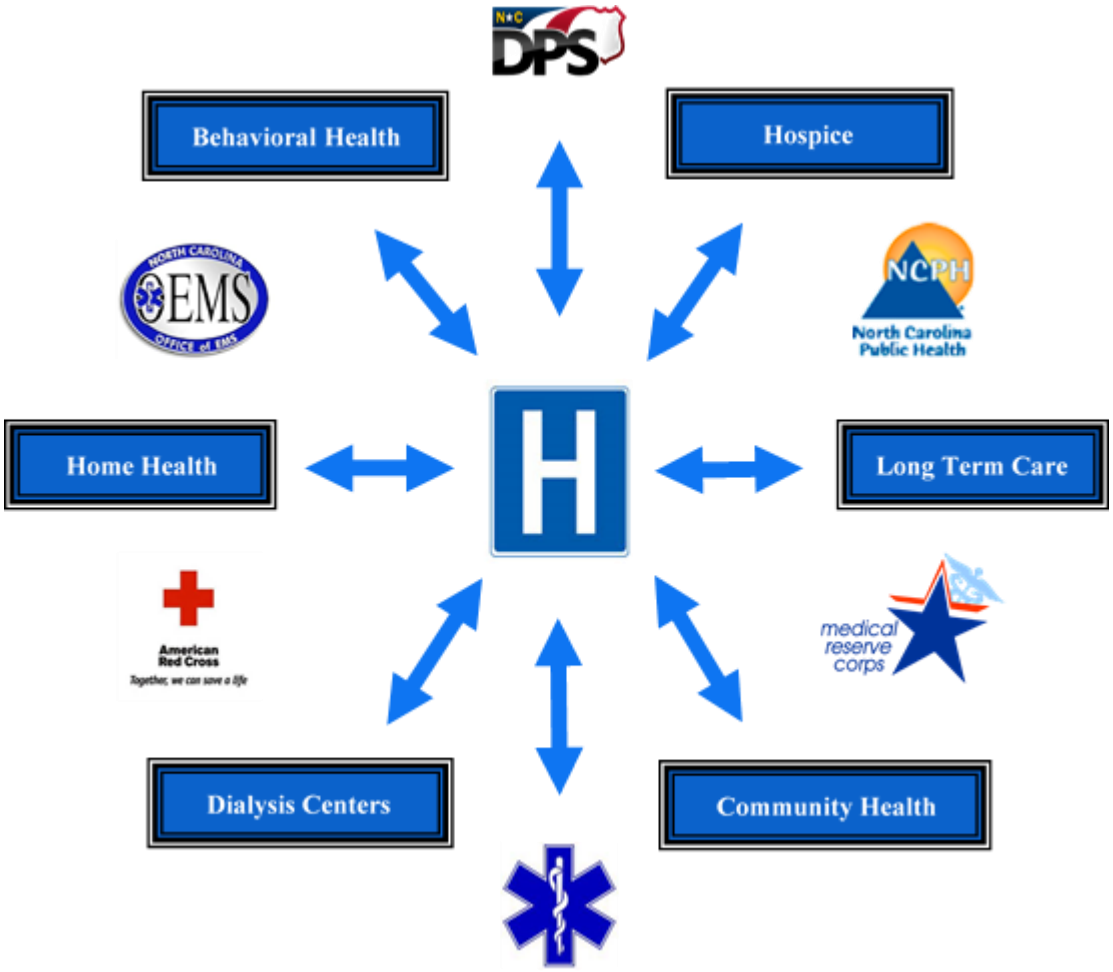


Mid Carolina Regional Healthcare Coalition Preparedness Plan

January, 2021

Mid Carolina
Healthcare Preparedness Coalition

ESF-8
HEALTHCARE PREPAREDNESS, RESPONSE, & RECOVERY PROGRAM

NC Triangle Coalition
HEALTHCARE PREPAREDNESS

CONTENTS

I. Introduction

The Mid Carolina Regional Healthcare Coalition (MCRHC, or Coalition) is a formal collaboration among healthcare organizations and public and private partners that is organized to prepare for, respond to, and recover from an emergency, mass casualty, or catastrophic event.

A. Purpose

The purpose of this Preparedness Plan is to provide effective and sustainable administrative, operational, and educational direction for the Coalition.

B. Mission

The mission of the Coalition is to build resilience and enhance the capability and capacity of its healthcare partners to mitigate against, prepare for, respond to, and recover from emergent events that can impact the health and prosperity of the residents of North Carolina.

C. Goal

The goal of the Coalition is to provide and facilitate continuous improvement to a more capable and resilient healthcare system.

D. Objectives

The Coalition will enhance the emergency preparedness and build or enhance response capabilities of healthcare partners through:

1. Planning
2. Organization
3. Equipping
4. Training and Evaluation
5. Funding and Sustainment

II. Hazard Vulnerability Analysis and Planning

The framework for the Coalition is derived from guidance and directives from the Healthcare Preparedness Program (HPP) of the US Department of Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR) which is administered through the NC Division of Health Service Regulation (DHSR) and the Office of Emergency Medical Services (NCOEMS) under a contractual agreement with University of North Carolina Hospitals.

The Coalition is overseen by the UNC Trauma Program and Healthcare Preparedness Committee (HPC) consisting of partner agency and organization representatives. The HPC serves to establish the objectives and develop the necessary plans to meet the Goal

of having a capable, resilient, and sustainable healthcare community. Administrative Guidelines serve as the governance document for the Coalition, and the Executive Committee is responsible for the overall direction to meet the Goals and Objectives for the collective body of partner representatives.

A number of Coalition plans are developed in accordance with the Administrative Guidelines to enhance or improve the individual, agency, jurisdictional, and regional capability to mitigate, respond to, and recover from events that pose threats to the healthcare system.

A regional hazard vulnerability analysis (HVA) is conducted annually in an effort to establish the priorities for equipping and training through various initiatives and activities.

The analysis tool provides standardized measurements for the probability and severity of twenty-nine natural, man-made, and technological hazards in order to establish relative risk ratings for the healthcare partners of the Coalition.

While the likelihood of an event occurring varied only slightly across the HCDAs, there were indications that population, geography, industrial development, and scarce resources (within healthcare as a whole), were the dominant factors driving both the probability as well as the severity of impact. Conversely, there were indications that decentralized Coalition assets and overall preparedness efforts have contributed to reducing the degree of impact expected in a number of scenarios.

The relative risk ratings ranged from 0% - 83% with the top three being:

1. Cyber Event
2. Infectious Disease Outbreak
3. Supply Chain Disruption

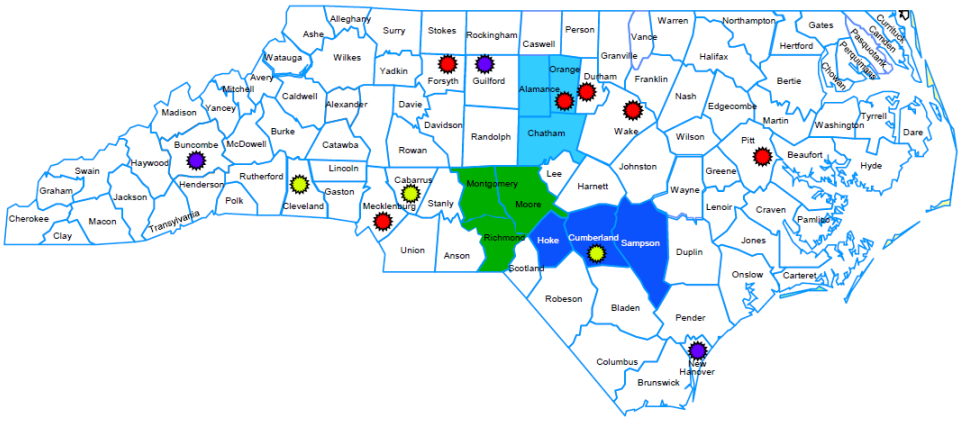
Of note, the occurrence of civil unrest in recent years was shown to elevate that threat significantly since the previous assessment although not enough to rank in the top three for the region. The repeated incidence of winter weather also continues to be of concern, but mitigation efforts and response capabilities were noted to substantially lower the relative risk to healthcare operations.

	Mid Carolina Regional HVA									
	EVENT	Probability	Severity = Magnitude + Mitigation						SEVERITY	RISK (Severity x Probability)/54
			Magnitude (negative consequences of impact)			Mitigation				
			Human Impact	Property Impact	Business Impact	Regional Preparedness	Internal Resources	Regional Resources		
		Likelihood this will occur	*Possibility of Patient Surge*	*Response Costs and Damages*	*Interruption of Services*	*Pre-planning*	*Type, Volume and Availability of Resources*	*Type, Volume and Availability of Resources*	*Relative Impact if this event occurs*	*Relative Threat*
	SCORE	0 = None .5 = Minimal 1 = Low 2 = Moderate 3 = High	0 = None .5 = Low 1 = Minimal 2 = Moderate 3 = High	0 = $0 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = n/a 1 = High 2 = Moderate 3 = Low	0 = n/a 1 = High 2 = Moderate 3 = Low	0 = n/a 1 = High 2 = Moderate 3 = Low	*Autofilled*	*Autofilled*
Natural Events	Earthquake likely to cause structural damage	0.5	0	0	0	2	1	1	4	4%
	Flood (internal and/or external)	2	0	1	1	3	1	1	7	26%
	Extreme Heat/Drought	1	0	0	0	3	1	1	5	9%
	Hurricane/Tropical Storm	2	1	2	3	1	1	1	9	33%
	Ice Storm	2	0	1	2	1	2	2	8	30%
	Infectious Disease Outbreak	3	3	3	3	1	1	1	12	67%
	Wild Fire	0.5	0	0	0	3	1	1	5	5%
	Severe Thunderstorm/Lightening	3	0	0	0	3	1	1	5	28%
	Tornado or Microburst	2	0	0	0	3	1	1	5	19%
	Winter Weather Event	3	0	1	3	2	2	2	10	56%
MCI & Man-Made Events	Armed Individual/Active Shooter incident	3	0	0	1	3	3	3	10	56%
	Bomb/suspicious package	2	0	0	1	3	3	3	10	37%
	Foodborne Illness	0.5	0.5	0	0	3	2	2	7.5	7%
	Mass Casualty Incident (traumatic)	0.5	0.5	0	0	2	3	3	8.5	8%
	Major HazMat Incident	0.5	0.5	0	0	3	3	3	9.5	9%
	Industrial Accident/Incident	0.5	0.5	0	0	3	2	2	7.5	7%
	Mass Gathering	3	0.5	1	0	3	2	2	8.5	47%
	Civil unrest	3	0.5	1	0	3	3	3	10.5	58%
	Radiological/Nuclear Event	0	1	0	0	3	3	3	10	0%
	Transportation Accident/Incident (air, rail)	0.5	0.5	0	0	3	3	3	9.5	9%
Facility & Technological Events	Cyber Terrorism	3	0	3	3	3	3	3	15	83%
	Fuel Shortage	2	0	0	0	3	3	3	9	33%
	Supply Chain Disruption	3	0	1	3	3	2	2	11	61%
	Massive Transportation Disruption / Failure	0.5	0	0	0	3	3	3	9	8%
	Regional Communicaitons Disruption	2	0	1	3	2	2	2	10	37%
	Regional Electrical Failure	0.5	0	1	0	3	2	2	8	7%
	Regional Natural Gas Disruption	0.5	0	0	0	3	3	3	9	8%
	Regional Sewer / Water Treatment Failure	2	0	1	2	3	2	2	10	37%
	Regional Water Disruption / Interruption	2	0	1	2	3	2	2	10	37%

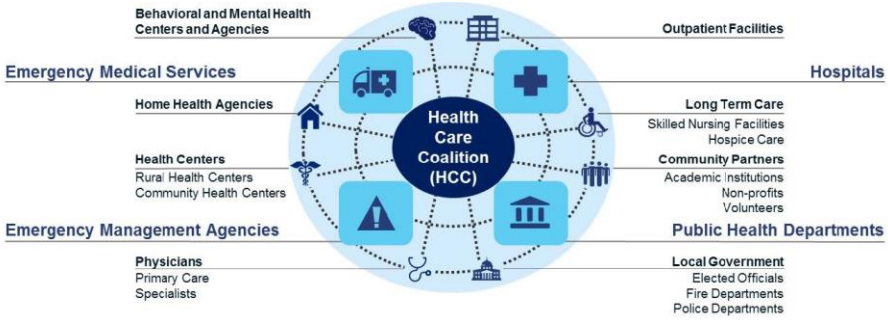
III. Organization

The operational area of the MCRHC runs from Alamance and Orange Counties in the Triangle, southward through the Sandhills, and southeast to beyond the Cape Fear River and I-95 in Sampson County. Coalition staff and centralized assets serve Coalition partners and the State Medical Response System (SMRS) from Durham, NC.

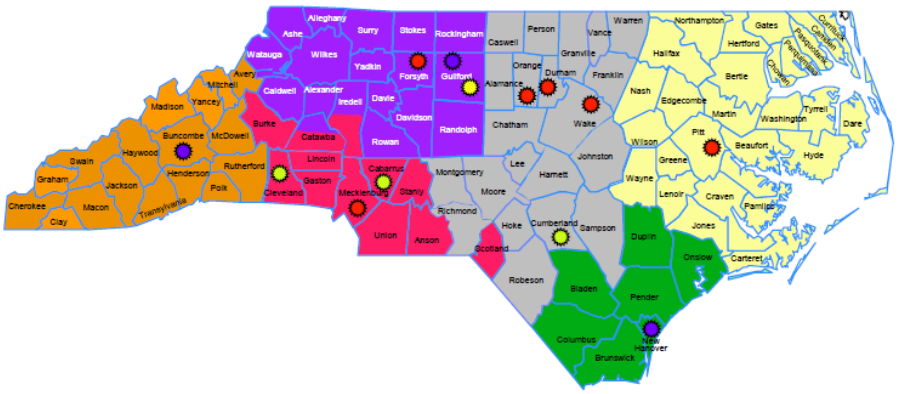
The geographical diversity of the region and the integration of organizations into healthcare systems has resulted in the emergence of three relatively distinct Health Care Delivery Areas (HCDA) within the Coalition. HCDA representatives serve on the Healthcare Preparedness and Executive Committees in accordance with the Administrative Guidelines, and decentralized assets are maintained at select partner locations in accordance with the operational strategies of the Coalition Support and Response Plan.



The Coalition recognizes partner agencies and organizations of any HCDA as those with relationships to a common patient population rather than by jurisdictional borders or other limiting criteria. The MCRHC supports and promotes continued development of HCDA partnerships at all levels in keeping with its Mission and Goal.



The MCRHC, Capital Regional Advisory Committee (CapRAC), and the Duke Healthcare Preparedness Coalition (DHPC) work collaboratively as the North Carolina Triangle Coalition (NCTC) serving a total of 21 counties and their partners. The MCRHC and the Coalitions of the NCTC also work collaboratively with five other Coalitions and numerous other response agencies in North Carolina to fulfill the mission of Emergency Support Function #8 (ESF8) within the State Medical Response System (SMRS) and State Emergency Response Team (SERT).



IV. Equipping

Operational assets and resources are established by the Coalition to bridge preparedness gaps identified by review of exercises, real world events, and hazard/risk and vulnerability assessments (HVA) as outlined in Section (II), above.

Supplies and equipment are maintained at the most local level as feasible to meet the needs of Coalition partners, with the location, capability, and status tracked electronically to the extent possible. NIMS standards for common terminology and resource typing are implemented to the extent possible, and capability-based mission-ready packages are developed when appropriate.

Personnel affiliated with Coalition partners may register in the North Carolina Training and Exercise Response Management System (https://terms.ncem.org) to volunteer with the Mid Carolina State Medical Assistance Team or Medical Reserve Corps (MRC) as an unaffiliated volunteer.

Resource requests for temporary use of assets and resources are made in accordance with the Coalition Support Plan or mutual aid agreement, and permanent transfer of ownership may also occur in accordance with applicable HPP guidelines.

V. Training and Exercises

The MCRHC and NCTC will assist Coalition partners with training and exercises to the extent possible and appropriate to meet the Objectives and Goal of this Plan. Training and exercise priorities will be established annually and outlined in a Multi-year Training

and Exercise Plan (MYTEP). Training and exercise activities will be coordinated to provide maximum availability and participation, while minimizing the effort, expense, or other potential barriers for Coalition partners.

VI. Funding and Sustainment

The primary funding for Coalition activities is based on an established multi-factored formula and provided by the North Carolina Division of Health Service Regulation (DHSR) Office of Emergency Medical Services (OEMS) Healthcare Preparedness Program (HPP) through contractual agreement with the University of North Carolina Hospitals (UNCH) System. The current budget period began on 1 July, 2020 and will conclude on 30 June, 2021 with planning for the 2021-22 budget cycle underway.

A 10% matching requirement is provided primarily through the support of UNC Health with additional in-kind contributions from coalition partners and stakeholders.

VII. Strategic Planning Timeline

The timeline for strategic planning is generally established by federal and state HPP guidance with additional planning conducted by coalition staff and Executive Committee as needed throughout the grant cycle or calendar year.