



SE MINNESOTA
DISASTER HEALTH COALITION
Enhancing Regional Preparedness, Response and Recovery

Healthcare Multi-Agency Coordination Center (MACC)

September 2016

TABLE OF CONTENTS

Introduction.....	3
Healthcare MACC Overview	4
Operating Levels.....	6
Relationships By EOC Activation Type	7
Functional Responsibilities	9
Resource Allocation	12
Data Use & Release	13
Information Validation	13
Public Information Sharing	14
Demobilization Considerations	14
Forms	15
References	16
Appendix A – Conference Call Information.....	17
Appendix B – Initial Actions.....	18
Appendix C – Essential Elements of Information.....	20
Appendix D – Form 202 – Type 1 Incident Objectives (MCI)	25
Appendix E – Form 204 – Organization Assignment List	26
Appendix F – Form 205 – Communication Plan	27
Appendix G – Form 214 – Operational Log	29
Appendix H – Resource Request Process	30
Appendix I – [REGION NAME] Resource Request form	31
Appendix J – State Department of Health Medical Materiel Supply Requisition Form.....	34
Appendix K – H-MACC Action Items Log	35

INTRODUCTION

The [REGION NAME] Disaster Health Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a healthcare system to provide services and to prepare for, respond to, recover from consequences of a disaster to the healthcare system, the purpose of the Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters.

The following groups are represented as part of the [REGION NAME] Disaster Health Coalition:

- Hospitals
- Local Public Health
- Emergency Management
- Emergency Medical Services Regulatory Board (EMSRB)
- Regional Emergency Medical Services (EMS)
- Long Term Care Facilities
- Volunteers Organizations Active in Disasters (VOAD)
- Specialty Services (e.g., dialysis centers, hospice centers, American Red Cross)

Coalition partners will carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans and as defined in operational support compacts, mutual aid agreements, and memoranda of understanding or other operational agreements.

This document outlines the functions of the [Region Name] Healthcare Multi-Agency Coordination Center (H-MACC). The scope of this document is involves H-MACC activities; information should be integrated within organizational and community operational documents as applicable.

HEALTHCARE MACC OVERVIEW

What is a Healthcare-MACC?

The [REGION NAME] Healthcare-MACC is a multi-disciplinary organizational model that allows healthcare entities a means to obtain additional support during disasters. The [REGION NAME] Healthcare-MACC performs a “clearing house” function by collecting, processing, and disseminating data and information to Coalition partners, as applicable, during a disaster. The Healthcare-MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitating information sharing and situational awareness among Coalition partners,
- Facilitating resource support and resource sharing among Coalition members, including supporting the request and receipt of assistance from local, State, and Federal authorities, and
- Facilitating patient transfers during a disaster.
- Supporting incident management policies and priorities.

Who Participates in the [REGION NAME] Healthcare-MACC?

Any Coalition member or partner or State Department of Health may request [REGION NAME] Healthcare-MACC activation by contacting the [List Organization/Department]. Representatives from hospitals and EMSRB generally staff the H-MACC for acute incidents (e.g., MCI, hospital business continuity incident). For hospital representation, this would generally involve representatives from the Affected Hospital and the following [List Organization/Department] entities: [24/7 contact], Admissions Coordination Office, Administration, and [List Organization/Department] HICS.

For extended incidents with health and medical impact, other disciplines may be involved with Healthcare-MACC activities, including, but not limited to:

- Emergency Management
- Long Term Care
- Public Health
- VOAD
- Various Subject Matter Experts

Why do we need a Healthcare-MACC?

The Healthcare-MACC helps improve disaster response coordination by ensuring Coalition partners have the information they need to adequately respond to major events. This information exchange builds consistency in response activities and in the public message. It also allows the healthcare partners from across the region to better interface with non-medical responders at the jurisdiction level by providing timely and

accurate “snapshots,” or composite updates of local healthcare facilities operations and capabilities, including:

- Facility infrastructure status
- Bed availability
- Service availability
- Resource availability
 - Personnel
 - Supplies
 - Equipment
 - Pharmaceuticals
 - Organizational and Regional

Where is the [REGION NAME] Health MACC located?

Often, the Healthcare-MACC is “virtual;” participants engage via phone, [Communication tool], email, etc. If Healthcare-MACC personnel need to locate geographically together, the primary Healthcare-MACC location is the [location]. Alternatively, if a local Emergency Operations Center is activated, the Healthcare-MACC could be located there.

When is the [REGION NAME] Health MACC activated?

Coalition members have a responsibility to prepare for situations that could negatively impact health and medical operations. A minimum level of preparedness is expected from participating organizations to minimize undue pressure on Coalition members due to lack of preparedness and capability from other Coalition members. Coalition members are expected to maintain the capability to manage the consequences of emergencies, independent of support from the Coalition (i.e., addressed at the organizational or local jurisdictional level). Given the results of community and regional hazard assessments, this minimum level of preparedness will minimize the need for Coalition support and thereby the need to activate the Healthcare-MACC.

The Healthcare-MACC should only be activated when a disaster or an emergency has been declared by local or state authorities or when necessary to save lives or ensure critical patient care continuity in absence of a declared emergency or disaster. Any impacted healthcare entity may activate the Healthcare-MACC by contacting [24/7 contact information].

Potential situational triggers for [REGION NAME] Healthcare-MACC activation include, but are not limited to:

- A request to open by a Coalition member or partner (local Emergency Management, EMS, Long Term Care, Hospital, Local Public Health)
- A request to open by State Department of Health
- Multi-jurisdictional incident or outbreak
- An incident in an area with few resources, such as a low population county or a county without a hospital
- An incident large enough to require resource sharing including:

- Strategic National Stockpile deployment
- Epidemiologic investigation
- Facility Evacuation
- Any substantive Health Alert Network message requiring action from public health and/or healthcare. Possible examples -
 - A natural disaster (e.g. widespread tornado or flooding)
 - A biological attack (e.g. anthrax dispersion)
 - A chemical attack or spill (e.g. train derailment that forces a community evacuation)
 - A biological disease outbreak (e.g. pandemic influenza)

OPERATING LEVELS

Operating Level	Threat Level	Associated Activities
Awareness / Alert	Incident potential exists (e.g., flood watch/warning, tornado watch/warning, increased incident of a disease, CDC/WHO Pandemic Status)	[REGION NAME] Healthcare-MACC representatives are made aware of weather alerts through existing communication channels (e.g., TV, radio, NOAA radios, direct agency notification, phone applications, Health Alert Network notifications) No specific action/activities are conducted. Primary Healthcare-MACC members should have a heightened awareness that Healthcare-MACC activation is a potential.
Monitoring	An incident that can be managed at the organizational level or local level occurs; or, an incident that has the POTENTIAL for needing Coalition support.	[REGION NAME] Healthcare-MACC notified by affected organization via [method]. [REGION NAME] Healthcare-MACC representatives will conference call with affected organization to gain situational awareness. If no Coalition support is needed, a process for situational monitoring will be established; [REGION NAME] Healthcare-MACC representatives will be updated accordingly. Determine if a [Communication tool] Alert should be sent to Coalition members or if a [Communication tool] Coordination Room should be established. Determine if the Hospital Compact should be activated. Determine if Healthcare-MACC Activation needs to be implemented.

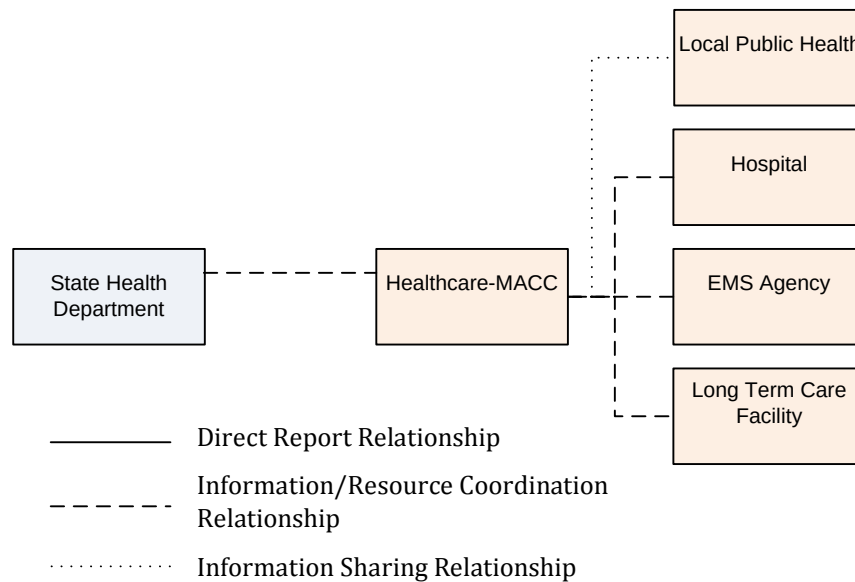
Operating Level	Threat Level	Associated Activities
		If the incident expands, increased monitoring may be required. A process to meet situational monitoring needs will be established.
Activation	A request to activate the [REGION NAME] H-MACC has been made for an incident that impacts EMS, hospital or long term care facility operations. (e.g., MCI)	[REGION NAME] Healthcare-MACC will notify Coalition members, [State] State Duty Officer and State Department of Health OEP the Healthcare-MACC has been activated. Send a [Communication tool] Alert to Coalition members. Determine if a [Communication tool] Coordination Room should be established. Determine if the Hospital Compact should be activated. [REGION NAME] Healthcare-MACC will support information management/situational awareness and resource and patient transfer requests in accordance with operational agreements and regional guidelines. (Refer to References Section.)
Deactivation	Post event; organizations/ communities no longer require [REGION NAME] Healthcare-MACC assistance.	Notify Coalition partners and State Department of Health of Healthcare-MACC deactivation. Finalize documentation and initiate after action review process.

RELATIONSHIPS BY EOC ACTIVATION TYPE

Activation Without Local EOC Activation

In this type of activation, the incident is sufficient enough to require additional support from other healthcare organizations, but not large enough to require a jurisdictional Emergency Operations Center activation. The Healthcare-MACC will interface directly with organizations to obtain Essential Elements of Information and facilitate information sharing to create situational awareness.

Refer to Appendix B for typical Essential Elements of Information associated with healthcare emergency operations coordination and Healthcare-MACC representatives responsible for obtaining the information for Healthcare-MACC operations.

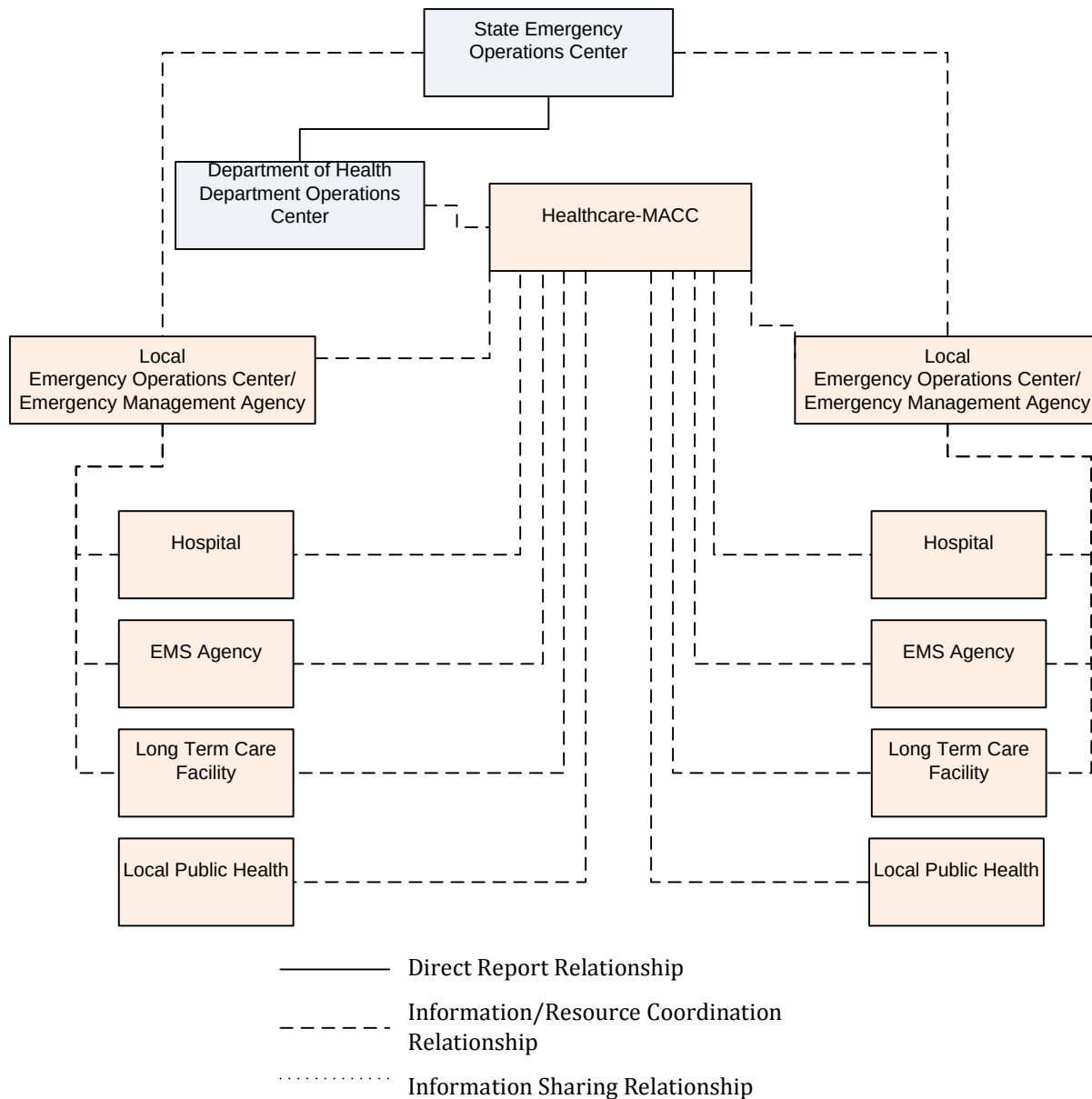


Activation With Local EOC Activation

In this type of activation, the incident is sufficient enough to require additional support from other healthcare organizations and activation of one or more jurisdictional Emergency Operations Centers (EOC). In this situation, the Healthcare-MACC supports one or more local EOCs by supporting pre-hospital and hospital response operations.

While the jurisdictional Emergency Operations Center is responsible for coordinating the overall disaster response, the Healthcare-MACC can be used as a support function of an EOC’s “Operations” section, or ESF#8, or a fully separate “Medical Operations” section to help coordinate healthcare response and recovery activities. Through this structure, the Healthcare-MACC has access to multiple agencies (e.g., public health, VOAD groups) to support response operations if necessary. The local medical organizations may also be directly represented in jurisdictional Emergency Operations Centers.

Depending upon how the Healthcare-MACC is organized to support a jurisdictional Emergency Operations Center, Essential Elements of Information and other information management activities between the jurisdictional Emergency Operations Center and the Healthcare-MACC can occur through the local medical organizations liaison officer activated as a role within the jurisdictional Emergency Operations Center (preferred) or in absence of such a role, directly with an appropriate role (e.g., Planning Chief, Operations Chief, ESF8 Team Leader) within the jurisdictional Emergency Operations Center management structure. Additionally, the Healthcare-MACC is able to interface directly with healthcare organizations. (Refer to Appendix B for typical Essential Elements of Information associated with healthcare emergency operations coordination and Healthcare-MACC representatives responsible for obtaining the information for Healthcare-MACC operations.)



FUNCTIONAL RESPONSIBILITIES

General potential tasks associated with Healthcare-MACC discipline representatives are described in this section.

Affected Healthcare Facility (if applicable)

- Participate in the Healthcare-MACC activation conference call.
 - Provide the following information to the Healthcare-MACC:
 - Incident Location
 - Incident Type
 - What support is needed:
 - Patient Evacuation/Transfer Support

- Reference: Patient Intake Form
 - Supply/Equipment Support
 - Reference: SE Region Supply/Equipment Request Form
 - Personnel/Staffing Support
 - Type, Quantity
- Support situational awareness by updating the Healthcare-MACC as requested.

Emergency Medical Services (Typically EMSRB Specialist)

- Log activities on the Operational Log. (Refer to [Appendix G.](#))
- Notify local EMS of Healthcare-MACC activation.
- Determine EMS asset needs.
- Assess available EMS assets/Obtain EMS Essential Elements of Information.
- Coordinate emergency transportation asset support.
- Coordinate with Regional EMS Program to activate Southeast EMS Task Force.
- Coordinate with Regional EMS Program to deploy EMS Disaster Response Trailers.
- Open EMS [Communication tool] Coordination Room.
- Notify Statewide EMS MACC if necessary and request conference call through MRCC.
- Report to [REGION NAME] Healthcare-MACC, local EOC and/or State EOC.
- Participate in [Communication tool] [REGION NAME] Healthcare-MACC Coordination Room, EMS MACC Coordination Center Room, and incident specific coordination rooms.
- Provide EMS staging and communications information
- Work with local emergency management and EMS partners to provide just in time training for taking KI during a nuclear incident.
- Support patient tracking activities.
 - Patient information sharing during tracking/transport will occur in accordance with HIPAA information security/privacy requirements. (EMS uses a triage tagging system. EMS has a number and tag tied to the patient and run sheet, which is handed off to the receiving facility.)
 - Coordinate with public health, if applicable (e.g., Prairie Island radiation incident).

Healthcare (Primary: HICS Incident Commander; Secondary: Administrator/Administrator on Call)

- Log activities on the Operational Log. (Refer to [Appendix G.](#))
- Notify healthcare facilities of Healthcare-MACC activation.
 - Request [Organization] to issue [Communication tool] Alert and/or open hospital compact conference call.
- Determine healthcare facility needs.
- Assess available healthcare assets/Obtain hospital Essential Elements of Information.
- Open healthcare [Communication tool] Coordination Room. (Request [Organization] representative to open the room.)

- Participate in [REGION NAME] Healthcare-MACC [Communication tool] Coordination Room.
- Connect with State Department of Health DOC or OEP 24/7. (Refer to Communications Plan, Appendix D.)
- Maintain situational awareness of healthcare status.
- Assess and coordinate available supplies and resources (Refer to [REGION NAME] HCC Resources Guidelines.)
- Facilitate patient information flow between healthcare entities.
 - Multiple systems in place support patient tracking from entry to the healthcare system via EMS through arrival to hospital (MTAT) and arrival at hospital through discharge (patient admissions system).
 - Patient information sharing during tracking/transport will occur in accordance with HIPAA information security/privacy requirements.
- Support situational awareness/common operating picture by providing healthcare system situation/status and patient tracking status to hospitals, jurisdictional Emergency Operations Center(s) and State Department of Health Department Operations Center, if activated.
- Inform Public Affairs [contact number].
- Facilitate deployment of disaster stockpiles.

Admissions Coordination Office

- Log activities on the Operational Log. (Refer to [Appendix G.](#))
- Support situational awareness/common operating picture by obtaining bed and service availability at area hospitals.
 - [Online tool name] is the primary electronic tool to support bed availability situational awareness. Alternate methods include email, fax, phone, and facility status boards.
 - As necessary to support situation information needs or as defined in the Essential Elements of Information ([Appendix C](#)), request [Organization] to issue a [Communication tool] Bed Availability Update Alert. (Refer to the Data Use & Release Section.)
 - Alternatively, or in conjunction with the [Communication tool] Alert, bed updates can be requested during Hospital Compact conference calls.
 - Provide bed/services availability updates focusing on challenges/barriers to success during the Healthcare-MACC operations briefings, or as requested, to support situational awareness/common operating picture.
- Support disaster response activities as defined in the Hospital Disaster Preparedness and Response Compact agreement.
- Support patient tracking activities.
- Support scene-to-hospital and hospital-to-hospital patient disposition activities.

Primary 24/7 Call Center (takes initial call)

- Log activities on the Operational Log. (Refer to [Appendix G.](#))
- Support information sharing by activating notification protocols as requested.
 - [Communication Tool]

- [Communication tool] Alert
- [Communication tool] HAvBED
- [Communication tool] Coordination Room
- CISM Team
- EMS Disaster Trailer
- EMS Task Force
- Support information sharing by opening conference call lines.
 - Healthcare-MACC
 - Regional Hospital Compact
- Support disaster response activities as defined in the Hospital Disaster Preparedness and Response Compact agreement.
- Support incident situational awareness/common operating picture by providing patient tracking.
 - Primary patient tracking system is the [name of Tool], which is readily available to Healthcare-MACC personnel although specific patient details are limited due to Patient Health Information security requirements (HIPAA). The Healthcare-MACC [organization name] representative has access to complete information. Information is updated by authorized [organization name] personnel as updates are received.
 - Secondary patient coordination/tracking system during NDMS events is the [tool name].
 - Patient information sharing during tracking/transport will occur in accordance with HIPAA information security/privacy requirements.
- Provide bed/services availability updates focusing on challenges/barriers to success during the Healthcare-MACC operations briefings, or as requested, to support situational awareness/common operating picture.

RESOURCE ALLOCATION

[Appendix H](#) provides a resource request process flow chart.

Material Resources

Each hospital “owns” one POD of centrally warehoused supplies; the hospital may request the supplies based on its own situational triggers and deployment decision making processes. The supplies can be deployed without additional authorization.

Release of a POD “owned” by another hospital will be deployed in accordance with procedures outlined in the Hospital Disaster Preparedness & Response Compact. Essentially, a hospital would need to authorize deployment of its POD to another requesting entity.

Coordinate stockpile deployment through [list process].

Refer to the [REGION NAME] HCC Disaster Resources Guidelines for additional resource deployment processes.

Hospital Resources

In accordance with the Hospital Disaster Preparedness & Response Compact, [List Organization/Department] coordinates patient distribution and tracking across Participating Hospitals to ensure appropriate patient care is made available to patients. Decision making for patient placement will be made in accordance with current procedures and will consider the current operational status (e.g., bed availability, facility status, service line availability) to determine the most appropriate allocation of hospital resources to ensure patients receive appropriate care.

[Discuss regional availability]

Transportation Resources

In accordance with the Hospital Disaster Preparedness & Response Compact, [List Organization/Department] is the primary contact to assist with organizing transportation for patient transfers/evacuation from an Affected Hospital to an Assisting Hospital. In collaboration with the Healthcare-MACC EMS representative, the [List Organization/Department] will coordinate EMS transportation in accordance with established protocols.

DATA USE & RELEASE

Hospital data use will occur as outlined in the Hospital Disaster Preparedness & Response Compact, State Department of Health [Information sharing tool] Agreement Regional Hospitals, and [other tools] User Agreement. Refer to the agreements for further details.

Sharing of nonpublic data obtained by the Healthcare-MACC via [Communication tool] is limited to [List Organization/Department] and the State Department of Health. Sharing of other nonpublic data, including Essential Elements of Information, obtained by the Healthcare-MACC is limited to Healthcare-MACC representatives, the organization “owning” the data, and [List Organization/Department] HICS as necessary to support disaster response operations. Refer to the Public Information Sharing section for additional data use guidance.

INFORMATION VALIDATION

Information validation actions will be taken when inconsistencies with established reporting mechanisms or inconsistent/missing data have been identified. Mechanisms to validate inconsistent or missing data are provided in Appendix C.

PUBLIC INFORMATION SHARING

Healthcare-MACC members will not directly release operational or patient information to the general public.

[List Organization/Department] Public Affairs, or if activated [List Organization/Department] HICS Public Information Officer, will manage Healthcare-MACC public information sharing activities in accordance with existing plans (e.g., [List Organization/Department] Crisis Communications Plan). The Plan describes how to communicate with the following:

- patients and their families
- media
- information about patients to third parties

All requests for information concerning patients will be directed to the [List Organization/Department] Public Affairs Department [contact number], or if activated [List Organization/Department] HICS Public Information Officer. Patient information release to the public will be shared in accordance with [List Organization/Department] Policy – Patient Information: Release to Media.

Additional media relations and release of information responsibilities of hospitals are outlined in the Hospital Disaster Preparedness & Response Compact.

DEMOBILIZATION CONSIDERATIONS

As the emergency situation subsides to normal activities, the [REGION NAME] Healthcare-MACC, in collaboration with supported organizations, and if activated the State Department of Health Department Operations Center, will determine the need to deactivate or “demobilize” the Healthcare-MACC. This may occur in a tiered fashion as certain functions/organizations return to normal operations or all at once. Intentions to demobilize should be communicated to all applicable stakeholders.

The healthcare representative, in collaboration with community response organizations, should consider the following criteria when determining the need to demobilize the Healthcare-MACC:

- Projected end of an outbreak
- Ability to provide inpatient care without surge activities
- Ability to provide emergency services without surge activities
- Resumption of normal operations is imminent/completed

The EMS representative, in collaboration with community response organizations, should consider the following criteria when determining the need to demobilize the Healthcare-MACC:

- Ability to provide emergency services without mutual aid
- Resumption of normal operations is imminent/completed

An after action review will be conducted to identify what went well and opportunities for improvement.

FORMS

The following forms may be useful in supporting Healthcare-MACC documentation needs. Healthcare versions of the forms are readily available here <http://www.emsa.ca.gov/HICS/forms.asp>

ICS Form	Title	Purpose
Form 202	Incident Objectives	Provides establishment of incident objectives for operational period.
Form 203	Organization Assignment List	Provides establishment of staff assigned to various positions within the ICS for the incident.
Form 205	Communication Plan	Provides communication information to support H-MACC operations.
Form 214	Operational Log	Provides a record of personnel roster and activities undertaken during the operational period.
NA	[REGION NAME] Supply Request Form	Provides a record of medical supply requests by affected healthcare entities. Used by requesting organizations; submitted to H-MACC.
NA	State Department of Health Medical Materiel Supply Request Form	Provides a record of medical supply request to State Department of Health. Used by requesting organization or H-MACC; submitted to State Department of Health.
NA	Action Item Log	Provides of record of open action items needing to be addressed, along with status, owner, and date needed.
NA	Situation Report	Provides a situation update of the Health and Medical issues in the Region.

REFERENCES

Emergency Medical Treatment and Active Labor Act (EMTALA)

Health Insurance Portability and Accountability Act (HIPAA)

Hospital Disaster Preparedness & Response Compact

[State] Statute Medical Reserve Corps

[State] Statute– Requests for Health Volunteers (by Local Public Health)

[Communication tool] Partner Channel Agreement

[Name] User Agreement

[REGION NAME] Disaster Health Coalition Volunteer Management Guidelines

[REGION NAME] Disaster Health Coalition Resources Guidelines

[REGION NAME] Disaster Health Coalition Communications Guidelines

Stafford Act

APPENDIX A – CONFERENCE CALL INFORMATION

Conference calls are activated by the [24/7 contact].

Healthcare Multi-Agency Coordination Center (H-MACC) Conference Call

- Primary:
- Backup:
- Access Code:

Hospital Disaster Compact Conference Call (at the request of a H-MACC Healthcare Representative)

- Primary:
- Backup:
- Access Code:

Alternate Conference Call (FreeConferenceCall.com)

- Number: 605.475.4000
- Access Code:

APPENDIX B – INITIAL ACTIONS

The [List Organization/Department] HICS Incident Commander (primary) or Administrator/ Administrator-On-Call (secondary) is responsible for facilitating Healthcare-MACC initial actions.

The following identifies a generic process for Healthcare-MACC initial actions upon activation:

1. Identify Healthcare-MACC staffing gaps.
 - i. Take action to resolve staffing gaps (i.e., notify State Duty Officer, 24/7 OEP, etc.)
 - ii. Document H-MACC staff on Form 204 – Organization Assignment List (Refer to [Appendix E.](#))
2. Obtain incident brief from affected organization.
 - i. What they currently know/assume (Who, Where, What, When, Why)
 - ii. Specific needs (e.g., patient transfer, supplies, equipment, personnel)
 - iii. Log H-MACC activities on the Operational Log. (Refer to [Appendix G.](#))
3. Notify Coalition Members and Partners of [REGION NAME] Healthcare-MACC activation. (Refer to [Appendix F](#) – Communications Plan.)
 - i. Issue [Communication tool] Alerts (including bed availability updates) as appropriate. (*[Organization] Representative*)
 - ii. Activate Hospital Compact conference call, if appropriate. (*[Organization] Representative*)
 - iii. Establish [Communication tool] Coordination Rooms (EMS, Healthcare, Public Health) as appropriate. (*[Organization] Representative*)
4. Notify [List Organization/Department] Public Affairs (###-###-####) of [REGION NAME] Healthcare-MACC activation. (*[List Organization/Department] HICS Incident Commander/Administrator On Call*)
5. Notify [State] State Duty Officer (###-###-####) and State Department of Health OEP (###-###-####) of [REGION NAME] Healthcare-MACC activation. (*[List Organization/Department] HICS Incident Commander/Administrator On Call*)
(Note: After hours OEP uses a call service. For exercises, the call service should just note the exercise and confirm they have the numbers for the on call OEP staff (e.g., ask them to find the list and confirm the staff they would attempt to contact.)
6. Identify Response Objectives. (Form 202; Refer to [Appendix D.](#))
 - i. Implement actions to achieve response objectives. (Document open action items on the [Action Items Log, Appendix K.](#))
 - ii. Identify barriers to achieving response objectives.

7. Identify what Essential Elements of Information (EEI) are needed to support situational awareness/response. (Refer to [Appendix C](#); check all that apply for the current situation.)
8. Take action to obtain EEI as appropriate for the incident. (Refer to [Appendix C](#).)
 - i. As assigned in [Appendix C](#), “Responsible Data Collector”
 - ii. Activate Hospital Compact conference call, if appropriate to facilitate EEI gathering. (*[Organization] Representative activates call*)
 - iii. Document open action items on the [Action Items Log, Appendix K](#).
9. Facilitate activation of disaster medical resources. (Refer to [Appendix H](#); and [REGION NAME] Disaster Health Coalition Guidelines.)
 - i. Requesting organizations should submit resource requests on the [\[REGION NAME\] Resource Request Form, Appendix I](#). (If request is verbal, then obtain information and document it on the form; otherwise, direct the requestor to complete and submit the form to email@email.email)
 - ii. Use the State Department of Health [Medical Material Supply Form, Appendix J](#) to request supplies from State Department of Health.
 - iii. Track action items related to activation of medical resources on the [Action Items Log, Appendix K](#).
10. For ongoing events, establish a briefing schedule for the [REGION NAME] H-MACC.
 - i. At designated time, conduct Incident Brief.
 1. Agenda
 - a. External Situation Status
 - b. Health & Medical Discipline-Specific Status (focus on current needs – patient, staff, stuff - , barriers, and EEIs; should at least include affected organization status)
 - c. Other Coalition Member/Partner Status (as applicable to health and medical response)
 - d. Public Information Status
 - e. Safety & Security Status
 - f. Logistics Status
 - g. Personnel Status
 - h. Identify Operational Concerns
 - i. Q&A
 - j. Next Brief: _____

APPENDIX C – ESSENTIAL ELEMENTS OF INFORMATION

Column 1 – Identify (check) the EEIs that should be collected by the Healthcare-MACC for the operating period.

Column 2 – EEI Number - The reference number assigned to each EEI to be collected.

Column 3– Essential Element of Information - The category/functional element of data to be collected.

Column 4 – Specific Information Required - The question to be answered or data to be provided by organization identified in Column 6.

Column 5 – Data Collector (s) – Group/individual responsible for obtaining the requested information from the organization in Column 6.

Column 6 – Data Source(s) - The source used by the data collector. Specify the name of report, providing agency, etc.

Column 7 – Information Sharing Mechanism - To be completed by Data Collector. Specify how the requested information will be provided to the Healthcare-MACC

Column 8 – Periodicity of providing data to Healthcare-MACC.

Column 9 – Validation Mechanism if data not received through Information Sharing Mechanism.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Applicable EEI (Check)	EEI #	EEI Category	Specific Information Required	Responsible Data Collector	Data Source	Information Sharing Mechanism	Information Sharing Periodicity	Information Validation Mechanism
	H.1	Bed Availability	Availability for the following: Operating Rooms, Critical Care Rooms, General Med/Surge Rooms, Specialty Rooms (e.g., Peds, Psych)	[Organization]	Compact Hospitals/MCHS Hospitals	[Communication tool]	As requested by Healthcare-MACC	Phone, Fax, ARMER
	H.2	ED Availability	Available for the following types of patients: Red/Priority 1/Critical;	[Organization]	Compact Hospitals/MCHS Hospitals	Phone	As requested by Healthcare-MACC	Fax, ARMER

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	
Applicable EEI (Check)	EEI #	EEI Category	Specific Information Required	Responsible Data Collector	Data Source	Information Sharing Mechanism	Information Sharing Periodicity	
			Yellow/Priority 2/Delayed; Green/Priority 3/Minimal					
	H.3	Facility Status	Availability of offered services	ACO	Compact Hospitals/MCHS Hospitals	Phone	Daily or as established by the Healthcare-MACC	Fax, ARMER
	H.4	Facility Status	Status of infrastructure/facility systems.	H-MACC Healthcare Representative	Affected Hospital	Phone	Daily or as established by the Healthcare-MACC	Fax, Email, ARMER
	H.5	Resource Status	Clinical/non-clinical staffing needs.	H-MACC Healthcare Representative	Affected Hospital	Email	Daily or as established by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.5.A	Resource Status	Clinical/non-clinical staffing availability.	H-MACC Healthcare Representative	Compact Hospitals/MCHS Hospitals	Email	As requested by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.6	Resource Status	Patient care/general supply and equipment needs.	H-MACC Healthcare Representative	Affected Hospital	Email	Daily or as established by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Applicable EEI (Check)	EEI #	EEI Category	Specific Information Required	Responsible Data Collector	Data Source	Information Sharing Mechanism	Information Sharing Periodicity	Information Validation Mechanism
	H.6.A	Resource Status	Patient care/general supply and equipment availability.	H-MACC Healthcare Representative	Compact Hospitals/MCHS Hospitals	Email	As requested by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.7	Resource Status	Pharmaceutical supply needs.	H-MACC Healthcare Representative	Compact Hospitals/MCHS Hospitals	Email	Daily or as established by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.7.A	Resource Status	Pharmaceutical supply availability.	H-MACC Healthcare Representative	Compact Hospitals/MCHS Hospitals	Email	As requested by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.8	Patient Movement	Patient health status, location, disposition, transfer and transportation status.	H-MACC Healthcare Representative	Compact Hospitals/MCHS Hospitals	Email	Daily or as established by the Healthcare-MACC	Phone, Fax, ARMER, [Communication tool] Coordination Room
	H.9	Family Care	Where is the location of the Family Assistance Center/Family Reunification Center?	H-MACC Healthcare Representative	Local EOC/EMA or American Red Cross	Email	Once	Phone, Fax, ARMER

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Applicable EEI (Check)	EEI #	EEI Category	Specific Information Required	Responsible Data Collector	Data Source	Information Sharing Mechanism	Information Sharing Periodicity	Information Validation Mechanism
	H.10	Family Care	What provisions should be made to accommodate care for victims' families?	H-MACC Healthcare Representative	Local EOC/EMA or American Red Cross	Email	Daily or as established by the Healthcare-MACC	Phone, Fax, ARMER
	LTC.1	Bed Availability	Bed availability for the following types: Female – Unsecure; Male – Unsecure; Female – Secure; Male – Secure	[Organization]	[REGION NAME] Skilled Nursing Facilities	[Communication tool]	Daily or as established by the Healthcare-MACC	Phone, Fax, Email
	LTC.2	Facility Status	Status of infrastructure/facility systems.	TBD	Affected LTC Facility	Email	Daily or as established by the Healthcare-MACC	Phone, Fax
	LTC.3	Facility Status	Availability of offered services.	TBD	[REGION NAME] LTCs	Email	As requested by the Healthcare-MACC	Phone, Fax
	LTC.4	Resource Status	Clinical/non-clinical staffing needs.	TBD	Affected LTC Facility	Email		Phone, Fax
	LTC.4.A	Resource Status	Clinical/non-clinical staffing availability.	TBD	[REGION NAME] LTCs	Email	As requested by the Healthcare-MACC	Phone, Fax
	LTC.5	Resource Status	Supply and equipment needs.	TBD	Affected LTC Facility	Email	Daily or as established by the Healthcare-MACC	Phone, Fax
	LTC.5.A	Resource Status	Supply and equipment availability.	TBD	[REGION NAME] LTCs	Email	As requested by the Healthcare-MACC	Phone, Fax

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Applicable EEI (Check)	EEI #	EEI Category	Specific Information Required	Responsible Data Collector	Data Source	Information Sharing Mechanism	Information Sharing Periodicity	Information Validation Mechanism
	LTC.6	Resident Movement	Resident/client health status, location, disposition, transfer and transportation status.	TBD	[REGION NAME] LTCs/Transport Agencies/Local EOC/EMA	Email	Daily or as established by the Healthcare-MACC	Phone, Fax
	EMS.1	Resource Status	Number of EMS units with personnel not dedicated to the EMS Task Force available by the following types: Basic Life Support; Advanced Life Support	H-MACC EMS Representative	EMS Agencies	[Communication tool] Coordination Room	As requested by the Healthcare-MACC	Phone, Fax, ARMER
	EMS.2	Resource Status	Number and location of available Task Forces or Strike Teams	H-MACC EMS Representative	EMS Agencies/SEOC	[Communication tool] Coordination Room	As requested by the Healthcare-MACC	Phone, Fax, ARMER
	EMS.3	Patient Movement	Patient location, health status, transfer and transportation status.	H-MACC EMS Representative	EMS Agencies	[Communication tool] Coordination Room	As requested by the Healthcare-MACC	Phone, Fax, ARMER
	EMS.4	Patient Movement	Patient Identifiers (e.g., patient name, age) for “critical” patients.	[Organization]	EMS Agencies	Phone	All “critical” patient transfers	ARMER

APPENDIX D – FORM 202 – TYPE 1 INCIDENT OBJECTIVES (MCI)

FORM 202 – INCIDENT OBJECTIVES		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME		
5. INCIDENT OBJECTIVES 1. Within 30 minutes of receiving notification the Healthcare-MACC will be staffed with appropriate discipline representatives. 2. Within 30 minutes of becoming operational (i.e., after initial conference call), the [REGION NAME] Healthcare-MACC will gain and maintain situational awareness throughout the region. a. Incident Status (Who, What, Why, Where, When) i. Needs of Impacted/Responding Organizations b. Hospital Status (as applicable) i. Current ED Situation ii. Current OR, ICU, Med/Surg Capacity iii. Current Specialty Bed (e.g., Pediatrics, Psych) Capacity iv. Services Capabilities/Limitations v. Facility Infrastructure Capabilities & Limitations c. EMS Asset Availability i. Basic/Advanced Life Support Units ii. Task Forces/Strike Teams 3. Within 30 minutes of becoming operational, the [REGION NAME] Healthcare-MACC will notify applicable Coalition partners the Healthcare-MACC is activated. i. Facilitate patient flow and tracking to ensure timely adequate care for all patients, including continuity of care for current non-incident patients, throughout the entire response. 4. Provide coordination support to ensure the right supplies, are at the right place at the right time to meet operational needs. 5. Provide coordination support to ensure the right personnel resources, are at the right place at the right time to meet operational needs. 6. Other:		
6. FACTORS TO CONSIDER (considerations for the operational period, which may include priorities or general situational awareness. It may be a sequence of events or order of events to address.)		
7. SAFETY / STAFF MESSAGES TO BE GIVEN Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions		
9. PREPARED BY:	10. APPROVED BY:	

APPENDIX E – FORM 204 – ORGANIZATION ASSIGNMENT LIST

FORM 203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
Represented Function	Representative Name		
Affected Hospital			
Affected Long Term Care Facility			
Emergency Management			
EMS			
EMSRB			
Lab Response Network (Hospital)			
[List Organization/Department] Administration			
[List Organization/Department] Admissions Coordination Office			
[List Organization/Department] [Organization]			
[List Organization/Department] HICS			
Public Health			
Subject Matter Expert			
VOAD			
12. PREPARED BY:			

APPENDIX F – FORM 205 – COMMUNICATION PLAN

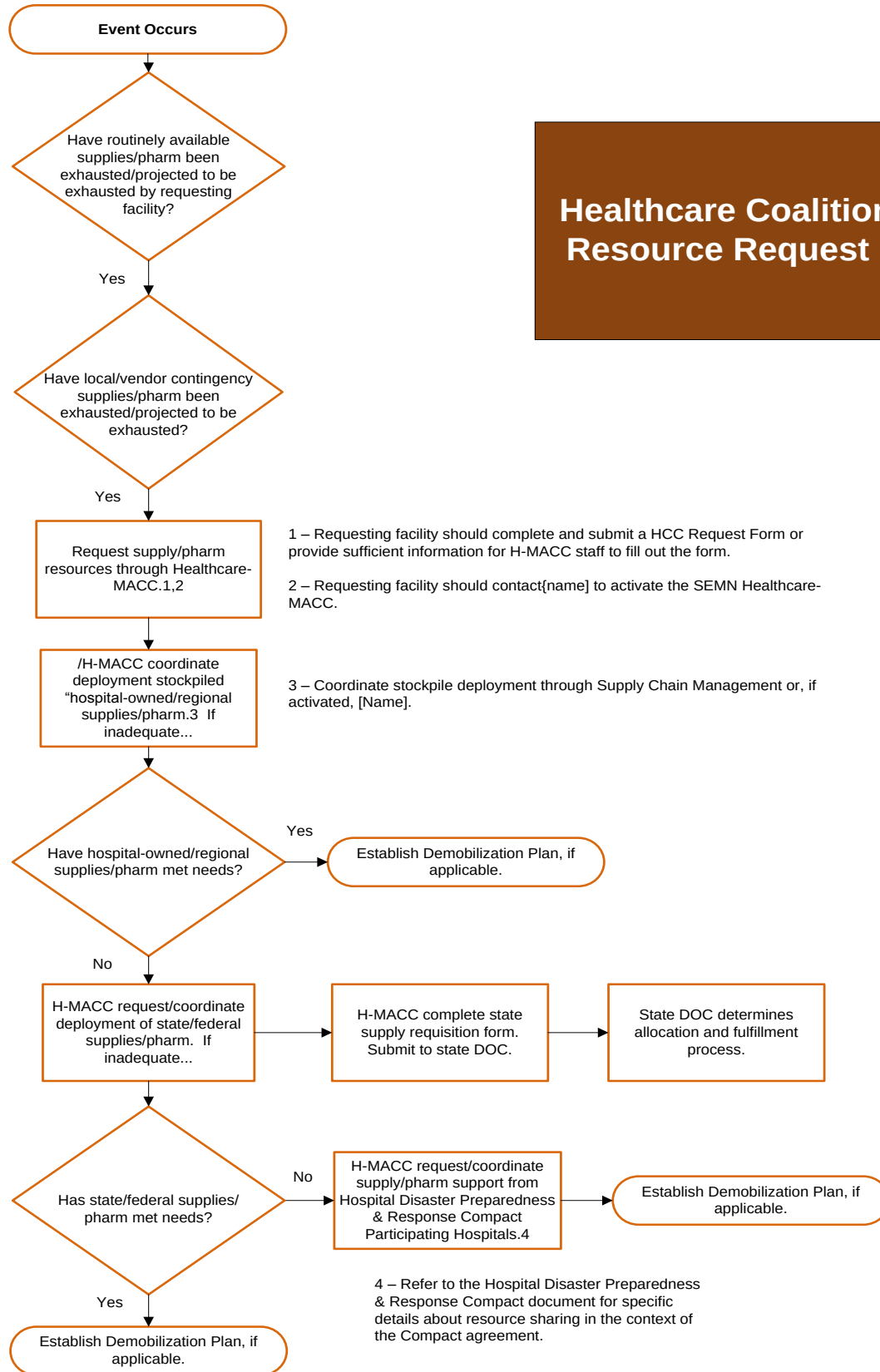
FORM 205 – COMMUNICATIONS PLAN						
1. INCIDENT NAME			2. DATE/TIME PREPARED		3. OPERATIONAL PERIOD DATE/TIME	
Function	Radio Talkgroup	PHONE	FAX	EMAIL	[Communication tool] Coordination Room	COMMENTS
[Organization]	[Name]					
H-MACC/ EMSRB	[Name]				X	If unable to reach, contact [State] Duty Officer for EMSRB on-call to call in for more information.
H-MACC/ Hospital	[Name]	Conference Call: Primary: Backup: Access Code: Direct:			X	
H-MACC/ LTC	[Name]					
State Department of Health OEP	[Name]	24/7: Healthcare LNO:			X	
State Duty Officer	[Name]	Primary: Backup: SatPhone:				
[Name] Hospital	[Name]	24/7: EM-1: EM-2:			X	

		PIO-1: PIO-2: Patient Transfer-1: Patient Transfer-2:				
Refer to the [REGION NAME] Healthcare Coalition Communications Guidelines for additional communication details.			5. PREPARED BY:			

APPENDIX G - FORM 214 - OPERATIONAL LOG

HICS 214 – OPERATIONAL LOG	
1. INCIDENT NAME	2. DATE/TIME PREPARED
4. FUNCTION	5. OPERATIONAL PERIOD DATE/TIME
6. ACTIVITY LOG	
Time	Major Events, Decisions Made, and Notifications Given
7. PREPARED BY (sign and print)	
8. FACILITY NAME	

APPENDIX H – RESOURCE REQUEST PROCESS



APPENDIX I – [REGION NAME] RESOURCE REQUEST FORM

Requesting Facility Name:

Request Date:

Requesting Facility Point of Contact

Name:					
Address:					
City:					
County:		State:	[State]	Zip:	
Phone:		Fax:			
Cell:		Email:			

Local Emergency Manager/ EOC Contact

EM Name:	
EM Phone:	
EM Email:	
EOC Phone:	
Other Information:	

Name and/or Description of Supply Being Requested	QUANTITY REQUESTED	Comments	For SE Region Use QUANTITY APPROVED
Submit This Request Form to ALL LISTED BELOW:			
☐ [REGION NAME] Health-MACC – [email address] or via [Communication tool] Coordination Room (if open)			
☐ Local Emergency Manager/EOC			

Signature:	Date:	Time:
-------------------	--------------	--------------

Have you exhausted local supplies? ☐ Yes ☐ No

Please Explain:

Delivery and Logistical Notes:

Other notes:

**APPENDIX J – STATE DEPARTMENT OF HEALTH MEDICAL
MATERIEL SUPPLY REQUISITION FORM**

[illegible]