



ASPR
ASSISTANT SECRETARY FOR
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Interim Healthcare Coalition Checklist for Pandemic Planning

National Healthcare Preparedness Programs (NHPP)

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The Department of Health and Human Services, Assistant Secretary for Preparedness and Response (HHS/ASPR), National Healthcare Preparedness Programs (NHPP) developed the Healthcare Coalition Checklist for Pandemic Planning (HCCPP) with input from internal and external stakeholders. A Healthcare Coalition (HCC) is an organization of healthcare providers, private entities, and government agencies that work together to plan for and respond to disasters. To make the best use of available information and resources, HCCs should integrate their efforts with pandemic preparedness plans. The HCCPP assists HCCs in assessing, developing, and improving their preparedness and response plans for a pandemic event. The checklist follows the preparedness capabilities outlined in the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*, which can be found on the Public Health Emergency website at <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>.

Pandemic influenza presents a unique threat to all communities and affects schools, businesses, healthcare systems, and individuals in ways that are distinct from other emergency events. The HCCPP recommends actions to develop and/or improve coalition-based emergency response plans for pandemic influenza and encompasses all stages of a potential H1N1 (“swine flu”) or other infectious disease outbreak. In conjunction with other tools, the HCCPP can help a HCC expand its pandemic influenza emergency response plan to include a diverse mix of partners including schools, businesses, community organizations, and government agencies.

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HPP Capability 1: Healthcare System Preparedness

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, poison control centers, telephone advice/hotlines, mental/behavioral health providers, community and faith-based partners, pharmacies, and state, local, and territorial governments to provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community, to provide timely monitoring and management of resources, to coordinate the allocation of emergency medical care resources and to provide timely and relevant information on the status of the incident and healthcare system to key stakeholders.

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Identify and document the purpose, roles, and responsibilities for HCC member agencies of the healthcare coalition in pandemic planning, ensuring a cross section of wide-ranging public and private stakeholders promoting community resiliency ^{1, 2, 3}			
2) Engage coalition partners in regularly scheduled meetings to assess pandemic planning efforts that prepare and prioritize assets and coordinate potential services of each member in a pandemic response ^{4, 5}			
3) Establish a timeframe to perform periodic assessments that will determine gaps (e.g. planning, staffing, training, equipping) in the healthcare coalition's ability to respond to a pandemic and identify resources that would mitigate identified gaps ^{6, 7, 8}			
4) Develop a coalition-wide training, exercise, and evaluation program which includes an annual schedule and provides opportunities for members to refine their knowledge and skills in personal protection, communication strategies, social distancing, allocation of scarce resources, Crisis Standards of Care, etc. to improve response capabilities in a pandemic scenario ^{8, 9, 10}			
5) Ensure that coalition member organizations account for at-risk individuals and those with special medical needs, such as children under 5 years, older adults, the homeless, the mentally impaired, or those with service animals and household pets who could become more vulnerable during a pandemic ^{1, 11, 12}			

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HPP Capability 2: Healthcare System Recovery			
Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Prepare for pandemic-specific recovery processes for each healthcare delivery system to address challenges such as staff absenteeism, resource shortages, and “a new normal” in patient care that may follow a prolonged pandemic response ^{13, 14}			
2) Routinely collaborate with partner organizations to distinguish which functions and resources each organization may be able to provide each other during a pandemic (i.e. staffing, equipping, and training) ¹⁵			
3) Develop a Continuity of Operations Plan (COOP) that demonstrates how each organization will maintain essential functions during and after a prolonged pandemic (6-8 weeks) ^{16, 17}			

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HPP Capability 3: Emergency Operations Coordination			
Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Develop a written Pandemic Annex to the Emergency Operations Plan that outlines the healthcare coalition’s multi-agency representation and coordination with emergency management during a pandemic at the local, state, interstate, and federal levels ^{1, 18}			
2) When necessary, activate coalition emergency response operations and query stakeholders on the following aspects of their healthcare delivery status: their ability to maintain essential services; their ability to assess triggers indicating the need for surge capacity (epidemiological surveillance data, etc.), and their need for additional resources (beds, staff, ventilator equipment, pharmaceuticals, and supplies) ^{18, 19}			
3) Use a real-time, integrated inventory management system to help coordinate coalition members and track available resources, particularly scarce resources (i.e., ventilators, Extracorporeal Membrane Oxygenation (ECMO) systems, bariatric equipment, neonatal isolettes, etc.) ^{2, 20}			
4) Identify triggers that demonstrate the transition from Response to Recovery (decreasing deaths, admissions to healthcare facilities, etc.), demobilize coalition agencies as the situation allows, and assist the return to a “normal state of operations” as defined by the coalition in a post-pandemic scenario ²¹			
5) Establish inter-operable communications or an alternate plan for coordinating communications with agencies outside of the coalition, including surrounding jurisdictions, state authorities, etc.			

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HPP Capability 5: Fatality Management

Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Develop a coalition-focused Fatality Management Plan that addresses the surge of human deaths that will increase the demand for storage capacity at alternative locations and the identification of human remains at the healthcare organization level ^{17, 22}			
2) Include a coalition-based family assistance plan to promote reunification of families with the remains of loved ones, taking into consideration mandated infection control and social distancing measures that may be in place ^{17, 22}			
3) Meet regularly with mental/behavioral health coalition members and other relevant parties (i.e. the American Red Cross, local health departments) to solicit support services for victims and caregivers who have or develop mental/behavioral afflictions (post-traumatic stress disorder (PTSD), grief, shock, depression, etc.) during and following a pandemic ^{17, 23}			

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HPP Capability 6: Information Sharing Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, State, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, State, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Establish a coalition-based protocol for providing situational awareness during a pandemic that includes essential elements of information (EEI) (i.e. patient tracking, bed tracking, available resources, syndromic surveillance, etc.) and provides consistent information to the incident common operating picture ^{24, 25, 26}			
2) Develop, refine, and sustain redundant, interoperable communication systems that connect all coalition members (including Emergency Medical Services (EMS) and 9-1-1) horizontally and vertically during all phases of a pandemic ²⁷			
3) Appoint a public information spokesperson who is credible and well-versed on the pandemic disease process to represent the coalition by providing honest, consistent, and factual communication to the public, media, health authorities, etc. ^{28, 29, 30, 31, 32}			
4) Develop communication materials for healthcare organizations on how to request needed resources, such as Personal Protective Equipment (PPE) and/or Medical Countermeasures according to federal, state, and local Medical Countermeasure Distribution and Dispensing (MCMDD) plans			

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HPP Capability 10: Medical Surge The medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Using available planning assumptions and tools for pandemic and in close coordination with local and state public health authorities, develop a Coalition Medical Surge Plan that defines a method to identify triggers (e.g. increased visits to hospitals and affiliated outpatient facilities and increased queries of triage hotlines such as Ask-A-Nurse or poison control centers) regarding respiratory illnesses leading to increased patient volume and requiring the need for expanded capacity. The plan should also include interventions the healthcare organization will use in response to maintain core services while accommodating surge operations ^{19, 33, 34, 35}			
2) Develop Memoranda of Understanding (MOUs) and coordinate plans for integrated surge operations across the coalition to include pre-hospital (EMS), hospitals, nursing homes, community health care centers, home health and out-patient services by identifying 20% immediate bed availability (IBA) in order to mitigate and limit the need to surge beyond capacity ^{20, 36}			
3) Explore establishing plans for implementing telephonic methods of triaging callers by collaborating with healthcare coalition partners and potential new partners such as telephone advice/triage line systems, poison control centers, and information and referral hotlines ^{37, 38, 39}			
3) Develop a checklist of priority actions for medical surge (such as utilizing objective physiologic scores for triage (i.e. Sequential Organ Failure Assessment (SOFA) scores), cancelling elective procedures, discharging patients early, and changing EMS dispatch and transport criteria). This checklist will help healthcare organizations estimate surge capacity needs (i.e. beds, staff, and supplies/equipment) ^{40, 41}			
4) In cooperation with state and local governments and other relevant stakeholders (i.e. state Crisis Standards of Care committees), research, assess, develop, and exercise Crisis Standards of Care guidance that is ethically grounded, provides assurances for legal authority, and promotes coalition members' understanding, engagement, and willingness to provide support in a pandemic environment ^{4, 17, 42, 43}			
5) Create or refine an inventory of coalition resources available to support a large scale evacuation and/or shelter in place plan that may be implemented during a pandemic surge. Inventoried resources could include: transport types, bed types, identified alternate care sites, potential Federal Medical Station (FMS) locations, staff, equipment, etc.			

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HPP Capability 10: Medical Surge (cont.)			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
6) Ensure coalition pandemic plans include compatible equipment and communications radio frequency plans for communicating common hospital diversion and bed capacity situational awareness with local, state, and regional EMS authorities ⁴⁴			
7) Coordinate efforts with state and local EMS governmental authorities to ensure the availability of emergency vehicles to transport patients to healthcare facilities and between healthcare facilities during a pandemic ⁴⁴			

HPP Capability 14: Responder Safety and Health			
The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Develop a coalition-wide occupational health assessment tool that assesses the readiness status of current staff and their families in each member organization in terms of personal protective equipment (PPE) and pharmaceutical protection (fit-testing, mask types, vaccine and prophylaxis vs. non-pharmaceutical interventions) ^{43, 45, 46}			
2) Establish an education, training, and assistance program to ensure coalition organizations are prepared to respond in a pandemic by providing PPE training, fit-testing, vaccine prophylaxis, and other pertinent health services ^{18, 47, 48, 49}			
3) Recognizing that the supplies of respiratory protective devices held by hospitals at the start of an influenza pandemic are a key factor for healthcare workforce protection during a sustained pandemic response, coalition-partners should work to stock a supply of fit-tested respiratory protective devices for their workforce that could be used prior to distribution of federal stockpile resources ^{50, 51, 52}			
4) Ensure that MCMDD Plans developed by state/local governments include maintenance, multiple points of distribution, and dispensing protocols for all coalition response organizations ^{53, 54}			

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HPP Capability 15: Volunteer Management Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.			
<i>Recommended Actions:</i>	In Place	In Progress	Undeveloped
1) Collaborate with volunteer organizations to match their missions to the need for volunteers who could provide support in a pandemic scenario without impacting their core mission and services ^{48, 55}			
2) Assess the requirements (type and quantity) of medical and non-medical volunteers needed during a pandemic and ensure liability protection for all who deploy ^{48, 56}			
3) Develop a coalition-wide program and process for rapid credentialing, just-in-time training, assignment of volunteers, and procurement of needed equipment ⁴⁸			

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