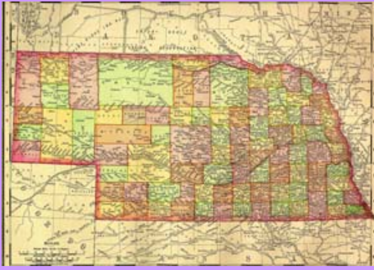

Panhandle

Regional

Medical

Response

System

PRMRS PLAN

Rural Nebraska Healthcare Network
and Collaborating Partners

Master
Version 2

Acknowledgements

The Panhandle Regional Medical Response System (PRMRS) Plan represents the energies of many people and institutions. The overall project was led in 2005 by the Rural Nebraska Healthcare Network (RNHN) Board of Directors, comprised of the Chief Executive Officers of the eight hospitals located in the Panhandle. The Directors of the two public health agencies serving the region, Ms. Kim Engel (Panhandle Public Health District) and Mr. Bill Wineman (Scotts Bluff County Health Department), provided critical support and input. Guidance concerning behavioral healthcare was generously supplied by Ms. Lee Tyson (Region I Behavioral Health Emergency Coordinator). A multi-agency, multi-disciplinary Leadership Team provided essential guidance, documents, and direction; members of the Leadership Team included:

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The contents of this plan are offered without warranty and do not necessarily reflect the views of any single person, agency or institution participating in the guidance and development of the materials herein. The practice of medical care is a continually changing enterprise – decisions on healthcare and

medical treatment should be made, in conjunction with this Plan, through consultation with designated medical and public health authorities.

Revisions and updates were initiated in fall of 2008 and completed September 2009. Version 2 released to all partners in October 2009.

Instructions for Using the Electronic PRMRS Document

The Panhandle Regional Medical Response System Plan is available in electronic and hardcopy formats. Users of the electronic version will need to have:

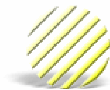
- A Windows-based PC with a CD-ROM drive
- Microsoft Word or Adobe Acrobat installed
- Microsoft Excel installed
- Internet connectivity
- 240 MB of hard disk space IF desiring to copy files to the hard drive.

To access the electronic version, load the CD into the drive, navigate to that drive (e.g. D :/) and open the folder titled "NE PRMRS Plan". You will see a file titled "NE-PRMRS_Plan" – double click on that file to open the main document into Microsoft Word.

Within the document you will see, from time to time, icons appearing in the right-hand column. These are "hyperlinks" that you may click on to either 1) navigate directly to a specified location within the PRMRS Plan, 2) open a table, figure, or reference document, or 3) navigate to an Internet website (if you are connected to the Internet at the time).

Many PRMRS documents (especially spreadsheets and tables) are accessed by clicking on their respective icons in the right-hand column:

Purple icons represent links to PRMRS Tables and Figures, located in the "Tables and Figures" folder on the PRMRS CD-ROM disk.



Yellow icons represent links to reference documents, located in the "Reference Documents" folder on the PRMRS CD-ROM disk.

The PRMRS disk also contains a collection of "touchstone" documents on a number of topics directly supporting elements of the Plan. It is hoped that these provide added context and information useful in formulating additional PRMRS procedures and protocols, or adding a greater level of detail to those contained herein.

Contents

Page

	Contents	Page
1.0	Planning Assumptions and Considerations	8
2.0	Roles and Responsibilities	12
3.0	Concept of Operations	14
	Organizational Structure	
	Interface with other Agencies and Plans	
	Activation	
	Deactivation	
	Notification	
	Communication	
	Public Affairs	
	Transportation	
	Medical Personnel	
	Epidemiological Services and Support	
	Legal and Credentialing	
	Patient Tracking and Record Keeping	
	Laboratory Support	
	Security	
	Treatment of Response Personnel	
	Fatality Management	
	Mental Health Services	
	Exercises and After Action Reports	
4.0	Health Consequence Management	40
	Early Recognition	
	Agent Identification	
	Antidote Administration	

Mass Immunization and Prophylaxis

Mass Patient Care

Environmental Surety

5.0 Incident Response 48

Awareness and Recognition by Staff

Notification

Communications

Decontamination

Triage

Pre Hospital Care

Institutional Emergency and Inpatient Care

Sheltering Staff

Treatment Protocols

6.0 Resource Allocation 60

7.0 Ongoing Plan Management and Maintenance 64

Attachment 1: Glossary of Key Terms

Attachment 2: Maps

Attachment 3: Role and Responsibility Matrix

Attachment 4: PRMRS IMT Organizational Structure

Attachment 5: PRMRS IMT Relationship Diagram

Attachment 6: PRMRS Plan Activation Criteria Elements

Attachment 7: PRMRS Event Detection and Notification Sequence

Attachment 8: PRMRS Incident Notification Log

Attachment 9: Response Action Logs

Attachment 10: PRMRS Representatives

Attachment 11: PRMRS Master Review/Change Log

Attachment 12: Master Resource Inventory

Attachment 13: Communication Policy and Procedure

Attachment 14: PRMRS Emergency Notification Roster

Attachment 15: MOUs

Attachment 16: Mobile Medical Assets and Cache Distribution Plan

Attachment 17: Master Distribution List

Attachment 18: Medical Cache Flow Chart

1.0 Planning Assumptions and Considerations

BACKGROUND

The Nebraska Panhandle comprises 11 counties and includes 8 hospitals and 2 public health jurisdictions. There is a long history of cooperative, interagency planning and infrastructure development covering a wide array of healthcare needs and services. Prior to 2005, preparations for emergency medical events and other significant public health threats were directed at preparing specific institutions, jurisdictions and agencies to respond to such events. Each county Emergency Management Agency produces a Local Emergency Operations Plan (LEOP), an all-hazards plan integrating county-level response agencies and referencing relevant mutual aid and healthcare referral arrangements. Each public health jurisdiction has produced a Public Health Emergency Response Plan that addresses the management of public health emergencies, with particular attention to those involving infectious disease. Each hospital located in the Panhandle has prepared, to varying extents, emergency and disaster operations plans for their facility. All parties (emergency management, public health, hospitals) have jointly shared plans with each other and have facilitated the development of applicable elements of each entity's response plans.

LEOP

It is increasingly recognized that emergency events which significantly threaten the public's health may impact citizens, institutions and response assets in multiple jurisdictions, sequentially or simultaneously. Such events (mass casualty trauma, infectious disease outbreaks, chemical or radiological exposures, etc.) call for a coordinated infrastructure and plan to effectively manage situational information, the care and flow of patients, the marshalling and dispensing of response assets, and the communication of information to decision makers and to the public.

Desiring a regional approach to address these issues, the Rural Nebraska Healthcare Network facilitated the collaborative development of the Panhandle Regional Medical Response System (PRMRS) Plan. This document describes how a multi-jurisdictional medical or public health event within the Panhandle will be managed, and begins to develop the operational procedures by which necessary healthcare-oriented response functions can be accomplished in an emergency. The

PRMRS Plan has the following attributes:

1. It integrates elements of existing emergency response plans – it does NOT replace or supersede them.

2. It addresses only certain medical and public health oriented response functions – it does NOT describe response functions or emergency management operations that are the province of other response sector agencies and which are addressed in other existing emergency response plans.

3. It establishes a new incident management infrastructure to address public health and healthcare emergency events that require coordination across multiple Panhandle jurisdictions – this flexible incident management infrastructure is designed to closely integrate with existing systems, such as county Emergency Operations Centers (EOCs), mass vaccination and prophylaxis distribution operations, and hospital disaster management practices.

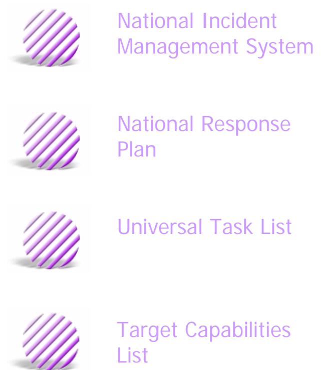
4. It incorporates recent standards promulgated under several national initiatives, including:

   - National Incident Management System (NIMS)
   - National Response Plan (NRP)
   - Homeland Security Resource Typing Standards
   - Homeland Security Capabilities Standards
   - Hospital Emergency Incident Command Systems
   - HRSA and CDC Bioterrorism Cooperative Agreement Guidance

5. It begins to collate into one location certain medical and public health oriented information from across the multiple Panhandle jurisdictions.

6. It provides pointers to the location of reference information from established authorities that can assist decision makers and responders during an emergency event.

7. It provides templates for the development of comprehensive, Panhandle-wide healthcare and public health emergency operational procedures -- it does NOT establish functional level procedures that replace or supersede existing agency and jurisdictional procedures.



1.1 ASSUMPTIONS AND CONSIDERATIONS

The Panhandle Regional Medical Response System Plan (PRMRS) is based on the following planning assumptions and considerations:

1. While incidents are typically managed at the lowest possible geographic, organizational, and jurisdictional level, this Plan recognizes that certain circumstances dictate that medical and public health management is coordinated at a regional level when the effects of an event are likely to

impact more than one Panhandle county.

2. Incident management activities will be initiated and conducted using the principles contained in the National Incident Management System (NIMS).

National Incident Management System

3. Incidents may require the coordination of medical and public health operations and/or resources across multiple Panhandle jurisdictions, and may:

    - Occur at any time with little or no warning in the context of a general or specific threat or hazard
    - Require significant information-sharing across multiple jurisdictions and between the public and private sectors
    - Involve single or multiple geographic areas
    - May require assistance from other jurisdictions outside the Panhandle, including those in Nebraska, adjacent states, and federal sources
    - Span the spectrum of incident management to include prevention, preparedness, response, and recovery
    - Involve multiple, highly varied hazards or threats
    - Result in numerous casualties; fatalities; displaced people; property loss; disruption of normal life-support systems, essential public services, and basic infrastructure; and significant damage to the environment
    - Overwhelm capabilities of State, Local, and Tribal governments, and private-sector infrastructure owners and operators
    - Attract a sizeable influx of independent, spontaneous volunteers and supplies
    - Require extremely short-notice asset coordination and response timelines
    - Require prolonged, sustained incident management operations and support activities.

4. Top priorities for incident management are to:

    - Save lives, prevent morbidity, reduce the severity and protect the health and safety of the public, responders, and recovery workers
    - Prevent an incident from occurring and limit health effects of those that do occur
    - Collaborate with law enforcement investigations to resolve the incident and collect and preserve evidence
    - Render environments safe from hazards and threats to public and responder health and safety.

5. Deployment of resources and incident management actions during an actual or potential emergency event are conducted in coordination with appropriate (County/Regional/State/Federal) emergency management, public health, hospital and healthcare, law enforcement, emergency medical services, elected and other governing officials, and other appropriate agencies.

6. Departments and agencies at all levels of government and certain NGOs,

such as the American Red Cross, may be required to deploy on short notice to provide timely and effective mutual aid and/or intergovernmental assistance.

7. Panhandle departments and agencies are expected to provide:

   - Initial and/or ongoing response, when warranted, under their own authorities, protocols, and procedures, coordinating activities when called upon, as described in the PRMRS Plan.
   - Alert, notification, pre-positioning, and timely delivery of resources to support a coordinated regional response to public health threats and emergencies.
   - An organizational structure for responding to emergencies that integrates with the structure established for PRMRS.

2.0 Roles and Responsibilities

The PRMRS Plan takes as its basis the need to provide a guidance document to facilitate decision making and actions regarding the medical and public health aspects of an event that threatens or impacts more than one jurisdiction in the Nebraska Panhandle. It has two central features:

1. It concentrates on addressing the medical and public health-related issues of emergency response. While attempting to closely integrate with other existing emergency plans and procedures (e.g. Local Emergency Operations Plans (LEOPs), the PRMRS Plan does not supersede or replace these additional essential instruments. Rather, the PRMRS Plan expands upon, and attempts to standardize, issues of medical and public health emergency response that these other instruments either do not address or that benefit from uniformity and coordination across multiple jurisdictions and institutions.

2. It addresses the coordination of medical- and public health-related emergency response decisions and actions on a regional basis, instituting an organizational structure to regionally manage the healthcare and public health aspects of events, and providing guidance to local response personnel and agencies on how their medical and public health response actions should be coordinated to efficiently save lives and prevent further illness, injury, or threats.

Recognizing these features, the PRMRS Plan establishes a framework as a guide to the roles and responsibilities of different agencies across the Panhandle region that may participate in medical and public health emergency response activities. This is documented in the PRMRS Role and Responsibility Matrix (see Attachment 3).

Attachment 3
PRMRS Role /
Responsibility Matrix

The PRMRS Role and Responsibility Matrix is used as a decision aid to assist PRMRS response staff in determining functional responsibilities of partnering agencies in managing the medical and public health aspects of an event. Agencies assigned primary responsibilities ("P") for a function are tasked with overseeing the fulfillment of actions directed towards the provision of the function. They may also be involved in carrying out the actions pertaining to that function. Agencies assigned support responsibilities ("S") for a function assist in performing actions essential to accomplishing the function. The number and nature of functions

necessary to effectively respond to an event is determined by the PRMRS command officials in consultation with local emergency management, elected officials, and relevant state and federal authorities.

Functions in the Role and Responsibility Matrix are subsumed under one or more tiers of the PRMRS Organizational Structure (see Section 3.0).

Public Health agency staff roles for each of the Panhandle's two public health agencies are referenced in Chapter X of their respective Public Health Emergency Response Plans.

Public Health Emergency Response Plans

3.0 Concept of Operations

This section describes the organizational structure that would be employed to manage a regional medical emergency within the Nebraska Panhandle. The framework for this coordinating structure is designed to operate concurrent with the implementation of other jurisdictional or agency emergency response plans. The organizational structure under the PRMRS Plan is designed to coordinate the medical and public health aspects of events that have regional health effects or significance.

3.1 ORGANIZATIONAL STRUCTURE

Attachment 4 PRMRS IMT Organizational Structure

Activation of the PRMRS Plan results in the mobilizing of an Incident Management Team (IMT). The IMT is a modular, flexible and scalable organizational structure that is based on the nature, size, and complexity of the event. Functional elements may be established, when needed, to manage particular aspects of the emergency, and the organizational structure is designed to expand and contract to fit the changing circumstances of the event. The PRMRS IMT structure also accounts for the frequent necessity of having particular team members fulfill multiple duties in managing aspects of the emergency response, while respecting established parameters for span of control. The PRMRS IMT role is similar to a Multi-agency Coordinating Group and structure to be located with-in an active county EOC. The role of this Multi-agency Coordination Group is to provide structure and process for inter-organizational decision making in these areas:

- Incident policies and priorities
- Logistics support and critical resource tracking
- Resource allocation among multiple incidents
- Coordinating incident-related information
- Coordinating interagency and intergovernmental issues regarding incident management policies, priorities, and strategies

The PRMRS IMT consists of 5 functional elements:

1) A **Unified (joint) Command** for the medical and public health response. The Unified Command is comprised of:

a) Incident Managers representing each of the Panhandle's two Public Health agencies
b) Command Staff, as may be necessary (Public Information Officer; Safety Officer; Liaison Officer)

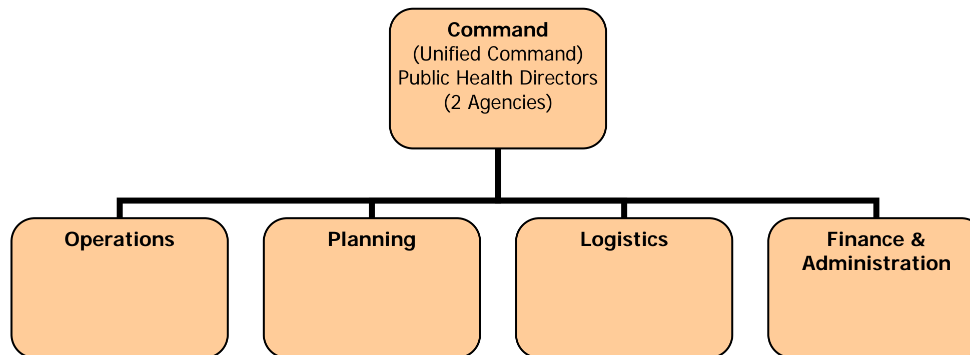
2) **Operations Section**, which includes a Chief and additional staff as may be necessary to coordinate the following:
   a) Functional Activity Groups (e.g. epidemiology, victim treatment, population prophylaxis or vaccination, quarantine)
   b) Geographic Divisions (to manage response activities by their jurisdictional or physical locations)
3) **Planning Section**, which includes a Chief, and additional staff as may be necessary to coordinate the following:
   a) Resources Unit (prioritizing available and deployed assets)
   b) Situation Unit (awareness of health-related circumstances impacting the event or resulting from response operations and decisions)
   c) Documentation Unit (tracking incident response decisions and operations, record keeping, especially concerning medical care and public health interventions)
   d) Technical Specialists (e.g. epidemiologists, nurses, behavioral health specialists, etc.)
4) **Logistics Section**, which includes a Chief, and additional staff as may be necessary to coordinate the following:
   a) Supply Unit (medical assets)
   b) Communications Unit (healthcare, public health, and emergency medical services)
   c) Facilities Unit (health and medical care)
   d) Medical Unit (for the care of response personnel and their families)
5) **Finance and Administration Section**, comprised of a Chief, and additional staff as may be necessary to coordinate the following:
   a) Compensation and Claims Unit
   b) Procurement Unit
   c) Cost Unit
   d) Time Unit

The PRMRS Incident Management Team (IMT) organizational structure is fully depicted in Attachment 4.

Attachment 4
PRMRS IMT Organizational Structure

PRMRS Incident Management Team (IMT)

Organizational Structure



Unified Command is permanently assigned to the Directors (or their Deputy designee) of the two Panhandle public health departments. All other IMT positions are activated as circumstances dictate, at the direction of Unified Command.

3.2 INTERFACE WITH OTHER AGENCIES

The PRMRS IMT is intended to conform to emerging national standards for the organization of management systems for emergency response. The PRMRS IMT is structured to address the medical care and public health related aspects of an emergency that threatens or affects multiple Panhandle jurisdictions, institutions or response assets. As such, the PRMRS IMT is structured to interface with existing and developing Incident Command/Management structures within the following entities, among others:

1. Panhandle county Emergency Management Agencies and local governments (including elected officials)
2. Incident Command Systems employed by local fire department and EMS operations in the field
3. Incident Command/Management Systems in place and under development at Panhandle hospitals and healthcare institutions
4. Region 1 (and State) Behavioral Health incident response organizational structures

5. Federally Qualified Health Clinic: CAP-WN

The PRMRS IMT units are structured to interface with their parallel counterpart(s) within each of these partnering response agencies and institutions (Attachment 5). The PRMRS IMT functions as the central authority for operational activities and coordination regarding the medical and public health aspects of the emergency response.

Attachment 5
PRMRS IMT Relationship Diagram

3.3 INTERFACE WITH OTHER PLANS

The PRMRS Plan and PRMRS IMT organize and conduct its activities within the context of existing emergency response plans. The PRMRS Plan provides additional direction to an organized medical and public health response for events that span multiple Panhandle jurisdictions or stress Panhandle response assets. These existing plans remain in force and serve as the cornerstone of response guidance for the particular jurisdictions and topics which they respectively address. The PRMRS Plan incorporates by reference those aspects of these existing plans which the PRMRS Plan is intended to coordinate on a region-wide basis. Specific plans integrated within the PRMRS Plan include:

1. Panhandle county Local Emergency Operations Plans (LEOPs)
2. Local Public Health Emergency Response Plans (2 jurisdictions)
3. Region 1 and State Behavioral Health Emergency Response Plans
4. Panhandle Hospital Emergency Response Plans (8)
5. Nebraska Emergency Operations Plan
6. Nebraska Smallpox Response Plan
7. Nebraska SARS Response Plan
8. Nebraska Mass Vaccination and Prophylaxis Guidelines

Panhandle County LEOPS

Panhandle Public Health Plans

Region 1 / State Behavioral Health Plans

Panhandle Hospital Plans

NE Emergency Operations Plan

NE Smallpox Response Plan

NE SARS Response Plan

NE Mass Vaccination/Prophylaxis Guidance

3.4 ACTIVATION

The PRMRS Plan will be activated according to information received on circumstances occurring in or threatening the Panhandle region. Activation is triggered by one or more Activation Criteria. Activation can be established at one of three Activation Levels. A determination that one or more of these criteria is occurring or likely to occur within a reasonable period of time is sufficient basis upon which to activate the PRMRS Plan.

This determination is jointly made through consultation between the PRMRS IMT Unified Command, and such consultation with local, regional and state authorities as may be necessary. The PRMRS IMT Command jointly decides upon whether PRMRS Plan activation criteria have been met. Once one or more criteria have been met, PRMRS Command jointly determines a PRMRS Activation Level. Activation Levels may be modified at any time through joint determination between PRMRS IMT Command.

Attachment 6
PRMRS Activation Criteria

Activation Criteria:

1. Incidents with a potential medical or public health consequence that impact one or more Panhandle political jurisdiction.
2. Incidents with a potential medical or public health consequence that involve multiple response agencies or institutions from one or more Panhandle political jurisdiction.
3. Incidents with a potential medical or public health consequence that may stress Panhandle-jurisdiction medical or public health resources (staff, supplies, equipment, vehicles, drugs, etc.).

Activation Levels:

Level 1 - The goal of Level 1 activation is increaseing vigilance and readiness should a higher level of response become necessary.

- PRMRS IMT is alerted to an event or threat
- IMT members are alerted
- Consultations are made as necessary to gather information, and additional notifications are made (as appropriate) to emergency management officials and area healthcare and public health resources.

Level 2 - The goal of Level 2 activation is partially activating the IMT for the coordination of one or more aspects of which it is indicated.

- IMT expand staff assistance
- Provide consultations
- Make notifications, and coordinate the area healthcare and public health response and resources

- IMT staff have continued vigilance and readiness should a higher level of response become necessary.

Level 3 <u>The goal of Level 3 activation is fully activating the IMT in order to undertake a coordinated response of multiple aspects of healthcare and public health response and resource allocation.</u>

- IMT staff coordinate with the multi-agency response to the multi-jurisdictional medical or public health emergency.
- Alertness, consultations, notifications, and response continue.
- IMT assess readiness and planning for deactivation and demobilization of the emergency response.

<u>Immediate Actions</u>

Once PRMRS IMT Command establishes an initial Activation Level, the following immediate decisions (Immediate Actions) are made:

1. Need for and methods to obtain additional information (situation status)
2. Notifications necessary and methods to achieve them
3. Which additional elements of the PRMRS IMT to activate, if any
4. Whether to operate the PRMRS IMT at-a-distance or in a central location (typically a designated county Emergency Operations Center (EOC))
5. Additional immediate preparedness or response actions
6. A schedule for briefings and meetings
7. Assignments and deadlines

3.5 DEACTIVATION

PRMRS Plan deactivation is jointly ordered, when circumstances indicate, by PRMRS IMT Command. Criteria considered in deactivating the PRMRS IMT and Plan include:

1. Situation reports indicate threat averted or terminated with no forecast of additional near-term medical or public health consequences to multiple Panhandle jurisdictions, or
2. Situation reports indicate that medical and public health resources and activities are capable of further management without the need for

continued coordination through the PRMRS IMT or PRMRS Plan, or

3. PRMRS IMT and Plan are superseded by state or federal actions or direction.

3.6 NOTIFICATION

Attachment 14 PRMRS Emergency Notification Roster

A PRMRS Master Notification Roster shall be maintained for the purposes of establishing contact between PRMRS IMT Command and personnel and agencies supporting a medical and public health response. The purpose of notifications is to alert the following:

1. PRMRS IMT staff to their potential or actual activation
2. Healthcare institutions to their potential receipt of patients, use of facilities, deployment of staff, redirection of supplies and equipment, or heightened surveillance
3. Panhandle county and Regional Emergency Management and elected officials to the potential of co-locating PRMRS IMT at their EOC, to situation reports concerning healthcare and public health aspects of the event or threat, and to coordinate decisions on medical and public health management, deployment of medical and public health assets, and population-based protective interventions
4. State and regional health authorities (including behavioral health) to situation reports, and to projected needs for additional resources or for the forward movement of patients out of the Panhandle region
5. Other Panhandle region response agencies, as needed, to advise them of personal protective actions, the release of health-related public information, the coordination of healthcare delivery, assistance with public health investigations, and the allocation of healthcare assets.

Attachment 7
PRMRS Event Detection and Notification Sequence

The sequence of events that governs notifications is found in Attachment 7.

Attachment 8
PRMRS Incident Notification Log

Notifications are performed by PRMRS IMT Command or their designated staff, and are documented on PRMRS Incident Notification Logs (Attachment 8) that are initiated upon activation of the PRMRS Plan.

Notifications issued by PRMRS IMT Command and staff shall adhere to provisions

specified in local public health agency Emergency Response Plans (Chapter III).

Notification Procedure

Attachment 14 Emergency Notification Roster

1. Initial alert and notification should be sent to partners designated by one or more of the following methods:
    - E-mail
    - Fax
    - Dispatch radio/sat phone

    ---Information shared must have identifying header or announcement indicating EMERGENT---
2. Confirmation of alert received by contacting the facility designated contacts by using the land-line phone, satellite phone, cell phone, or in person as soon as possible.
    - Repeat initial alert message
    - Indicate awareness and understanding
    - Update situation or status as indicated
    - Allow time for questions
    - Confirm agency contact information
    - Provide agency with IMT contact information and expectations of agency updates
3. Subsequent situation and status updates can be done by utilizing any or all methods listed above.

Attachment 13 communication Policy and Procedure

3.7 COMMUNICATION

The PRMRS IMT shall be responsible for coordinating communications regarding medical and public health issues among Panhandle response agencies, and state and federal response partners. For this purpose, the PRMRS IMT Command may establish a position within its Operations Section to establish and maintain communications with key information sources, including but not limited to:

1. Panhandle hospitals, clinics, and providers, including behavioral health
2. Public health agencies, including DHHS
3. Medical First Responders, including volunteers
4. Medical dispatching authorities

5. Coroner, mortuary, and medical examiners
6. Laboratories, including Nebraska Public Health Labratory
7. Law Enforcement (when criminal intent is suspected)
8. Animal and agricultural agencies
9. Emergency Management
10. Media

The PRMRS Communications Officer may be directed to utilize counterparts in Panhandle jurisdictions if their EOCs have been activated and staffed with such positions. In these circumstances, the PRMRS Communications Officer will function as the PRMRS IMT liaison to these counterparts, assisting in establishing and maintaining the flow of medical and public health information between response agency personnel and institutions.

The PRMRS Communications Officer shall:

1. Assess the status of phone, fax, e-mail, pager, Fixed Radio, Satellite Phones, Telehealth Network, Health Alert Network, and other communications modalities among PRMRS IMT staff, and key information sources (see above).
2. If necessary, activate and coordinate a pool of runners to ensure that critical medical and public health communications channels remain open
3. Update contact information during an event for applicable medical and public health personnel (PRMRS IMT Roster; PRMRS Master Resource Inventory).
4. Secure dedicated communications devices for use by PRMRS IMT during an event, if applicable.
5. Assist in establishing alternative and emergency communications modalities, including conference lines, toll-free telephone numbers for public use.
6. Document for the PRMRS IMT Command the status of any notifications and alerts issued by the PRMRS IMT.
7. Function in accordance with provisions contained in Panhandle county LEOPs (Annex B) and Public Health Emergency Response Plans (Chapter IV).

LEOPs

Public Health Plans

3.8 PUBLIC AFFAIRS

The PRMRS IMT shall be responsible for the coordination of the medical and public health content of information communicated between Panhandle response agencies, media, and the general public. This will be a coordinated effort involving the Joint Information Center (JIC).

If the PRMRS Command activates a PRMRS PIO, they will perform the following functions:

1. Prepare and release medical and public health information to counterpart PIOs in active Panhandle jurisdictions and EOCs.
2. Assist in scheduling media briefings on the medical and public health aspects of the incident.
3. Determine, with the PRMRS Command, if there are restrictions on the release of any health and medical information, and obtain Command approval for the release of information.
4. Assist with the preparation and distribution of information to medical and public health personnel and to the general public.
5. Identify for PRMRS IMT Command current and updated sources of situational information, and on medical and public health response, such as CDC informational releases and other advisories.
6. Maintain a log of communications.
7. Function in accordance with provisions contained in Panhandle county LEOPs (Annex D) and Public Health Emergency Response Plans (Chapter IV).

LEOPs

Public Health Plans

3.9 TRANSPORTATION

Emergency medical transport decisions are routinely made by communications between field EMS personnel and receiving hospitals. The PRMRS IMT shall assist, sharing information gathered through appropriate operational interfaces with Panhandle county Emergency Management Agencies and EOCs. In certain circumstances, it may be necessary for such decisions to be coordinated at a regional level so that:

- Field personnel take appropriate actions and precautions when

transporting certain types of patients

- Appropriate load-balancing occurs such that healthcare facilities and transport vehicles are not overloaded or inefficiently used.

If PRMRS is requested to assist in directing these activities:

PRMRS IMT Command may, depending on incident scope, direct a designee within the Planning, Operations, or Logistics Sections to coordinate these activities. PRMRS IMT staff will function in accordance with provisions for transportation logistics contained in Panhandle county LEOPs (Annex G and L) and administered by any active Panhandle county EOC.

LEOPs

The aims of coordinating medical and public health-related transportation arrangements are:

- To prevent mal-distribution of patients at hospitals and other healthcare facilities, thereby minimizing the likelihood that institutional staff and treatment resources will be insufficient to meet demand
- To efficiently allocate persons needing certain public health interventions (e.g. screening, vaccination, prophylaxis, etc.) to appropriate sites where such services are being offered
- To provide unified guidance to response agency personnel regarding the care of patients and others in transit, including the decontamination of vehicles, and the selection of transportation mechanisms appropriate to circumstances.

To accomplish these aims, the PRMRS IMT shall provide guidance and coordination, across Panhandle jurisdictions, to agencies involved in patient transport, according to the following procedure:

1. Determine the extent to which the incident will require:
    - Patient allocation among Panhandle hospitals
    - Referral of patients out of the Panhandle region
    - Servicing persons at alternative care sites (such as mass

dispensing clinics).

2. Contact all receiving facilities (hospitals, alternative care sites, etc.) and arrange a schedule of conferences and situation briefings.
3. Disseminate a Patient Tracking Log to hospitals and healthcare facilities, or provide Internet access to an online version, by which institutions can chart certain data concerning each patient.
4. Contact Emergency Manager/EOC in affected jurisdictions and establish open communications arrangement and schedule of briefings.
5. Determine if patients are still being transported from scenes and estimates of remaining victims.
6. Contact designated Panhandle hospitals and healthcare facilities to obtain immediate point-in-time bed availability and incoming patient estimates.
7. Determine if immediate or near-term projected patient volume exceeds estimated bed availability and which facilities have capacity to treat additional patients.
8. If demand exceeds (or will soon exceed) available treatment capacity, determine capacity at neighboring out-of-region facilities.
9. Determine sufficiency of available medical transportation capabilities to move patients to and between healthcare facilities, and coordinate with appropriate parities (local Emergency Management, EOCs) regarding alternative sources of transportation.
10. Prepare a Patient Transportation Action Plan for the PRMRS IMT Command; update according to a schedule specified by IMT Command.
11. Establish a schedule for continued monitoring of Panhandle hospital and healthcare facility treatment capacity.
12. Maintain a Master Health Tracking database, without identifiers, updated at least once daily, including patient status for all individuals presenting to hospitals, healthcare facilities, or public health authorities; the database indicates health status and the progress of any epidemiologic investigation, if applicable.
13. Prepare communiqués for release to hospitals and response agency personnel regarding transportation allocations priorities and arrangements.

The PRMRS IMT Command shall be responsible for requesting, through DHHS via

appropriate Emergency Management Agency facilitation, activation of the National Disaster Medical System (NDMS) for the purpose of moving patients out of Panhandle healthcare facilities to distant locations for definitive medical care. Such requests shall be coordinated with Panhandle county and Regional Emergency Management Agencies, healthcare institutions, and local elected officials.

PRMRS IMT staff coordinating medical and public health aspect of transportation functions will not direct the routing of individual transportation assets (e.g. EMS units) but rather they will establish preferred patterns of transportation for patients and others needing healthcare and public health services, and will work through local Emergency Management Agencies and EOCs to put these into effect and monitor their sufficiency.

3.10 MEDICAL PERSONNEL

During a threatened or actual public health emergency, PRMRS IMT Command staff shall undertake measures to augment available Panhandle medical and public health personnel, and to manage the efforts of providers caring for affected populations. Each hospital maintains a roster of possible volunteers to assist in an emergency. When efforts are needed beyond the local hospital and public health, PRMRS IMT will activate and request volunteers from the Panhandle Citizen Corps Network and Panhandle Medical Reserve Corps. The following types of individuals may be listed in these rosters:

- Hospital-affiliated staff (physicians, nurses, PAs, nurse practitioners, technicians, dietary and food service, security, medical records, Information Technology, counselors, engineering, clerks, etc.)
- Community-based medical practitioners (including physicians, behavioral health, rehabilitation, etc.)
- Medical First Response personnel (EMS, 911 and medical dispatch, etc.)
- Medical volunteers (persons approved as volunteers for medical or public health duties, regardless of their credentials)
- Public health staff and members of Public Health Emergency Response Teams
- Animal health personnel
- Environmental health personnel

- Coroners and medical examiners
- CERT (Community Emergency Response Team)
- Search and Rescue Experts

Databases of these volunteers will be maintained and updated by their sponsoring organization under the Panhandle Citizen Corps Network. This database will include contact information, training received, areas of expertise, and credentials for each individual. It may also identify those who have obligations that might limit their availability for certain duties or times available.

During an activation of the PRMRS Plan, the PRMRS IMT Command may activate a Staffing Officer under the Planning or Logistics Section. Their duties will include:

1. Contacting Panhandle hospitals and other medical care agencies to assess their current and projected staffing situations for the current Operational Period and for the next 24-48 hours. A record will be maintained of staffing capabilities and deficiencies, accounting for duty cycles and staff call-outs.
2. Contacting designated public health agency staff to determine current and near-term staffing capacity and needs.
3. Compiling a master list of staffing needs by institution and type.
4. Conferring with PRMRS IMT to determine an effective deployment of personnel across affected jurisdictions and institutions.
5. Arranging a schedule of briefings and conferences with designated individuals at hospitals, public health agencies, emergency medical services, coroner's offices, and other agencies as may be required.
6. Preparing a staffing surge capacity section of the PRMRS Action Plan for each Operational Period.
7. Contacting out-of-area sources of additional staff or facilitating such inquiries through Emergency Management agency officials.
8. Consulting with PRMRS IMT Command regarding the need for additional response assets (NDMS, DMORT, DMAT, VMAT, NNRT, NPRT, MNRT, etc.).

The PRMRS Staffing Officer will collaborate with Emergency Management Agency

and other officials to make provisions for adequate staffing of medical and public health-related response personnel, including principally:

- Hospital staff
- Public health staff
- Behavioral health staff
- Coroner staff
- EMS staff and medical first responders
- Animal health staff
- Volunteers staffing medical and public health-related functions

Each hospital shall designate a Staffing Officer who will communicate staffing issues to the PRMRS IMT Staffing Officer. During an activation of the PRMRS Plan, each hospital will:

1. Utilize its existing provisions for meeting internal staffing needs.
2. Advise the PRMRS IMT Staffing Officer as to the nature and status of these provisions.
3. Coordinate addressing staffing needs with the PRMRS IMT Staffing Officer.
4. Provide the PRMRS IMT Staffing Officer with an institutional staffing plan for each Operational Period during the response.
5. Identify to the PRMRS IMT Staffing Officer opportunities for consolidation or suspension of services that could result in increasing available staff for emergency operations.
6. Forecast special needs of hospital staff.
7. Identify staff with skills or expertise that might be redeployed to other duties (or locations) if needed.

3.11 EPIDEMIOLOGICAL SERVICES AND SUPPORT

When the PRMRS Plan is activated for events believed to involve a biological or transmissible agent, or when a mass trauma event impacts multiple jurisdictions, epidemiological services are likely to be needed. The Panhandle is served by two Public Health agencies. Each agency has trained staff to respond to an event.

Services that might be needed include:

- Characterization of an unknown etiologic agent
- Identification of susceptible individuals and others at risk
- Determination of effective population-based control measures
- Case investigation
- Enhanced surveillance at selected sites and within communities

The Public Health agencies and hospital infection control staff monitor weekly Influenza-Like-Illness admissions, staff illness, and bed census data to report electronically to DHHS. The Public Health Plans address increasing the surveillance activities as needed (see Chapter II of the Public Health Plans).

Public Health Plan Link

Epidemiologists from DHHS will be consulted to assist in surveillance and response activities; however, if the emergency event is large, or if additional events threaten other areas of the state, there is the likelihood that sufficient epidemiologic capacity may not be immediately available. The PRMRS IMT will also call on other public health agencies in the State of Nebraska for assistance in regional events.

The PRMRS IMT Command may choose to activate a PRMRS Staffing Officer under the Planning or Logistics Section. The PRMRS Staffing Officer will be responsible for coordinating the assessment of staffing needs, including epidemiological skills, and implementing plans for epidemiologic surge capacity. In meeting this objective, the PRMRS Staffing Officer's duties will include:

Attachment 12 PRMRS Master Resource Inventory

1. Identifying potential epidemiologic staff and capabilities from the PRMRS Master Resource Inventory.
2. Conferring with Public Health Directors and hospital Staffing Officers to determine opportunities to provide rapid epidemiologic training to select hospital staff.
3. Identifying sources of volunteer assistance with selected epidemiologic tasks (e.g. case investigation and follow-back, medical records surveillance, data entry, etc.).

In the absence of dedicated epidemiologic staff, the PRMRS IMT Command may designate alternative sources of staff to support such activities as may be required. Procedures will include:

- Criteria for specific epidemiologic functions (tasks)
- Designation of appropriate forms, job aids, and data collection instruments
- Identification of instructional materials or other sources of rapid instruction in epidemiologic functions
- Soliciting, through appropriate channels, sources of epidemiologic assistance outside the Panhandle (e.g. "remote" epidemiology practitioners based in academic and other practice settings, within and outside of Nebraska; student epidemiology corps; CDC EIS and other staff support).
- Establishing appropriate information technology repositories and tools for on-site and remote data entry and analysis.

The PRMRS IMT Command will identify and archive, in advance of activation of the PRMRS Plan, reproducible epidemiologic investigatory forms that can be quickly disseminated when needed. PRMRS IMT Command will also identify additional opportunities to increase epidemiologic training for Panhandle public health personnel as well as staff from other agencies, and include these in the annual PRMRS Training Plan.

3.12 LEGAL AND CREDENTIALING

The PRMRS Plan is intended to guide collaborative decision making regarding healthcare and public health aspects of an emergency event that impacts multiple Panhandle jurisdictions. As such, it integrates – not supersedes – existing response plans at the local level. It relies on existing Emergency Management infrastructure (county and regional) to facilitate its functions and to provide a command structure for functional areas other than medical and public health.

How to lead during bioattacks with the public's trust and help: A manual for elected officials

Public Health Plans

The Emergency Response Plans of both Public Health agencies have well documented sections on the legal authority to initiate certain public health

LEOPs

interventions and control measures (see, for example, Chapter VI). In addition, the Panhandle Strategic National Stockpile Plan (RSS Plan) details credentialing responsibilities and procedures in relation to SNS activities.

PRMRS activities have been established by a Leadership Team comprised of hospital, public health, emergency management, behavioral health and EMS leaders. PRMRS Plan is recognized in all 11 LEOPs.

PRMRS will assist if requested with credentialing needs that might exist during a medical and public health emergency response including:

1. Licensed practitioners servicing healthcare facilities other than those where they have privileges.
2. Out-of-state practitioners responding to a Panhandle emergency.
3. Epidemiologic (and public health) access to medical records.
4. Distribution of medications, vaccines, and other medical interventions.

Credentialing issues that arise under the PRMRS Plan will be resolved by conferring with local/regional Emergency Management agencies (who would issue credentials) and county elected officials and legal counsel.

3.13 PATIENT TRACKING

During a multi-jurisdictional event, patients will arrive at different hospitals by different means. It is especially important that all persons seeking medical attention, as well as those believed to have been exposed to a potential pathogen, be tracked. PRMRS receives a weekly report of bed occupancy from the Influenza-Like-Illness reporting to monitor bed availability.

Patient tracking is the joint responsibility of healthcare institutions and the PRMRS Incident Management Team. Upon activation of the PRMRS Plan, the PRMRS IMT Command may activate a Health Tracking Officer under the Operations Section. The Health Tracking Officer is responsible for documenting the chronology of care for persons believed to have been affected by the event, including those exposed but who do not seek care immediately. The Health Tracking Officer has responsibilities that address both health care and public health.

Upon activation, the Health Tracking Officer will:

1. Provide hospitals and other healthcare facilities with an identifying numbering convention so that they may label medical records of those involved in the event.
2. Contact all receiving facilities (hospitals, alternative care sites, etc.) and arrange a schedule of conferences and situation briefings.
3. Disseminate a Patient Tracking Log to hospitals and healthcare facilities, or provide Internet access to an online version, by which institutions can chart certain data concerning each patient, including:
    - Name
    - Age
    - Gender
    - Date of birth
    - Arrival time and date
    - Condition on arrival
    - Chief complaint
    - Specimens taken
    - Disposition
    - Time and date of departure or death
4. Maintain a Master Health Tracking database, without identifiers, updated at least once daily, including patient status for all individuals presenting to hospitals, healthcare facilities, or public health authorities; the database indicates health status and the progress of any epidemiologic investigation, if applicable.

The Patient Tracking log is used to:

- Identify persons that require epidemiologic follow-up
- Locate missing individuals
- Route medical resources to patients or patients to resources
- Identify demand and resource allocation

- Determine progress of event circumstances

3.14 LABORATORY SUPPORT

Basic (Level One) laboratory support is available at hospitals in the region. The PRMRS Plan bases laboratory testing upon existing capacity and referral protocols. Biologic specimens are routinely forwarded to the State Public Health Laboratory (UNMC) for confirmatory (and in some cases initial) testing. Environmental testing will continue to be directed to UNMC or appropriate law enforcement/FBI lab(s).

Upon activation of the PRMRS Plan, the PRMRS IMT Command shall assess the needs of laboratory services. The PRMRS IMT Command may be directed to coordinate the following activities through guidance from State Public Health Lab or CDC:

1. Contact each Panhandle hospital laboratory to ascertain:
   - Current testing capacity, including staffing and supplies
   - Review of potential precautions depending upon event circumstances
   - Review of specimen routing procedures, destination(s) and tracking
   - Review evidence handling procedures, if indicated by event circumstances
   - Establish schedule of conference calls and status updates.
2. Prepare a Laboratory Services Action Plan for the initial Operational Period and all subsequent periods, as needed.
3. Communicate with designated points of contact at the State Public Health laboratory and DHHS, communicating local capacity and needs, establishing specimen routing procedures, and providing situational updates.
4. Communication with laboratory personnel to input data into the electronic reporting database, NEDDS. Users can view labs sent, results, and updates through a secure network.
5. Through coordination with DHHS, establish alternative sources of nearby laboratory surge capacity (e.g. out-of-Panhandle or out-of-state laboratory

services.

SECURITY

3.15 The PRMRS Role and Responsibility Matrix indicates that Local Law Enforcement (and additional state and federal agencies in certain circumstances) have primary responsibility for security associated with medical and public health emergency operations, including: (If law enforcement personnel are not available, hospital staff or volunteers may be required to fulfill these duties.)

Attachment 12 PRMRS Master Resource Inventory

- Crowd control and building access at hospitals, treatment sites, and other points of public interface with medical and public health emergency operations
- Security for SNS assets in transition to hospitals, Sub-Hubs, and dispensing sites (clinics)
- Potentially enforcing quarantine provisions that might be activated
- Security at EOCs, Joint Information Centers, and other locations where aspects of the incident are managed.

PRMRS IMT Command facilitates, but does not arrange, security in conjunction with medical and public health emergency operations. PRMRS IMT Command will work through Emergency Management Agencies and local and state authorities to coordinate requests for and information relevant to security for medical and public health emergency operations. PRMRS IMT Command or Operations Section staff will:

1. Identify potential security issues regarding medical and public health emergency operations and communicate these to appropriate authorities.
2. Coordinate and communicate requests for special security arrangements among hospitals and other medical response institutions.
3. Brief security officials on logistical and operational matters as they relate to the delivery of healthcare and public health emergency services (e.g. mass care clinics, quarantine, use of personal protective equipment, etc.).
4. Ensure that security staff have received priority vaccination, prophylaxis, or other preventive interventions prior to performing their duties.

5. Annually review security issues among Panhandle hospitals.

3.16 TREATMENT OF RESPONSE PERSONNEL

Upon activation of the PRMRS Plan, the PRMRS IMT Command may designate the PRMRS IMT Planning Section Chief to coordinate the medical and public health needs of response personnel involved in the treatment and transportation of patients or those carrying out public health investigatory or control activities. The principal concerns addressed by the responsible IMT authority include:

- Assessment of numbers of response personnel potentially in need of service
- Assessment of nature of services needed (including prophylaxis, vaccination, antidotes, behavioral health screening/care, etc.)
- Determining nature and extent of injuries suffered by response personnel

PRMRS IMT staff will utilize the PRMRS Master Staffing Roster as an adjunct for tracking involved staff. Upon activation, the PRMRS IMT Operations Chief will:

1. Contact and coordinate with Emergency Management Agency Directors in involved jurisdictions so as to identify response agency personnel for potential contact and follow-up, and establish a schedule for future collective conference calls and situation updates.
2. Contact and coordinated with designated Hospital Emergency Coordinators in involved jurisdictions so as to identify response personnel for potential contact and follow-up, and establish a schedule for future collective conference calls and situation updates.
3. Consult with the PRMRS Behavioral Healthcare Advisor to determine the potential needs, screening, and response to responder-mental health issues and services.
4. Coordinate with local Public Health Agency Directors to document the need for immunization and/or prophylaxis and the means by which these service are provided to responder personnel.
5. Prepare a Response Personnel Treatment Action Plan for the initial and subsequent Operational Period(s). This Plan may include the following elements:

- Nature and quantity of treatment(s) needed
- Source(s) of treatment(s)
- Schedule of treatment(s) and assignment of response personnel in need to appropriate sources of treatment
- Treatment documentation, tracking, and follow-up records management.

The PRMRS IMT Planning Chief will also develop operational guidance for providing preventive and treatment services to immediate family members of response personnel or occupants of their household.

Medical Examiners, Coroners, and Biologic Terrorism (CDC)

Management of Dead Bodies in Disaster Situations (PAHO)

3.17 FATALITY MANAGEMENT

County coroners routinely have jurisdiction over the medical investigation of causes of death and the disposition of bodies. In a mass casualty, chemical or biologic event, conditions may dictate that certain unusual procedures be followed, including:

- Evidence collection, documentation, preservation
- Personal protective equipment and actions for personnel in proximity to bodies under certain circumstances
- Special procedures for transport and disposition of bodies upon activation of the PRMRS Plan, the PRMRS IMT Command may designate the PRMRS Planning Section Chief to coordinate the medical and public health aspects of fatality management. The designated PRMRS IMT staff will, in turn:

1. Coordinate with local Emergency Management Agency Directors and Coroners to establish a schedule for conference calls and situation briefings.
2. Identify immediate and future projections of fatalities, and characterize their nature and need for any special processing procedures.
3. Communicate with local, state, and other law enforcement authorities, as necessary, to coordinate procedures for evidence handling and preservation, and coordinate the medical and public health content of advisories to regional first responders, hospital staff, coroners and other

responders.

4. Initiate communications with DHHS designated staff responsible for providing guidance on fatality management.
5. Assess the need for and advise PRMRS IMT Command on requesting federal Disaster Mortuary Assistance Teams (DMORT), in coordination with Emergency Management Agency Directors.
6. Communicate to coroners, emergency management and other response agency personnel the public health issues relating to the temporary storage of bodies.
7. Coordinate with the Region I Behavioral Health the need for and delivery of services relating to death counseling for response agency personnel and their families.
8. Prepare a Fatality Management Action Plan for the initial and subsequent Operational Periods, identifying the medical and public health actions necessary to the effective management of fatalities.

Behavioral Health Emergency Plans

3.18 MENTAL HEALTH SERVICES

The PRMRS Plan incorporates by reference the Region 1 Behavioral Health Emergency Response Plan, and the Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan. Region 1 Behavioral Health has undertaken a comprehensive planning process, including the identification of primary and reserve (volunteer) staff to provide counseling and behavioral health interventions to victims, family members, and response personnel.

The Region 1 Behavioral Health Coordinator is a member of the PRMRS IMT, serving as a critical member of the health response team. Functions which the PRMRS IMT will coordinate with Region I Behavioral Health include:

1. Psychological awareness of the possible effects of the event among response agency personnel and victims
2. Early screening of at-risk populations, including children
3. Grief counseling
4. Post-event mental health services.

Procedures incorporated within the PRMRS Plan include:

1. Notification and activation of behavioral health response personnel.
2. Coordination of volunteer services to affected populations.
3. Distribution of screening instruments and assessments of service needs.
4. Short-term counseling services to victims.
5. Referral to specialized and/or long-term services.
6. Short-term counseling services to response agency personnel through the activation of CISM.

3.19 EXERCISES AND AFTER ACTION REPORTS

The PRMRS IMT Command will designate Command staff and representatives from selected medical and public health response agencies to create an After Action report and Improvement Plan following the conclusion of any incident for which the PRMRS Plan was activated. The report shall conform to a common structure that includes the following sections:

1. Circumstances leading to the activation of the Plan (criteria met and level(s) of activation).
2. An event sequence diagram depicting major actions, decisions, and outcomes during the event, and a chronology of the event.
3. Participating response institutions, jurisdictions, and personnel.
4. A summary of medical and public health interventions.
5. Numbers of persons affected, the nature and severity of their conditions, the number and nature of medical and public health interventions, best estimates of final morbidity and mortality.
6. Barriers to effective emergency response.
7. Assets used in undertaking the medical and public health response.
8. Estimated costs and labor hours.
9. Lessons learned.
10. Recommendations and considerations for changes to PRMRS Plan and PRMRS IMT response structure.

The PRMRS Plan will be exercised at least annually (in whole or in part). Each exercise shall include a test of the activation procedures and the activation of the PRMRS IMT. These exercises may be Orientations, Tabletop, Functional or Full-

Scale exercises. An exercise script will be prepared, and recorders not participating in the exercise will document its conduct. An After Action Report will be prepared and disseminated to participants and Panhandle medical and public health response agency representatives. The PRMRS IMT Command, working with the PRMRS Leadership Team, determines the annual exercise schedule.

4.0 Health Consequence Management

In addition to coordinating the delivery of medical care to ill or injured persons, the PRMRS Plan addresses important public health interventions designed to identify the cause of disease and institute early population-based control measures designed to limit spread and reduce population risk. This is accomplished through early detection of potential pathogens, laboratory identification of responsible agents, large-scale vaccination or prophylaxis administration to protect those not yet ill, and rendering hazardous environments safe for human interaction.

4.1 EARLY RECOGNITION

All healthcare and public health agencies in the Panhandle will have a copy of the PRMRS Plan. PRMRS IMT Command will periodically ensure that key personnel are briefed in the operational aspects of alerting PRMRS IMT Command to circumstances that might call for the activation of the Plan. Key observers include:

- Public Health
- Hospital triage, emergency department, and other intake staff
- EMS personnel
- Other first response agencies
- Emergency Management Agency Directors
- 911 and emergency dispatch agencies
- Law enforcement personnel
- Coroners

PRMRS IMT Command will maintain and periodically review and update job aids and a standard protocol for use by key observers, describing indicators of possible circumstances for which the Plan may be activated, and describing appropriate notification steps and contact information to alert PRMRS IMT Command.

Terrorism Agent Information and Treatment Guidelines for Hospitals and Clinicians

PRMRS activation is based upon 1) threats with unusual significance to populations

across the Panhandle, and/or 2) threats that impact medical response and public health resources across multiple Panhandle jurisdictions. Some indicators will be immediately obvious and easily identified by key observers (e.g. mass casualty events). Others will require higher indices of suspicion. All circumstances, apparent and covert, require key observers to be informed as to proper procedures for establishing contact with PRMRS IMT Command to alert them to a possible need to activate the PRMRS Plan.

The PRMRS early detection protocol will make use of additional developing infrastructure to consolidate public health surveillance at healthcare and other institutions. Elements of the early recognition and reporting protocol will include prompts to key observers regarding the following indicators:

- Multiple fatalities in a short time period
- Multiple "critical" patients in a short time period
- Depletion of "critical" therapeutic agents or devices (e.g. ventilators)
- Multiple patients receiving or in need of decontamination
- Reports of immediate adverse health events among EMS and other responders
- Multiple fatalities in a short time period, without apparent trauma or previously diagnosed illness
- A history of a common exposure, while important, is not a necessary feature among all ill persons. Exposure and subsequent infection may be the result of person-to-person transmission (in the case of a few types of agents) or may be due to multiple sources of exposure.
- Atypical presentations of diseases possibly microbiologic in origin, or unusual combination of signs/symptoms/findings in a patient without prior medical history accounting for these observations
- Rapidly increasing incidence of disease in normally healthy population
- Unusual increase in health care access by population within narrow time interval
- Suspected or confirmed presence of disease uncharacteristic as to person, place or time
- Clusters of persons seeking health care that have common place or time of symptom onset
- Simultaneous clusters of individuals with similar presenting complaints, each

cluster associated with different geographic locations

- Large numbers of non-trauma fatalities within short time interval
- Unusual numbers of respiratory-related complaints or unusual features among such individuals during times when respiratory complaints are otherwise expected or widespread
- Unusual severity of otherwise typical microbiologically-associated disease
- Unusual reports or observations of animal morbidity or mortality, especially when noted to occur within well circumscribed geographical boundaries
- Any atypical result or unusual pattern among laboratory specimens submitted for microbiologic examination.

PRMRS IMT Command may establish multiple alerting and notification pathways to apprise them of the need to consider activating the PRMRS Plan. Key Observers will provide information that will allow PRMRS IMT Command to consider activating the PRMRS Plan at one of three levels (see Section 3.4 Activation levels).

In conjunction with local public health agencies, PRMRS IMT Command may establish ongoing and ad-hoc surveillance mechanisms to provide timely information on incidence of disease or injury that may be an early indicator of conditions for which the PRMRS Plan may need to be activated. Such mechanisms may include:

- Hospital-based disease or injury reports
- School-based absenteeism reports
- EMS run reports
- Clinical reports from community-based providers.

4.2 AGENT IDENTIFICATION

There is presently within the Panhandle limited capability for field identification of chemical or biological agents. Approximately three of 11 jurisdictions have the capacity to conduct basic detection of a reasonable range of chemical agents.

Upon activation of the PRMRS Plan, the PRMRS IMT, in collaboration and

communication with Emergency Management, Panhandle Response Teams, and other clinical practitioners, may be used as a source of consultation for field personnel who may suspect involvement of a chemical or biological agent.

4.3 ANTIDOTE ADMINISTRATION

In certain events (e.g. chemical exposures, toxins) the administration of specific antidotes may be indicated. Because of the often immediate need for these therapeutic measures in order to preserve life and minimize morbidity, advance arrangements for accessing necessary stocks and associated distribution controls will likely be needed.

The PRMRS IMT Command will manage:

- Documenting sources of on-hand and quickly accessible supplies of antidotes for a representative set of threat agents (refer to Public Health ERP)
- Providing a central source for coordinating the distribution (allocation) of such supplies across Panhandle healthcare institutions and treatment centers
- Activation of the Chem-Pak through Public Health procedures.

Mass Clinic Plans (Panhandle Public Health District and Scotts Bluff Public Health Department)

As a routine task, PRMRS IMT Command will, at least annually, assure that appropriate inventories are documented of local (Panhandle) supplies of appropriate therapeutic agents. This may be accomplished by updates to the PRMRS Master Resource Inventory.

Attachment 12 PRMRS Master Resource Inventory

Upon activation of the PRMRS Plan, PRMRS IMT Command may designate the PRMRS Planning Section Chief to:

1. Establish contact with field response personnel and hospitals to identify and track patients and personnel in need of antidotes.
2. Create a schedule for conference calls and situation briefings with appropriate healthcare personnel and institutions.
3. Coordinate with local Emergency Management Agency Directors the distribution of available antidotes to sites where they will be administered.

4. Establish a Tracking Log to monitor the draw-down and replenishment of available antidotes, and the individuals to whom they are administered.
5. Coordinate with local Emergency Management Agency Directors, DHHS and other agencies the acquisition of additional antidote supplies from outside the Panhandle.
6. Create an Antidote Action Plan for the initial and all subsequent Operational Periods.

4.4 MASS IMMUNIZATION AND PROPHYLAXIS

Both the Panhandle Public Health District and the Scotts Bluff Public Health Department have well developed Mass Clinic plans. An event in either jurisdiction will trigger the activation of the respective Public Health Emergency Response Teams, which are each directed by currently designated PRMRS IMT Command staff. Clinic locations have been selected and staffed in each Panhandle jurisdiction. In addition, each Panhandle county has developed a Mass Vaccination plan involving Emergency Management Agency and public health officials, among others.

Under the PRMRS Plan, PRMRS IMT Command will periodically (at least annually) ensure that, as local plans are revised, they are integrated within the PRMRS Plan. This includes:

1. Collating information across all Panhandle jurisdictions on resources, locations, contact information, and assignments into both the PRMRS Master Staffing Roster and the PRMRS Master Resource Inventory.
2. Identify alternative sources of clinic supplies (including therapeutic agents) and methods for their rapid access.
3. Ensure that personnel identified to staff mass clinics are not double-counted as resources across multiple county-level staffing plans.
4. Facilitate multi-jurisdictional drills or exercises.

Attachment 12 Master Resource Inventory

Upon activation of the PRMRS Plan, PRMRS IMT Command may coordinate with local public health agencies who will:

1. Establish contact with local Panhandle clinic coordinators (as applicable)

and schedule communications and situation briefings.

2. Collaborate with Emergency Management Agency Directors and public health officials (DHHS) to determine appropriate consolidation or expansion of local mass clinic operations.
3. Facilitate the monitoring, across jurisdictions, of the need for additional supplies, staff and other resources.
4. Serve as a conduit of communications between sources of official guidance and clinic coordinators or operators.
5. Create a Mass Clinic Action Plan for the initial, and all subsequent, Operational Periods.
6. Coordinate the consolidation and reporting of the records of individuals receiving services at mass clinics.

4.5 MASS PATIENT CARE

PRMRS IMT Command may assist in the determination that Mass Patient Care procedures need to be invoked. Such measures will be designed to supplement hospital-based clinical services with alternative sources/sites for patient care, either as a hospital surge-capacity extender or as sites to prevent hospital overloading or inappropriate use.

The PRMRS Hospital Inventory Survey provides designated mass patient care sites as identified by each hospital's Alternative Care Site Plan. Their ACS Plan also covers staffing and operational guidance.

Upon activation of the PRMRS Plan, PRMRS IMT Command may activate a PRMRS Mass Patient Care Officer (either the PRMRS Medical Advisor or the Operations Section Chief). This position will:

1. Contact Panhandle hospital Emergency Coordinators to schedule communications and situation briefings.
2. Notify Local Emergency Management Agency Directors of establishment of Mass Patient Care.
3. Establish the need for activation of Mass Patient Care sites and staffing; advise PRMRS IMT Command; serve as a resource for requesting (through Emergency Management Agencies and DHHS) outside supplemental

resources and assistance, including requests for DMAT, VMAT, NMAT, NDMS, and other disaster patient care teams and resources.

4. Create a Mass Patient Care Action Plan for the initial (and all subsequent) Operational Periods.
5. Coordinate with the PRMRS Patient Planning Chief (as applicable) the direction of patients to appropriate alternative care / Mass Patient Care sites.

The PRMRS IMT Command will facilitate, with Panhandle local health agencies, hospitals, Emergency Management and other agencies, the development of regional plans for establishing Mass Patient Care facilities and services, including:

Mass fatality Guidelines (CDC; PAHO)

- Target population served and capacity limits
- Staffing and back-up
- Location(s)
- Communications
- Incident Management structure for each Mass Patient Care center
- Resources and equipment
- Activation and deactivation criteria.

4.6 ENVIRONMENTAL SURETY

PRMRS IMT Command may be called upon to provide guidance or coordination for regional medical and public health aspects of environmental remediation – the rendering-safe of previously hazardous environments in the wake of an emergency or disaster. Primary responsibility for environmental remediation is through the Department of Environmental Quality and DHHS.

Each Panhandle public health agency has well developed plans for interacting with state and other agencies concerning environmental recovery. Circumstances may also call for the activation of the public health emergency plans.

In the event of PRMRS Plan activation, the PRMRS IMT Command may coordinate with the local Public Health Agencies. If activated, this position will provide coordination with local Emergency Management Agency staff and state agencies

regarding the medical and public health aspects of environmental recovery, including:

1. Identifying conditions necessitating restricting public access to sites or commodities.
2. Facilitating the tracking of illness or injuries possibly associated with such exposures.
3. Facilitation of sample collection (medical specimens and other environmental specimens (e.g. food) when coordinated with DHHS and DEQ officials.
4. Facilitate local dissemination of public information and professional communications regarding public health risks and control measures related to environmental recovery.
5. Provide staffing assistance for regional investigations of food, water, and radiation hazards.
6. Provide staffing assistance for regional investigations and control of potential disease vectors.
7. Assist with coordinating among public health and medical personnel the preservation of evidence and interactions with law enforcement when such activities are indicated.
8. Assist in coordinating long-term monitoring of public exposure to or clinical consequences of residual environmental hazards.
9. Preparing an Environmental Recovery Action Plan for applicable Operational Periods.

5.0 Health Care Incident Response

The 8 hospitals in the 11-county Panhandle region have a total nominal capacity of approximately 349 staffed beds for a resident population of approximately 90,000 persons. Because of variations in operational capacity, hospitals in the Panhandle differ in the scope of their emergency operation plans and capabilities. Frequently, some staff positions (e.g. infection control nurse) may be shared between two or more institutions and some staff may also serve in additional capacities (such as volunteer EMS provider) outside of their hospital employment. Referral patterns for tertiary patient care typically involve western border-states (Colorado, Wyoming, and South Dakota) rather than the more populated eastern areas of the state.

While the PRMRS Plan is not intended to provide an infrastructure to manage on-scene emergency medical operations, it does address functions that affect public health beyond the scene of the event. Among these functions are the field identification of chemical and biological agents, victim decontamination and pre-hospital care. In all cases where the PRMRS Plan is activated, PRMRS IMT Command and their Command Staff will create for each Operational Period of each incident, an Action Plan describing the priority tasks and assignments necessary to manage the medical and public health aspects of the event.

5.1 AWARENESS AND RECOGNITION BY STAFF

Swift response to large-scale medical emergencies depends on rapid identification of the magnitude of the threat. Hospital staff also needs to be aware of potential threats to their own health so that they may initiate proper precautions when treating certain patients. While generally obvious in the case of trauma, other conditions pose the potential for delayed response unless the etiology is quickly identified. Among these are:

- Exposure to chemical agents
- Exposure to biological agents
- Exposure to radiological/nuclear agents.

Terrorism Information and Treatment Guidelines

CDC Agent Fact sheets www.bt.cdc.gov

The PRMRS Plan depends upon an elevated index of suspicion on the part of healthcare providers in order for activation to be timely and effective. The PRMRS Plan achieves this through a combination of ongoing pre-event efforts, including:

1. Identification and dissemination of educational and training opportunities for hospital and healthcare staff, with an emphasis on indicators and awareness.
2. Dissemination of job-aids for posting and reference in hospital treatment and exam rooms.
3. Dissemination of notification guidelines for contacting PRMRS IMT Command in appropriate circumstances.
4. Collaboration with public health authorities on periodic surveillance of hospital patients.
5. Tracking awareness-level training received by hospital personnel.

During an event or threatened event, PRMRS IMT will initiate procedures to alert hospital staff to the potential for unrecognized illness, any necessary special treatment protocols, and to precautions appropriate to the circumstances. This will be done according to the following procedure:

1. If an event is threatened involving the potential use of chemical, biological or radiological agents, PRMRS IMT, through its Medical Advisor and Public Information Officer, will issue alerts to Panhandle hospitals and healthcare providers (including First responders and coroners) indicating the likely presentation of cases, personal protective measures that treatment staff should take, diagnostic tests indicated and specimen procurement, and how to contact PRMRS IMT and other appropriate entities.
2. If the event involves an actual release, PRMRS will issue guidance regarding clinical presentation, patient decontamination (if indicated), personal protective equipment, treatment, collection of specimens, isolation (if indicated), and notification of authorities (in addition to PRMRS IMT). Additional information will also be disseminated regarding number of cases, number of potentially exposed persons (when known), and other epidemiologic data as it becomes available.

3. During an event, PRMRS, in consultation with state DDHSS officials, may issue instructions on enhanced surveillance at hospitals and other healthcare institutions.
4. During an event or threatened event, PRMRS IMT staff may initiate a schedule of polling of hospitals and other healthcare institutions for the purpose of:
    - Early identification of patients
    - Increasing staff awareness of conditions to watch for
    - Monitoring staff absenteeism.
5. A designated PRMRS IMT staff member will prepare a daily roster of contacts made to hospitals and other healthcare providers for the purpose of increasing awareness and recognition among staff.

5.2 NOTIFICATION

Hospitals remain a sentinel site for early indication that a covert public health emergency may be unfolding. Additionally, hospitals require rapid notification of the possibility that they may be called upon to care for large numbers of patients, severely ill or injured patients, or patients capable of contaminating others or transmitting disease unknowingly.

The PRMRS Plan establishes a formal system of bi-directional notification and alerting between hospitals and PRMRS IMT Command (Attachment 5).
Upon determining that an event meets one or more criteria for activation of the PRMRS Plan, PRMRS IMT Command will issue an alert to all Panhandle hospitals and healthcare institutions. This alert will be directed to individuals designated by each hospital to receive such communications, as registered in the PRMRS Emergency Notification Roster (Attachment 14). These communications will be transmitted according to the preferred means identified by each institution (e.g. fax, pager, phone, e-mail). PRMRS IMT Command staff will initiate follow-back contacts to ensure receipt, or will include instructions for acknowledging receipt. When appropriate, PRMRS IMT Command staff will institute a schedule of periodic communiqués and/or audio briefings with hospitals.

Attachment 5 PRMRS IMT Relationship diagram

Attachment 14 Emergency Notification Roster

Hospitals, as participants in the PRMRS, may be the initial source of medical intelligence and alerting for PRMRS IMT Command. Hospital staff will be

periodically trained on the circumstances and methods to notify PRMRS IMT Command regarding potential indicators of events that might lead to activation of the PRMRS Plan. Such measures will be posted at key locations within hospitals.

PRMRS IMT Staff are also responsible for periodically validating hospital contact information (Attachment 11) so that timely notifications may be maintained.

Attachment 11 PRMRS Emergency Notification Roster

Hospitals will also annually update their internal emergency contact and notification lists, and make copies available to PRMRS IMT Command for inclusion in the PRMRS Plan.

5.3 COMMUNICATIONS

In maintaining the PRMRS Emergency Notification Roster, all listed personnel are required to indicate multiple means of communication (e.g. phone, cell phone, radio, fax, satellite phone, e-mail, etc.) and their preferred modes of communication. This roster is maintained and periodically updated (at least annually) by PRMRS Coordinator.

Existing Panhandle public health agency Emergency Operations Plans inventory redundant means for communication with hospitals and other healthcare institutions.

The PRMRS Master Resource Inventory provides the opportunity for hospitals to identify any additional communications capability (e.g. satellite downlink, tele-video, etc.).

Attachment 12 PRMRS Master Resource Inventory

5.4 DECONTAMINATION

The PRMRS Role and Responsibility Matrix identifies Fire Departments, hospitals and Hazmat Response Teams for providing decontamination services. Decontamination will be set up either in the field, at the scene(s), and/or on hospital grounds away from common patient access points. Periodically, PRMRS IMT Command will contact Panhandle Fire departments, hospitals and Hazmat Response Teams to determine whether there have been changes in decontamination capability; these will be recorded in the PRMRS Master Resource Inventory.

The PRMRS Master Resource Inventory (Attachment 12) provides the opportunity for a comprehensive accounting of hospital capabilities, including decontamination. PRMRS Coordinator will distribute an annual Hospital Inventory Survey, through which hospitals can update the PRMRS Plan on additions to their capabilities in the area of decontamination, isolation, pharmaceuticals, personal protective equipment, and other categories of key resources and capabilities.

Attachment 12 Master Resource Inventory

Upon activation of the PRMRS Plan, PRMRS IMT Command may designate the PRMRS Liaison and/or Planning Section Chief:

1. Provide guidance to field or hospital personnel concerning decontamination for chemical, radiological, or biological agents.
2. Establish communications channels with local Emergency Management Agency Directors, hospitals, Fire Departments, and Hazmat Response Teams, and other authorities to schedule situation briefings regarding decontamination practices.
3. Establish communications with DHHS and other state authorities for the purpose of obtaining guidance, communicating situational reports, and evaluating the need for additional assets.
4. Determine the need for and advise PRMRS IMT Command regarding the need for additional assets to support decontamination activities within the Panhandle during an emergency event.
5. Establish procedures for tracking patients, response personnel, and others who have received decontamination, for the purpose of subsequent medical and public health follow-up.
6. Establish a Decontamination Action Plan for the initial and all subsequent Operational Periods.

5.5 TRIAGE

On-scene triage for typical emergencies within the Panhandle is conducted by local EMS and other first responders.

Rocky Mountain Regional Care Model Supply Inventory

In the event of activation of the PRMRS Plan, PRMRS IMT Command will communicate with responding agencies at the following locations (as applicable):

- Field triage stations, either located at the scene(s) or established at a safe distance
- Hospital-based triage stations, either located within the facility or based on hospital or nearby property
- Alternative care centers that might be established for the purpose of triage and screening of patients away from potentially crowded hospital locations.

PRMRS IMT staff will not engage in direct triage of patients, either in the field or at healthcare institutions. Upon activation of the PRMRS Plan, PRMRS IMT Command may designate the PRMRS Operation Section Chief to determine the need for medical or public health guidance or coordination of triage activities. If such support is necessary, the designated PRMRS IMT personnel may:

1. Ensure that triage decision-making (in the field and within hospitals) proceeds according to uniform, updated clinical and public health guidance; this will be accomplished by consulting triage officers (via designated Emergency Coordinators) and forwarding appropriate guidance and communications through established means.
2. Establishing contact(s) with designated DHHS (and other) authorities to ensure appropriate triage practices are initiated and maintained.
3. Prepare, as needed, elements of Action Plans supporting triage activities for each Operational Period in which these might be needed.
4. Ensure a post-event review of triage practices and outcomes.

Annually, Panhandle hospitals will review and report their institutional triage procedures to PRMRS IMT Command (via the Hospital Emergency Response Profile); this information will be used to evaluate the sufficiency of the PRMRS Plan with respect to hospital-based triage operations.

5.6 PREHOSPITAL CARE

Clinical care in the pre-hospital environment is routinely administered by local EMS agencies. Under certain circumstances, there may be the need to provide regional coordination and support to pre-hospital emergency medical care. Such instances

might involve:

- Events involving biological, radiological, or chemical agents
- Certain mass casualty events
- Issues involving pre-hospital infection control practices
- Post-exposure prophylaxis and vaccination.

Under such circumstances, the PRMRS IMT Command may designate the PRMRS Liaison to establish coordination of pre-hospital care issues. This may involve:

1. Establishing contact with local Emergency Management Agency Directors, hospital Emergency Coordinators (as agents of information exchange), EMS training coordinator, DHHS and other response agency personnel to identify clinical issues that require cross-jurisdictional coordination among pre-hospital care providers.
2. Obtain such guidance as necessary from DHHS and other authorities regarding pre-hospital care practices relevant to the event circumstances, and disseminate these locally to those who need such information.
3. Establish communication with clinical providers based in hospitals and alternative care facilities for the purpose of identifying clinical or public health issues, based on the patients being encountered, that need to be managed in the pre-hospital care setting.
4. Preparing a Pre-hospital Care Action Plan for the immediate Operational Period and any subsequent Operational Periods for which such activities are necessary.

5.7 INSTITUTIONAL EMERGENCY AND INPATIENT CARE

Hospitals and other response agencies caring for patients under the PRMRS Plan will complete a Response Agency Action Plan for each Operational Period during the response. The Response Agency Action Plan parallels the action plans that are completed by PRMRS IMT Command for each Operational Period during the response to the event.

Hospitals in the Panhandle are likely to provide three types of services during a

PRMRS event:

- Emergency stabilization of patients
- Inpatient care
- Outpatient vaccination, prophylaxis or other intervention

The PRMRS IMT has three sources of interface with hospitals providing emergency or inpatient care:

1. The PRMRS Liaison is responsible for coordinating the communication between healthcare facilities by providing situation and status updates.
2. The PRMRS IMT Logistics Chief is responsible for coordinating the distribution of pharmaceuticals, medical equipment, and supplies.
3. The PRMRS IMT Planning Chief is responsible for load balancing of facilities.

In addition, the PRMRS IMT will coordinate and communicate recommended treatment protocols and worker health and safety considerations.

During a PRMRS event, hospitals will designate an emergency coordinator to participate in scheduled conference calls and briefings with PRMRS IMT Command staff and other emergency management authorities. The aims of these interactions is to:

- Identify hospital needs
- Determine appropriate balances between emergency and routine services
- Protect hospital staff from inadvertent illness or injury during the course of caring for victims
- Relieve staff shortages.

During the activation of the PRMRS Plan, the PRMRS IMT Command will moderate, as needed, discussions concerning the consolidation of hospital services and the temporary suspension of selected services.

5.8 SHELTERING STAFF

Hospitals will identify to PRMRS IMT Command (via the Hospital Emergency Operations Profile) provisions for on-site and/or nearby sheltering of hospital staff in the event that circumstances call for such capacity. Hospitals shall report:

- The number of staff they can adequately shelter and the maximum duration (assuming supply chains are not disrupted)
- The maximum number of staff likely to need sheltering
- The location(s) and capacity of where sheltering will occur
- Any alternative arrangements for staff sheltering that the hospital may have made
- Special needs (families, pets, etc.) to be conveyed to Emergency Management and Red Cross or other appropriate authorities.

PRMRS IMT Command will collaborate with local/regional Emergency Management and Red Cross Agencies to consolidate requests, during emergencies, for sheltering support for hospital staff (e.g. beds, food, water, clothing, etc.).

5.9 TREATMENT PROTOCOLS

Upon activation of the PRMRS Plan, PRMRS IMT Command will direct the PRMRS Operations Chief to develop an Action Plan that includes treatment protocols and instructions to hospitals and other medical providers. It is expected that, for certain types of emergency events, such protocols are likely to be issued by state or federal (national) authorities during the event. Thus, the PRMRS Operations Chief will be a conduit for the identification, dissemination, and interpretation of such protocols as they are issued. In some circumstances, the Operations Chief, in consultation with other Panhandle, state, and national practitioners, may devise ad-hoc protocols for specific Operational Periods.

Panhandle hospitals have access to standing treatment protocols from the Centers for Disease Control and other national medical bodies. The PRMRS IMT shall make these available during an event as may be needed from time to time.

The PRMRS Hospital Emergency Operations Profile will ask hospitals to identify any treatment protocols they may intend to use for selected types of events (e.g.

chemical, radiological, and biological).

During an activation of the PRMRS Plan, the PRMRS Operations Chief will:

1. Determine, through consultation with state DHHS and other officials as necessary, the need for specialized treatment protocols (including the need for protocols governing screening of potential vaccines and those receiving prophylaxis).
2. Identify accepted sources of such protocols, or in certain circumstances, convene such expertise as may be required to design the necessary treatment protocols.
3. Alert all hospitals and healthcare providers in the Panhandle as to the indications for and correct use of such treatment protocols as may be issued.
4. Determine whether alternative treatment protocols are being used.
5. Establish a schedule for periodic consultation with hospitals and other clinical providers regarding their use of treatment protocols and their results.
6. Indicate when it is appropriate to terminate use of such protocols as may have been issued.

Hospitals shall designate a single point of contact for the exchange of treatment-related healthcare consultation with PRMRS IMT Command and staff. Contact information shall be maintained in the PRMRS Emergency Notification Roster.

Attachment 11 PRMRS Emergency Notification Roster

6.0 Resource Allocation

The Panhandle region is the site of one of 6 Hubs in Nebraska for receipt, storage, and staging of the Strategic National Stockpile (SNS). There are well-established procedures in place within the Panhandle for the management of SNS assets (see Section VIII in the Public Health Emergency Response Plans). These procedures have been established through collaborative planning among both local public health agencies, area hospitals, and county and Regional Emergency Managers.

SNS assets are requested by state authorities (Governor's Office). Panhandle jurisdictional responsibilities include providing for receipt, storage, and staging of assets delivered to the primary Panhandle SNS Hub site (Scottsbluff) and subsequently to seven Sub-Hub sites. Sub-Hub sites will supply dispensing sites (designated mass clinic sites for vaccines and prophylaxis). Treatment centers (e.g. hospitals, nursing homes, health clinics, correctional institutions) may also be recipients of SNS assets, either directly from the Hub or through disbursements from Sub-Hubs. SNS Flowsheet, Attachment 18, provides guidance on Panhandle resource assessment and allocation.

Attachment 18 Medical Cache Flow Chart

6.1 PRMRS SNS PROCEDURES

Current Panhandle SNS Plans provide for priority distribution to response agency personnel and their immediate families. However, CDC guidance and supply of pharmaceuticals may supersede local planning. The general population in each county is served by one or more distribution "clinics"; each clinic has staff designated in advance to perform operational activities.

The role of the PRMRS in provisioning response agencies with pharmaceuticals and aiding in the local deployment of the SNS is to:

1. Maintain a Panhandle-wide inventory of locally available pharmaceutical assets at hospitals, clinics, and pharmacies.
2. Monitor actual and projected need for pharmaceuticals during a threatened or actual event.

3. Assist with tracking patient receipt of pharmaceuticals during an event.
4. Monitoring adverse reactions across the Panhandle.

Because the Panhandle's SNS plan adopts a regional approach, and because the PRMRS Unified Command is lead by individuals who also direct Panhandle SNS Hub and Sub-Hub activities, the PRMRS Plan does not attempt to unnecessarily duplicate these functions.

If directed by the PRMRS IMT Command, Operations Section Chief or Planning Section Chief will perform the following actions:

1. Establish contact with the designated SNS Coordinator at each Panhandle hospital and dispensing clinic; arrange a schedule of situation status checks to determine assets received and used, appropriate registering of patients and others receiving SNS assets, and initiation of procedures to monitor adverse reactions among recipients.
2. Assist with decisions regarding allocation of SNS equipment (e.g. ventilators).
3. Assist with consolidating SNS asset tracking data across all Panhandle jurisdictions.
4. Assist with procurement (or redistribution) of personnel across the Panhandle to manage various SNS operations and clinic functions.

6.2 PRMRS PHARMACEUTICAL PROCEDURES

Beyond assets available through the SNS, PRMRS IMT staff may be called upon to manage locally-available pharmaceutical supplies. If directed by PRMRS IMT Command, the PRMRS Operations Chief will perform the following actions:

1. Contact a designated Pharmaceutical Coordinator at each Panhandle hospital, health clinic, and pharmacy to establish a briefing schedule during an event.
2. Monitor (at least daily) the draw-down and use of applicable pharmaceutical agents within the Panhandle (refer to the PRMRS Master Resource Inventory, Tab 7.1).
3. Assist, when indicated, with identifying additional available pharmaceutical

Attachment 12
PRMRS Master Resource Inventory

agents from out-of-Panhandle sources.

4. Support Mass Clinic operations as necessary, particularly the tracking of pharmaceuticals dispensed and any adverse reactions reported.

6.3 EQUIPMENT AND SUPPLIES

The PRMRS Master Resource Inventory categorizes a number of hospital resources important to the effective management of a significant public health emergency. At least once each year, PRMRS Coordinator will circulate the Hospital Inventory Survey for updates. With a Panhandle region-wide goal of responding effectively up to 500 ill or injured for 48-72 hours, the PRMRS Plan will incorporate recommended supply, equipment and pharmaceutical lists from recent national efforts to specify regional alternative emergency care operational requirements.

During an activation of the PRMRS Plan, PRMRS IMT Command staff will contact hospitals to assess their on-hand inventories of key pharmaceuticals, equipment and supplies. Local supply caches are maintained in the Panhandle – these can be activated and distributed to hospitals and other treatment sites as needed during an emergency event.

Each hospital shall designate a Supply Officer who will be responsible for establishing the availability, use of and need for pharmaceuticals, supplies, and equipment. This individual will interface with the PRMRS IMT Operations or Logistics branch (if activated) to coordinate access to or redistribution of needed assets. The PRMRS IMT or designee will:

1. Establish contact with designated Supply Officers at hospitals, public health agencies, EMS agencies, coroner's offices, behavioral health and other healthcare agencies.
2. Inventory and report of selected drugs on hand.
3. Identifying drugs, supplies or equipment obtained through means other than those facilitated or previously reported to PRMRS IMT staff.
4. Establish a schedule for communications with designated response agency Supplies Officer to evaluate the projected draw-down of supplies immediately, and for the remainder of the current Operational Period.
5. Complete a "Supplies" section of the PRMRS IMT Action Plan for the

current (and future) Operational Periods.

6. Alert PRMRS IMT staff to impending critical shortages.
7. Brief PRMRS IMT Command on supply situation status at prescribed intervals.
8. Provide information for requesting the mobile medical assets (see Attachment 16, MMA and Cache Deployment Plan and Attachment 18, Medical Cache Flow Chart.
9. Provide recommendations and information in support of requests to secure additional medical and public health supplies from external sources (state supply caches, CDC Strategic National Stockpile, NDMS assets, etc.).
10. Update structure and content of PRMRS Master Resource Inventory.
11. Prepare supply contingency rosters identifying out-of-Panhandle sources.
12. Assisting PRMRS IMT staff in recovering unused supplies and resources at the conclusion of the event.

Attachment 16 MMA and Cache Deployment Plan

Attachment 18 Medical Cache Flow Chart

Supply Officers in other response agencies and in local and regional Emergency Management Agencies will:

1. Provide scheduled updates of supply draw-down and needs to the PRMRS IMT Supply Officer.
2. Identify excess or unused supplies and make their availability known to the PRMRS IMT Supply Officer.
3. Provide supply-related information to PRMRS IMT Command through periodic Emergency inventory survey.
4. Track internal use of supplies.

7.0 # Ongoing Plan Management and Maintenance

The PRMRS Plan is subject to continuous review and modification. Updates may affect the scope of response actions for which the PRMRS Plan is intended as a guide. Additional updates may reflect changes in jurisdictions covered by the PRMRS Plan. Other updates will ensure accurate and complete contact information for personnel and an accounting for other medical and public health response assets. Additional modifications may add or alter procedures included in or referenced by the PRMRS Plan.

7.1 ## CUSTODY OF PRMRS PLAN

The PRMRS Plan is held by the Rural Nebraska Healthcare Network (RNHN), for the benefit of all collaborating jurisdictions and response agency/institutional partners in the Panhandle region. The RNHN Board of Directors may direct that review and maintenance be coordinated by a designated individual, agency, or committee. A PRMRS Leadership Committee, appointed by the RNHN, shall be the principal vehicle by which the PRMRS Plan is reviewed and modified.

Then PRMRS Plan will be maintained in both electronic and hardcopy format.

7.2 ## DISTRIBUTION OF PRMRS PLAN

The RNHN Board of Directors and PRMRS Leadership Team shall determine the distribution policies for the PRMRS Plan. Copies distributed shall be marked if further reproduction and/or distribution is either limited or not allowed. All copies distributed shall be logged to a PRMRS Plan Master Distribution Log.

Attachment 10
PRMRS Team

Attachment 17
PRMRS Plan Master
Distribution Log

Policies shall be established for the distribution, recall, and review of the PRMRS Plan; these shall be established and maintained by the RNHN and PRMRS Leadership Team.

Provisional distribution shall consider recipients, without limitations to others as approved, from the following:

1. RNHN Board of Directors

2. RNHN Executive Director
3. PRMRS Coordinator
4. PRMRS Leadership Team
5. 8 Panhandle Hospitals
6. 2 Panhandle Public Health Districts/Agencies
7. Panhandle Regional and County Emergency Managers
8. Panhandle County chief elected official
9. Panhandle County Public Information Officials
10. Panhandle County Coroners
11. Panhandle County EMS agencies
12. Panhandle County Fire Departments
13. Panhandle County/Regional Emergency Communications (911) Centers
14. Panhandle County Law Enforcement agencies
15. Panhandle Region State Police
16. Panhandle Region FBI Field Office
17. Panhandle Regional Behavioral Health Coordinator/agency
18. Panhandle County/Region Animal Health agencies
19. Panhandle County/Regional Environmental Health agencies
20. State Department of Health and Human Services Systems
21. State Emergency Management Agency
22. State Medical Examiner's Office

7.3 MODIFICATION TO THE PRMRS PLAN

Modifications to the PRMRS Plan shall be considered by way of recommendations made by or received through the RNHN or the PRMRS Leadership Team. Recommendations may be received from parties to the Plan, and from interested or affected agencies or institutions (within the Panhandle, in other regions of the state, from state agencies, and from out-of-state representatives that are part of Panhandle health referral patterns or aid agreements).

Requests to modify the PRMRS Plan shall be submitted in to the PRMRS Coordinator, and shall include the following information:

1. Identity of requesting person/agency
2. Role of requestor in PRMRS Plan or an event which the Plan is intended to

manage

3. Date of request
4. A description of the recommended modification and any justification (if appropriate)
5. Reference(s) to any specific part of the Plan for which changes are recommended or requested
6. Requestor's contact information.

PRMRS Coordinator shall maintain a log or record of requested/recommended modifications and any actions taken as a result of each request/recommendation.

7.4 SCHEDULE FOR REVIEW

The RNHN and PRMRS Leadership Team shall establish a schedule for routine review and maintenance of the PRMRS Plan. The schedule for and results of each review shall be recorded to a PRMRS Plan Master Review Log, which shall be maintained by the RNHN and PRMRS Leadership Team. The review schedule shall consider each of the following as elements in its design and maintenance:

Attachment 11
PRMRS Plan Master Change Log

1. One annual review of the PRMRS Plan and all associated documents that constitute inventories, rosters, or procedures.
2. A post-event review of applicable parts of the PRMRS Plan following any event for which the plan was activated OR for which the PRMRS Leadership team concludes would have been managed more effectively under the PRMRS Plan.
3. Any occasion upon receipt of significant updates to federal, state, regional, county, or institutional regulations, plans, policies, or procedures.

7.5 NOTIFICATION OF PRMRS PLAN CHANGES

The RNHN and the PRMRS Leadership Team will make appropriate notification of changes made to the PRMRS Plan. Notifications shall be accompanied by replacement pages, Plans, or instructions regarding the removal, arrangement, or modification to existing PRMRS Plan content. All notifications shall be recorded to the PRMRS Plan Master Change Log.