responsible for their own tracking of financial expenses and assets during an emergency, according to their own internal procedures, unless it specifically states otherwise in any MOA, MOU, or any other binding contract. It is strongly suggested that each organization develop an emergency specific tracking system and separate accounts for finances and assets to assist with reimbursement during Federal Declarations of Emergency or any state grant programs. These measures are critical to facilitate eligibility for reimbursement for disaster funding should it be made available (e.g. through FEMA). This should also include any overtime or backfill that is required to operate for the emergency. Thorough documentation should be maintained at all times regarding emergency events.

XIV. Plan Development and Maintenance

A. Plan Maintenance

The Maryland Region V Emergency Preparedness Coalition is responsible for reviewing, maintaining, and distributing the Plan. The Plan will be reviewed at least annually or earlier as required to incorporate new federal, state, and regional guidelines or directives and/or to address significant operational issues. All changes to content will be recorded in the *Record of Changes*.

All agencies identified as having responsibilities in this Plan shall be furnished a copy of the Plan and any updates thereafter. These agencies also have the responsibility to review their applicable sections and provide any updated information as necessary. Any proposed changes from outside agencies shall be furnished in writing to the Maryland Region V Emergency Preparedness Coalition for incorporation into the next Plan revision (unless changes are time sensitive).

B. Training

Once adopted, the Plan will institute new procedures for a medical surge event. Training should be provided to all end users. A presentation should be developed and distributed to all organization training contacts in a Train-the-Trainer format. This will ensure that their staff is orientated on the contents of the Plan. Training should be conducted as soon as possible after adoption. Any Plan updates should necessitate a reorientation to the Plan contents for end users, highlighting the new changes and any associated procedures. It is recommended that a review of this Plan be conducted annually for all staff by incorporating it into the required annual certification processes.

C. Exercise/Evaluation

It is further recommended that an exercise take place to test the validity of this Plan. It should be done following standard Homeland Security Exercise and Evaluation Procedures (HSEEP). Following any exercise, an After Action Report (AAR) should be developed based on areas of improvement identified in the exercise series. The Plan should then be updated reflecting the improvements. It is recommended that a medical surge exercise be incorporated into the organizations and agency's annual training and exercise plan to ensure that it is regularly tested.

XV. Authorities and Reference

A. Laws, Ordinances, Regulations, Resolutions, and Directives

- Annotated Code of Maryland, Public Safety Article, Title 14
- Governor's Executive Order, Executive order 01.01.1991.02
- Maryland State Emergency Operations Plan ESF 8

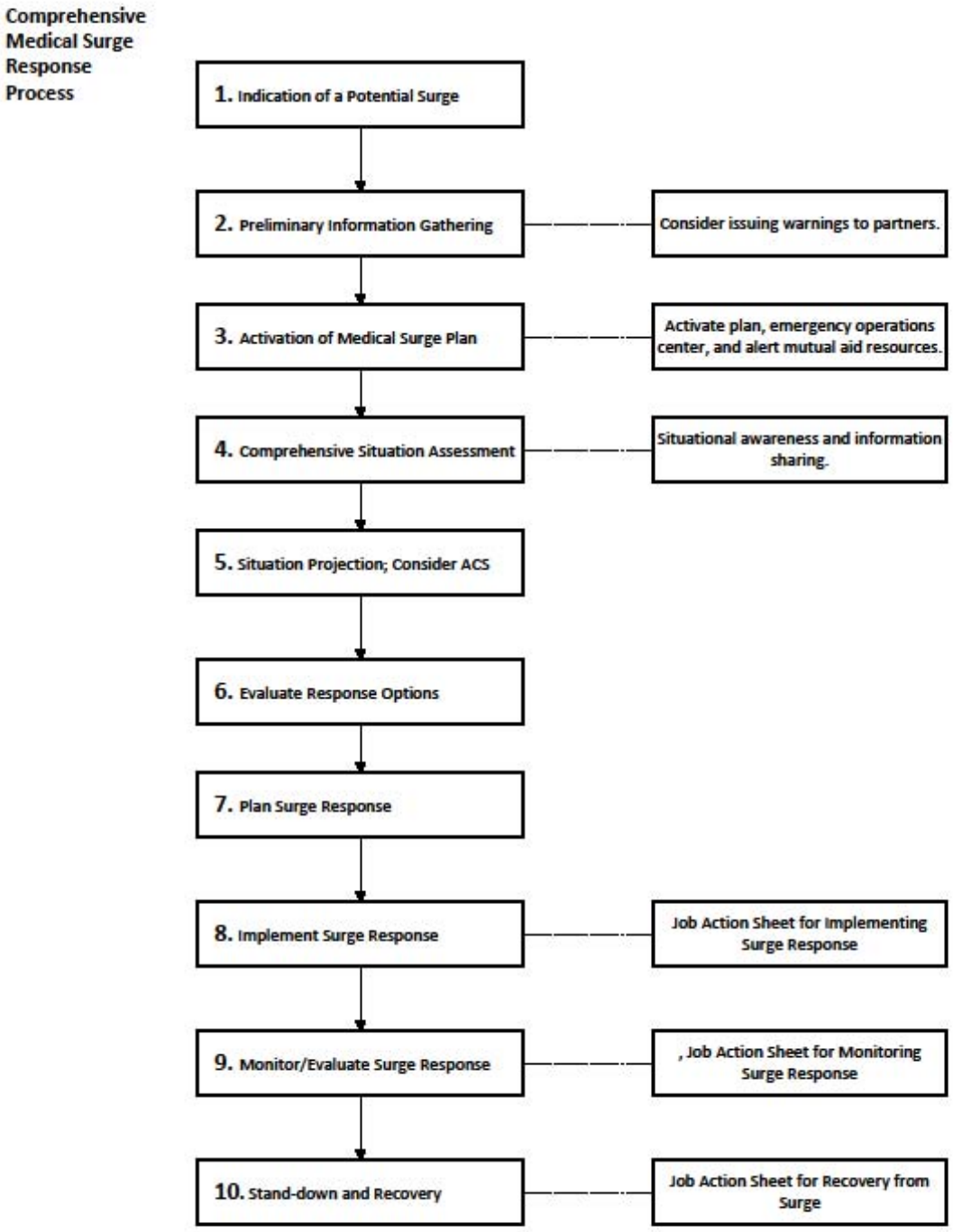
B. References, Guidance Material, and Other Documents

- Mass Medical Care with Scarce Resources: A Community Planning Guide, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD; February 2007, AHRQ Publication No. 07-0001
- Community Pan-Flu Preparedness: A Checklist of Key Legal Issues for Healthcare Providers; American Health Lawyers Association, The US Centers for Disease Control and Prevention, Office of Inspector General, US Department of Health and Human Services; 1025 Connecticut Avenue, N.W. Suite 600. Washington, DC 20036-5405
- State of New Jersey, Section 1115 Demonstration "Comprehensive Waiver" Concept Paper, May 16, 2011
- Altered Standards of Care in Mass Casualty Events, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 540 Gaither Road, Rockville MD, 20850, Contract No. 290-04-0010, AHRQ Publication No. 005-0043, April 2005
- National Institute of Medicine, Crisis Standards of Care

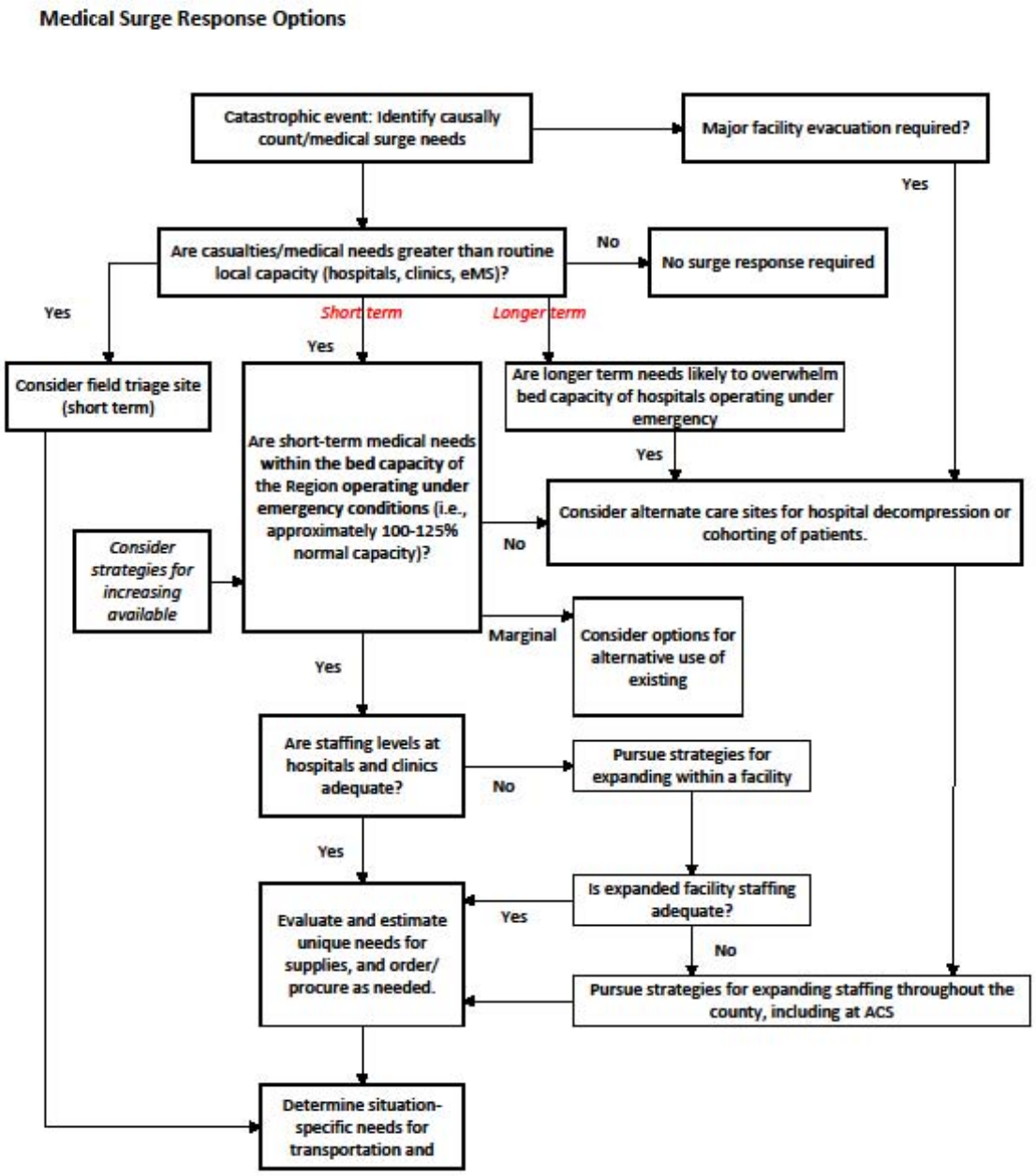
XVI. Acronyms

AAR	After Action Report
ALS	Advanced Life Support
BLS	Basic Life Support
CERT	Community Emergency Response Team
DHMH	Maryland Department of Health and Mental Hygiene
DHS	US Department of Homeland Security
DHV	Disaster Healthcare Volunteers
DMAT	Disaster Medical Assistance Team
DPMU	Deployable Portable Mortuary Units
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Service
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESAR-VHP	Emergency System Advanced Registration – Volunteer Health Professionals
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HCC	Hospital Coordination Center
HHS	US Department of Health and Human Services
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
JIC	Joint Information Center
JIT	Just-In-Time
MAC	Multiagency Coordination Center
MCC	Medical Coordination Center
MCI	Mass Casualty Incident
ME	Medical Examiner
MEMA	Maryland Emergency Management Agency
MIEMS	Maryland Institute of Emergency Medical Services
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NGO	Non-Governmental Organization
OEM	Office of Emergency Management
OP&R	Maryland Office of Preparedness and Response
SEOC	State Emergency Operations Center
SPE	Supplies, Pharmaceuticals, and Equipment
TTAG	Terrorism Branch Training and Technical Assistance Group

Appendix 1 – Comprehensive Surge Process



Appendix 2 – Surge Response Options



Appendix 3 – Medical Surge Checklist

Medical Surge Checklist	
	Response
	Triage: Plan to activate and operate additional/alternate triage area(s) during a surge event.
	• Activation triggers for establishing alternate/additional triage areas are defined.
	• Set-up checklists and operations plan.
	• Identifies primary and alternate triage areas (e.g., consider external triage areas, event type, and facility damage).
	o Responsibility and processes for set-up and operation of triage area(s) are defined.
	o Communications plan for communications between triage areas, Emergency Department, other key departments (e.g., landlines, radios).
	o Staffing of the alternate triage sites.
	o Provision of supplies and equipment for the triage area considering scope and type of event.
	o Infectious and/or exposed patient triage area(s) and protocols (e.g., standard precautions, staff Personal Protective Equipment, ventilation, infection control protocols for staff and patients).
	o Flow of patients to and from the triage area(s).
	o Signage for directing patients to triage area(s).
	o Communication with ESF 8 and MCC to identify available community resources (e.g., checklist with level of care capability and contact information).
	o Triage protocols for internal and external patient disposition (e.g., minor care, delayed care, holding, hospital or local government alternate care sites, etc.).
	Decontamination: Plan to activate and perform decontamination, as necessary.
	• Plan for set-up (checklist) and operation of holding and decontamination area(s) (list individuals responsible).
	• Plan for segregation and prioritization of contaminated individuals for decontamination.
	• Methods for directing patients to decontamination area(s) (e.g., signage, stations, cones, etc.).
	o Primary and alternative decontamination areas (consider external areas, event/agent, and facility damage potential).
	o Communications protocols within the decontamination area(s) and between other units.
	o Staffing plan.
	o Equipment and supplies.
	Holding Areas: Plan for activation and operation of holding areas for patients awaiting triage, decontamination, treatment, admission, discharge or transport to lower levels of care.
	• Responsibility for set-up and operation of holding area(s) (identify by area).
	• Map and signage, using appropriate languages, for directing staff/family and patients to holding area(s).
	• Set-up checklists and operations plan.
	o Primary and alternate holding area(s) while considering type of event, capacity, level of care, infectious disease, facility status.
	o Communications between treatment areas, with ESF 8 and MCC.
	o Staffing plan considering scope and type of patient (level of care, infectious disease, etc.).
	o Equipment and supplies.

	Treatment Areas: Plan for activation and operation of additional treatment areas to include identification of sites, signage, capacity, responsibility, communications, staffing, equipment and supplies, patient tracking/medical records, etc., to allow the Emergency Department to focus on higher acuity patients.
	• Minor care area(s).
	• Delayed care area(s).
	• Additional immediate care area(s), if available or necessary.
	• Infectious disease care area that is specific to type of contagion.
	Security – Facility Access: Plan(s) for securing and limiting facility access during a surge event.
	• Security assessment with plans to address vulnerabilities.
	• Plan for activating traffic control measures for access to facility (pre-planned traffic control measures, tools, etc.).
	o Road map outlining ingress, egress and traffic controls during surge event that is coordinated with law enforcement.
	o Specific staffing assignments and instructions for traffic control that includes who, what, and how during a surge event.
	• Plan for initiating facility lock-down and/or limited access and entry.
	o Identification/diagram of all access points in facility.
	o Identification of limited access points for entry and procedures for monitoring/managing staff.
	o Criteria and protocols for entry and exit to/from facility(ies) --including staff, volunteers, patients, family and other individuals (e.g., who, identification requirements).
	o Staffing plan for monitoring closed entrances (which will only be locked for external entry).
	o Communication between security, manned access points and ESF 8 and MCC.
	o Special considerations following a terrorist attack/active shooter event (e.g. creating a secure perimeter, restricting access to adjacent parking areas, increasing surveillance, limiting visitation, etc.).
	• Training for staff who may be utilized in security roles including protocols, handling abusive behavior, etc.
	• Plan and mutual aid agreements for assistance with hospital security (e.g. hospital labor pool, local law enforcement, outside agencies, etc.).
	Patient Care Areas
	Specific protocols for creating surge capacity to care for a significant surge of disaster patients.
	• Plan for immediate cancellation/delay of scheduled/non-emergent admissions, procedures and diagnostic testing.
	o Inpatient admissions including scheduled surgeries/procedures).
	o Clinic visits.
	o Outpatient surgeries and procedures (e.g., GI, Catheterization, Radiologic).
	o Diagnostic/Ancillary services (e.g., Imaging, Neurology).
	• Protocols for rapid and periodic review of patients for admission, discharge or transfer by teams of physicians, nurses and discharge planners for:
	o Emergency Department (ED).
	o Inpatients by unit or service.
	o Outpatient surgery and procedure areas (e.g., Colonoscopy)
	o Clinics
	• For potential terrorist or criminal event, chain-of-evidence for law enforcement is addressed.

	• Communication and coordination with ESF 8 and MCC regarding activated and available community resources to triage, discharge or transfer to. The plan should include checklist with location, level of care and contact information.
	• Identify how ED, inpatient units, clinics, clinical areas and other hospital areas (e.g., cafeteria, auditorium, conference rooms, surge tents, open spaces, etc.), will be utilized to expand surge capacity. Address all key elements for use including forms and protocols for each area.
	o Capacity and use, considering cohorting of patients (e.g., inpatient, minor care, holding).
	o Activation including definition of responsibility and activation process.
	o Management and operation of the area (describe responsibilities and procedures).
	o Equipment and supplies (including re-supply).
	o Staffing (identify requirements and staffing plan).
	o Management of special needs patients (e.g., mobility impaired, hearing impaired, etc.).
	o Method of triage to/discharge from area, including transport method(s).
	Hospital Bed Capacity
	• Trauma (assume all hospitals will receive trauma cases when trauma center capabilities are exceeded)
	• Critical care (expand bed capacity in existing units, use of other areas/units).
	• Burn (assume all hospitals will receive burn patients when burn center capabilities are exceeded).
	• Isolation plan that identifies specific hospital unit(s) or areas for negative pressure or isolation through independent ventilation if event involves contagious/infectious disease.
	• Medical/Surgical acute care
	• Pediatric (assume all hospitals will receive pediatric cases when pediatric center capabilities are exceeded).
	• Neonatal Intensive Care Unit (includes disaster victims and/or continuity of operations).
	• Maternity (assume continuity of operations).
	Ambulatory Care Capacity: Specific plans for expanding capacity to care for surge of emergency/ambulatory patients, including use of ambulatory care centers, and opening Alternative Treatment Areas (e.g., surge tents, clinics, other hospital areas and facilities).
	Ancillary and Support Services
	Ancillary Services: Specific plans have been established for increasing capacity and capability for ancillary/diagnostic services during a surge event.
	• Laboratory services, including communication and reporting to and from county public health.
	• Imaging services (including MRI, CT, Ultrasound, etc.).
	• Other ancillary and diagnostic services.
	Mass Fatality Management: Plans have been established for management and disposition of deceased patients.
	• Plans are consistent and coordinated with Operational Area Mass Fatality Management Plan such as the Medical Examiner/Coroner Plans.
	• Includes mortality estimates by type of event to anticipate and secure supply needs (e.g., body bags, etc.).
	• Plan for expanding decedent storage capacity, including alternative hospital areas, that identifies current and prospective capacity.
	• Agreements with external agencies for additional decedent storage capacity, consistent with local plans that include contacts and capacity.

Staffing Considerations

	Staffing: Specific plans for staffing during a significant surge event using hospital staff, contracted pools, and mutual aid resources, taking into consideration type and scope of event.
	• Identification of staffing needs by staff type, service area, and status of regulatory waivers regarding staffing ratios, licensure and scope of practice.
	• Contingency staffing plan identifies minimum staffing needs and prioritizes critical and non-essential services.
	• Maintain up to date staff contact information and ensure availability to HCC and individuals responsible/systems used for making staff contacts.
	• Staff disaster response assignments/roles (e.g., labor pool, specific units/areas, etc.) considering type of event.
	• Staff notification and call-back protocols, including responsibilities. Multiple methods identified and automated if possible.
	• Agreements with staffing agencies (assume multiple organizations have agreement with the same agencies).
	• Protocols for requesting and receiving staff resources (e.g., volunteers, special needs/teams, etc.) through ESF 8 to local government point of contact.
	• Cross-training and reassignment of staff to support critical/essential services.
	• Establish Just- in-Time (JIT) training for key areas to allow staff to be assigned where most needed (e.g., Pediatrics, Burn, Respiratory, Security, Critical Care areas).
	• Address shift change, rotation, rest areas and feeding of staff.
	o Protocols for shift changes and rotation of staff (consider type of event)
	o Specific areas designated for staff respite and sleeping that (identify areas, responsibilities).
	Volunteers: Plan includes utilization of non-facility volunteers including policies and procedures for accepting, credentialing, orienting, training and using volunteers during a surge event.
	• Volunteer check-in protocols including staffing of check-in location (e.g., single entry).
	• Registration, credentialing and privileging protocols, including use of local MRC and Disaster Healthcare Volunteers (DHV).
	• Systems to collect, track, and maintain volunteer information (e.g., HICS form 253 Volunteer Staff Registration).
	• Issuance of identification badge and other means of identification (e.g., colored/printed armband).
	• Protocols for assignments and roles by type of volunteer (consider buddy systems as appropriate).
	• JIT training as appropriate to volunteer role(s).
	Staff/Family Needs: Specific plans for addressing staff needs, family and domestic concerns during a surge event.
	• Internal or external arrangements for dependent care to include, if necessary, boarding, food and special needs to remove barriers that may prevent staff from coming to work (e.g., encourage staff to have family disaster plan and to pre-arrange, if possible).
	• Internal or external arrangements for pet care and (encourage staff to pre-arrange).
	• Protocols and specific assignment of appropriately trained professionals to monitor and assess staff for both stress-related and physical health concerns.

Supplies, Pharmaceuticals and Equipment

	Plan addresses supplies, pharmaceuticals and equipment (SPE) for patients and staff for a significant surge event. • Essential SPE have been identified and summarized (consider type of event and patient age).
	o Equipment and furnishings (e.g., beds, cots, ventilators, IV pumps, etc.).
	o Supplies.

	o Personal Protective Equipment (e.g., masks, respirators, gowns, gloves, hand hygiene products).
	o Pharmaceuticals (including prophylaxis for inpatients, staff and family members).
	o Food and water for patients, staff, families and volunteers.
	• Plans to meet SPE needs/requirements have been established including who, how, and where.
	o Standard hospital resources/supplies.
	o Hospital caches, including pallets, trailers and methods for transportation/delivery.
	o Agreements with vendors for surge SPE (list of contacts and deliverables) and list of alternative vendors (assume multiple organizations have agreements with the same vendors).
	o Agreements with local pharmacies and stores including list of contacts and deliverables.
	o Community/government caches that includes list of cached items.
	o Other resources
	o Security needs during transport, delivery and storage of SPE.
	• Needs and plans have been shared with local government point of contact and planning partners.
	• Describe responsibilities and protocols for providing, requesting, accepting, distributing and tracking mutual aid resources including who, where, and how.
	• Strategies/protocols included for how priorities would be established if there is a need to allocate limited patient equipment, pharmaceuticals and other resources.
	• Identified reporting process on status of SPE resources available and/or needed, and urgency of needs to local government point of contact.

Important Considerations

	Healthcare Coalitions: Hospital participates in local healthcare coalitions for surge planning and community risk assessment/needs activities.
	Communication: Plan describes primary and back up internal and external communication systems, assigned frequencies and uses, maintenance and equipment locations (e.g., internet, telephone, cell, internal radios, satellite, HAM radio, etc.).
	Behavioral Health Needs: Plan addresses how behavioral health needs of staff, patients and family members will be met. Have printed and electronic resources available. Identify any community resources that may be available.
	Media Communication: Plan includes protocols for communication with the media in coordination with county and other healthcare providers.
	• Protocols for communication with media and identifying media spokesperson(s).
	• Coordination with county EOC/JIC to establish common messaging and information dissemination.
	• Pre-prepared templates for issuing press statements that consider key event types, common statements and facts.
	Documentation – Patient Tracking: Plan includes minimum patient documentation requirements for use during a surge event and protocols for patient tracking (e.g., HICS form 254 – Disaster Victim Patient Tracking Form) and reporting to appropriate agencies (e.g., county, American Red Cross). Identify systems in place that address community wide patient tracking. Consider activation of a hospital based Family Information Center (FIC) to assist in reunification. (See Family Information Center plan in resources)
	Information Sharing: Plan addresses release of patient information to appropriate entities and individuals for patient/family reunification.

	Care Requirements for Services not Normally Provided: Plan addresses protocols and resources for providing services not normally provided by hospital (e.g., infants and children, maternity, burn, trauma).

	• Care area(s) identified.
	• Equipment resources or adaptations identified (inventory lists).
	• Supplies identified with appropriate supply on hand (inventory lists).
	• Protocols (e.g., adapting adult beds to pediatric beds, handling burn cases).
	• Clinical expertise and Just-In-Time resources
	• Protocols for transfer of patient to a facility with appropriate capabilities, when they become available.
	Prophylaxis/Vaccination Plan: Hospital has plan and, as available, pharmaceutical and other resources to prophylaxis or vaccinate staff, staff family members, volunteers and patients.
	Crisis Standards of Care: Hospitals are encouraged to develop policies and procedures specific to their organization that address allocating scarce resources during mass casualty events. Hospital incorporates state and local level planning efforts into plan.
	Recovery: Utilize HICS Incident Response Guides for recovery activities.

Appendix 4 – Surge Assessment Tools

See attached excel spreadsheets for the hospital surge assessment tools.