

**Health & Human Services (HHS) Hospital Preparedness Program (HPP)
Region 9 Hospital and EMS Four Year (2013- 2017) Planning Guide**

**DRAFT - updated
11/01/2016**

The purpose of the Planning Guide is to determine how the grant capabilities will be met over a four year funding period. Emphasis is not only placed on preparing for a coordinated, region-wide response, but also on the response capabilities of individual facilities. Progress toward goals is evaluated annually with data gathered in the Needs Assessment Survey. Goals are revised to address gaps and other needs when applicable.

Capabilities	Louisiana’s Response in Grant Application (BP3)	Spending / Planning Goals			
		Year 1 2013-2014	Year 2 2014-2015	Year 3 2015-2016	Year 4 2016-2017
<p>Capability 1 – Healthcare System Preparedness</p> <ol style="list-style-type: none"> Develop Healthcare Coalition. Conduct Regional HVAs. Identify & prioritize assets & services. Identify gaps & resources to mitigate gaps. Coordinate training. Coordinate exercises & evaluation. Coordinate with At Risk individuals. 	<ul style="list-style-type: none"> Sustain regional healthcare coalitions. Maintain planning templates for CBRNNE events. Emphasize integration between HPP and PHEP. Use information from risk assessments for training, planning and communication. Continue to support use of HSEEP guidance 	<p>Develop CBRNNE templates for regional adoption.</p> <p>Participating facilities should participate and/or hold NIMS trainings.</p> <p>All facilities shall participate in Regional HVAs.</p> <p>All facilities shall participate in Annual Needs Assessment Survey</p> <p>All facilities should conduct or attend trainings in areas such as, emergency preparedness, disaster management, or, mass fatality.</p>	<p>Continue to develop CBRNNE templates for regional adoption.</p> <p>Participate and/or hold trainings to support :</p> <ul style="list-style-type: none"> Regulatory compliance (CMS Proposed CoP) NIMS compliance <p>Participate in Regional HVA.</p> <p>Provide training to implement tool designed to support state-wide HVA.</p> <p>Participate in annual Needs Assessment Survey.</p> <p>Develop template for an all-hazards training and testing program at facility level.</p>	<p>Continue to develop and exercise CBRNNE templates for Regional review, adoptions, and updates.</p> <p>Participate and/or hold meetings and trainings to support :</p> <ul style="list-style-type: none"> Regulatory compliance (CMS Proposed CoP) NIMS compliance <p>Participate in Regional HVA by using the ESF-8 Portal electronic HVA app.</p> <p>Provide training to implement tool designed to support state-wide HVA.</p> <p>Participate in annual Needs Assessment Survey.</p>	<p>Continue to develop and exercise CBRNNE templates for Regional review, adoptions, and updates.</p> <p>Participate and/or hold meetings and trainings to support :</p> <ul style="list-style-type: none"> Regulatory compliance (CMS Proposed CoP) NIMS compliance <p>Participate in Regional HVA by using the ESF-8 Portal electronic HVA app.</p> <p>Provide training to implement tool designed to support state-wide HVA.</p> <p>Participate in annual Needs Assessment Survey.</p>

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Capability 2 – Healthcare System Recovery 1. Develop recovery process. 2. Assist hospitals in COOP.	<ul style="list-style-type: none"> ▪ Develop regional COOP Plans reflective of HCC recovery activities. ▪ Improve awareness of re-opening and re-entry plans and procedures. 	Regions should develop Regional and Facility COOP templates. Facilities should develop policies and procedures to notify workforce during disaster.	Finalize regional ESF8 COOP templates. Develop a COOP structure for providers and encourage them to complete a gap analysis.	Test facility's COOP plans Review COOP structure for providers and encourage them to review and update a gap analysis.	Test and exercise Facility's COOP plans. Review and make appropriate changes and/or updates where gaps are discovered.
Capability 3 – Emergency Operations Coordination 1. Integrate coalition with local & state EOC. 2. Develop plan to assess status of hospitals. 3. Identify resource availability to address gaps. 4. Demobilize & evaluate operations.	<ul style="list-style-type: none"> ▪ Ensure coordination with State Emergency Operations Center. 	Facilities should purchase equipment in support of command center operations such as dashboards, whiteboards, projectors, computers, HICS vest, etc. Facilities may purchase supplies and/or equipment in response to short term recovery operations (pre-approval needed)	Review and update pre-scripted requests/missions related to MIEP Plan. Provide incident command training related to HICS or scene management.	Continue to review and update pre-scripted requests/missions related to MIEP Plan. Provide incident command training related to HICS.	Provide incident command training related to HICS for EOC operations.
Capability 5 – Fatality Management 1. Coordinate with agencies	<ul style="list-style-type: none"> ▪ Sustain Mass Fatality plans, response structures and resources. 	Regions should develop regional mass fatality plan for the pick up or	Engage Mass Fatality Coordinator in regional healthcare coalition.	Engage Mass Fatality Coordinator in Regional Healthcare Coalition.	Engage Mass Fatality Coordinator in Regional Healthcare Coalition.

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<p>responsible for fatality management.</p> <ul style="list-style-type: none"> ▪ Anticipate storage needs for surge. ▪ Develop regional mass fatality surge plan. ▪ Assess the need for assets to store human remains <p>2. Develop plan to assist hospitals in providing family assistance during mass fatality emergencies.</p> <p>3. Coordinate with regional and state mental/behavior health partners to provide support to family members of the deceased.</p>	<ul style="list-style-type: none"> ▪ Review and update plans to provide for approximately 223¹ deaths during the peak week of a pandemic influenza scenario. 	<p>drop off of remains.</p> <p>Tier 1 hospitals should purchase equipment in support of mass fatality plan such as coolers or refrigerated storage, body bags and regional mass fatality trailers and MERC systems.</p> <p>All facilities may provide or participate in training. Support critical incident stress debriefing and/or management.</p>	<p>Educate coalition members about the state plan for establish Family Assistance Centers (FACs) to healthcare coalition members.</p>	<p>Educate Coalition members about the state plan for establish Family Assistance</p>	<p>Educate Coalition members about the State plan for establish Family Assistance and At Risk Registry Tracking.</p>
<p>Capability 6 – Information Sharing</p> <ol style="list-style-type: none"> 1. Develop coordinated information sharing plan to receive and share info. 2. Refine & sustain redundant communication systems. 	<ul style="list-style-type: none"> ▪ Sustain the ESF8 Portal system to ensure a coordinated information sharing resource for healthcare coalitions. 	<p>All hospitals shall maintain ESF 8 portal, Mstat and At Risk Registry usernames and passwords. Facilities should also participate in ESF 8 trainings.</p> <p>All facilities should</p>	<p>Develop plans and/or test use of At Risk Registry for patient tracking.</p>	<p>Continue to train, develop plans and/or test use of At Risk Registry for patient tracking and Staff accountability.</p> <p>All Healthcare Facilities should purchase</p>	<p>Continue to train, develop plans and/or test use of At Risk Registry for patient tracking and Staff accountability.</p>

¹ Estimated need based on CDC Flu Surge Model.

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		<p>purchase equipment in support of redundant communications systems and continue communications planning.</p> <p>State and Regions should identify additional screens needed in ESF 8 Portal for both hospitals and EMS providers.</p> <p>Test all ESF 8 application annually.</p> <p>All facilities shall:</p> <ul style="list-style-type: none"> a. Participate in periodic radio roll call. b. Purchase communication equipment in support of information sharing such as command centers (i.e. dashboards, computer, HICS vest, etc). c. Participate or hold trainings on 		<p>equipment in support of redundant communications systems and continue communications planning.</p> <p>State and Regions should identify additional screens needed in ESF 8 Portal for both hospitals and EMS providers.</p> <p>Test all ESF 8 application annually.</p> <p>All facilities shall:</p> <ul style="list-style-type: none"> a. Participate in weekly radio roll call. b. Purchase communication equipment in support of information sharing such as command centers (i.e. dashboards, computer, HICS vest, etc). c. Participate or hold trainings on 	<p>State and Regions should identify additional screens needed in ESF 8 Portal for both hospitals and EMS providers.</p> <p>Test all ESF 8 application annually.</p> <p>All facilities shall:</p> <ul style="list-style-type: none"> d. Participate in weekly radio roll call. e. Purchase communication equipment in support of information sharing such as command centers (i.e. dashboards, computer, HICS vest, etc). f. Participate or hold trainings on communication systems <p>Update communication plans to include ESF 8 Portal, Mstat, and the At Risk Registry.</p>

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		communication systems d. Update communication plans to include ESF 8 portal.		communication systems Update communication plans to include ESF 8 Portal and Mstat.	
<p>Capability 10 – Medical Surge</p> <ol style="list-style-type: none"> Develop regional surge plan. Integrate surge operations with EMS. Assist individual hospitals with surge plans to include crisis standard of care, alternative care sites, mass death, volunteer management, decon, etc. Develop crisis standard of care guidance. Develop evacuation & SIP plans. 	<ul style="list-style-type: none"> Revisit and recalibrate response templates to ensure alignment with ASPR guidance and priorities. Review plans to provide for approximately 963² surge beds, Approximately 558³ critical care beds and Approximately 257⁴ ventilators for inpatients in a pandemic influenza scenario. 	<p>Facilities should update their surge plans. Hospitals should ensure 20% surge capacity by discharging patients, cancelling elective surgeries and/or opening additional beds. EMS providers should ensure accessibility to transportation units and surge equipment.</p> <p>DRCs should participate in regional crisis standard of care (CSOC) subcommittee. Facilities should develop procedures to incorporate CSOC guidance in the</p>	<p>Develop or update CSOC guidance and incorporate it into surge plan.</p> <p>Participate and/or hold training to support medical surge response.</p>	<p>Test/exercise surge and Continue review of CSOC guidance and incorporate it into surge plan.</p> <p>Participate in meetings, exercises, and/or hold training to support medical surge response.</p> <p>Participate in all regional, State, and Federal Bed Poll activities, request and exercises.</p>	<p>Test/exercise surge and Continue review of CSOC guidance and incorporate it into surge plan.</p> <p>Participate in meetings, exercises, and/or hold training to support medical surge response.</p> <p>Participate in all regional, State, and Federal Bed Poll activities, request and exercises.</p>

² Estimated per CDC Flu Surge Model

³ Estimated per CDC Flu Surge Model

⁴ Estimated per CDC Flu Surge Model

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		emergency operations plan. All facilities shall: a. Purchase equipment in support of Shelter in Place (SIP) plans such as generators and fuel tanks. b. Provide Trainings i.e. PHTLS, CSOC, ATLS, BDLS, ADLS, CBRNNE and other training. c. Purchase surge equipment including bariatric stretchers, portable telemetry units, etc. d. Purchase evacuation equipment such as evacuation chairs and sleds. e. Test surge, SIP, and evacuation plans			
Capability 14 – Responder Safety & Health 1. Increase pharmaceutical assets and develop	<ul style="list-style-type: none"> ▪ Maintain and sustain institutional and regional caches of protective pharmaceuticals and PPE/decontamination 	Hospitals should: <ul style="list-style-type: none"> ▪ Develop Point of Dispensing (POD) plans. ▪ Maintain six (6) 	Test/exercise POD plans Provide or participate in hazmat/decontamination training.	Test/exercise POD plans Provide or participate in hazmat/decontamination training.	Test/exercise POD plans Provide or participate in HAZMAT and DECON training.

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		equipment and other equipment that may be needed to secure scene. ■ Maintain Mark I Kits and other pharmaceuticals. ■ Fire departments should purchase decontamination equipment to facilitate state and regional efforts.			
Capability 15 – Volunteer Management 1. Perform volunteer assessment and develop guidelines to facilitate the use of volunteers. 2. Develop process to notify volunteers. 3. Develop plan to assist hospitals in the deployment of volunteers. 4. Coordinate the demobilization of volunteers	■ Build upon current achievements to sustain the LAVA (Louisiana Volunteers in Action) system.	Regions should work closely with MRCs for use and registration of volunteers. Facilities may provide LAVA training Facilities should develop process for credentialing volunteers. Develop plan to provide just in time training to volunteers.	Describe regional strategy for volunteer recruitment of healthcare workers.	Educate, train and test just-in-time training process for Volunteers and EMAC procedures.	Educate, train and test just-in-time training process for LAVA Volunteers and EMAC procedures.