Why Emergency Preparedness: Regulations, Standards and Best Practices

Jackie Gatz, Vice President of Safety and Preparedness
Presentation Objectives and Program Overview

- Review evolution and reasoning for emergency preparedness final rule
- Explain the conditions of participation and their expected outputs
- Highlight modifications from accrediting bodies as a result of the CMS rule
- Discuss industry frameworks for consideration in program development
CMS Final Rule for Emergency Preparedness
CMS Emergency Preparedness Final Rule

- Timeline
  - Finalized September 8, 2016
  - Published in September 16, 2016, *Federal Register*
  - Effective November 15, 2016
  - Implement **November 15, 2017**
## Categories: Providers and Suppliers

1. Hospitals
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care (LTC)/Skilled Nursing Facilities (SNF)
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)
7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
13. Clinics, Rehabilitation Agencies, & Public Health Agencies as Providers of Outpatient Physical Therapy & Speech Language Pathology Services
14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities
Background and Purpose

- Challenges faced from natural and man-made disasters since 9/11 terrorist attacks
- Definition of “emergency” or “disaster”: Event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official.
Justification

• CMS reviewed a variety of emergency preparedness guidance from federal agencies, states, accrediting bodies and standard-setting bodies.
• CMS also reviewed its existing EP regulations
• Conclusion: not comprehensive enough
  ➢ Existing requirements do not address communication, coordination, contingency planning or training
Noteworthy

- CMS received 400 public comments to the proposed rule.
- The proposed rule provided
  - Detailed discussion of each requirement
  - A methodology to establish and maintain preparedness
  - Resources and guidance available to organizations
- CMS encourages providers to reference the proposed rule, as needed.
The Role of Hospitals

- “Hospitals are often the focal points for healthcare in their respective communities; thus it is essential that hospitals have the capacity to respond ...”
- “Medicare participating hospitals are required to evaluate and stabilize every patient seen in the ED and evaluate every inpatient at discharge – hospitals are in the best position to coordinate emergency preparedness planning with other providers and suppliers ...”
Summary of Major Provisions

• Four core elements to effective and comprehensive framework. These provide framework for the proposed rules for all provider/supplier categories.
  ➢ Risk assessment and planning
  ➢ Policies and procedures
  ➢ Communication plan
  ➢ Training and testing

• Emergency and standby power systems regulations for inpatient providers
  ➢ Hospitals, CAHs, LTC/SNFs
482.15 Emergency Preparedness Plan and Program

- **482.15(a)(1) Risk Assessment**
  - Hospital risk assessment is based on and includes a documented, facility-based and community-based risk assessment, utilizing an all hazards approach.

- **482.15(a)(2) Emergency plan**
  - Emergency plan includes strategies for addressing emergency events identified by the risk assessment.
482.15 Emergency Preparedness Plan and Program

- 482.15 (a)(3) Patient population and available services
  - The hospital emergency plan must address its patient population, including, but not limited to, persons at-risk.
  - The hospital emergency plan must address the types of services that the hospital would be able to provide in an emergency.
  - All hospitals include delegations add succession planning in their emergency plan to ensure that the lines of authority during emergency are clear and the plan is implemented promptly and appropriately.
482.15 (a) (4) The hospital must have a process for cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.
482.15 (a) Emergency Preparedness Plan and Program

- **(a)(1) Risk assessment**: 73%
- **(a)(2) Emergency plan**: 69%
- **(a)(3) Patient population and available services**: 80%
- **(a)(4) Process for cooperation and collaboration with local, tribal, regional, state or federal emergency preparedness officials**: 72%

Legend:
- Green = Exceed requirements
- Blue = Meet requirements
- Yellow = Somewhat meet requirements
- Teal = Do not meet requirements
482.15 (b) Policies and Procedures

- Hospitals are required to develop and implement emergency preparedness policies and procedures based on the emergency plan, the risk assessment and the communication plan, reviewed and updated annually.

  482.15 (b) (1) Subsistence needs (staff and patients)
  
  - 482.15 (b) (1) (i) Food, water, pharmaceuticals and medical supplies
  - 482.15 (b) (1) (ii) Provision of alternate sources of energy to maintain temperatures, lighting, fire detection, extinguishing and alarm systems
  - 482.15 (b) (1) (ii) (D) Sewage and waste disposal including solid waste, recyclables, chemical, biomedical waste and waste water.
482.15 (b) Policies and Procedures

- 482.15 (b) (2) System to track the location of staff and patients during an emergency – if evacuated, document details of their relocation
- 482.15 (b) (3) Ensure safe evacuation, transportation and placement
- 482.15 (b) (4) A means to shelter in place for patients, staff and volunteers
- 482.15 (b) (5) Systems of medical documentation to preserve, secure, and maintain availability of records
482.15 (b) Policies and Procedures

- 482.15 (b) (6) The use of volunteers during an emergency, other emergency staffing strategies and the process to utilize state and federal resources
- 482.15 (b) (7) Continuity of services – arrangements with other hospitals and providers to receive patients, due to limitations or temporary closure
- 482.15 (b) (8) the role of the hospital under an 1135 waiver, for the provision of care and treatment at an alternate care site
482.15 (b) Policies and Procedures

- 482.15 (b)(1) Subsistence needs
- 482.15 (b)(2) System to track the location of staff and patients during an emergency
- 482.15 (b)(3) Ensure safe evacuation, transportation and placement
- 482.15 (b)(4) A means to shelter in place for patients, staff and volunteers
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- 482.15 (b)(6) The use of volunteers during an emergency, other emergency staffing strategies, and the process to utilize state and federal resources
- 482.15 (b)(7) Continuity of services - arrangements with other hospitals and providers to receive patients due to limitations or temporary closure
- 482.15 (b)(8) The role of the hospital under an 1135 waiver for the provision of care and treatment at an alternate care site

Exceed requirements | Meet requirements | Somewhat meet requirements | Do not meet requirements
---|---|---|---
85% | 76% | 83% | 87% | 85% | 76% | 85% | 76%
482.15 (c) Communications

- Hospital must develop, maintain and review annually an emergency preparedness communication plan that complies with federal, state and local law.
  - 482.15 (c) (1) Contact information for staff, entities providing services under arrangement, physicians, other hospitals and volunteers
  - 482.15 (c) (2) Government agency contact information for federal, state, tribal and/or local
  - 482.15 (c) (3) Establish primary and alternate communication
482.15 (c) Communications

- 482.15 (c) (4) Method for sharing information and medical documentation for patients with providers to maintain continuity of care
- 482.15 (c) (5) Means, in the event of evacuation to release patient information, as permitted under 45 CFR 164.510(b)(1)(ii)
- 482.15 (c) (6) Means to provide information about the general condition and location of patients under the facility’s care — information sharing
- 482.15 (c) (7) Means to provide information about occupancy, needs and ability to provide assistance
### 482.15 (c) Communications

- **482.15 (c)(1)** Contact information for staff, entities providing services under arrangement, physicians, other hospitals, and volunteers
  - Exceed requirements: 90%
  - Meet requirements: 85%
  - Somewhat meet requirements: 6%
  - Do not meet requirements: 1%

- **482.15 (c)(2)** Government agency contact information for federal, state, tribal and/or local
  - Exceed requirements: 85%
  - Meet requirements: 80%
  - Somewhat meet requirements: 5%
  - Do not meet requirements: 1%

- **482.15 (c)(3)** Establish primary alternate communication
  - Exceed requirements: 85%
  - Meet requirements: 87%
  - Somewhat meet requirements: 2%
  - Do not meet requirements: 0%

- **482.15 (c)(4)** Method for sharing information and medical documentation for patients with providers to maintain continuity of care
  - Exceed requirements: 89%
  - Meet requirements: 89%
  - Somewhat meet requirements: 4%
  - Do not meet requirements: 2%

- **482.15 (c)(5)** Means, in the event of evacuation to release patient information, as permitted under 45 CFR 164.510(b)(1)(ii)
  - Exceed requirements: 89%
  - Meet requirements: 89%
  - Somewhat meet requirements: 1%
  - Do not meet requirements: 0%

- **482.15 (c)(6)** Means to provide information about the general condition and location of patients under the facility's care
  - Exceed requirements: 90%
  - Meet requirements: 85%
  - Somewhat meet requirements: 5%
  - Do not meet requirements: 1%

- **482.15 (c)(7)** Means to provide information about occupancy, needs and ability to provide assistance
  - Exceed requirements: 90%
  - Meet requirements: 85%
  - Somewhat meet requirements: 5%
  - Do not meet requirements: 1%
482.15 (d) Training and Testing

- Hospital must develop and maintain an emergency preparedness training and testing program that includes initial training based on hospital emergency plan, risk assessment, policies and procedures, and communication plan.

  482.15 (d) (1) hospitals provide such training to all new and existing staff, volunteers, consistent with their expected roles and maintain documentation of such training.

  - Training on emergency procedures occur at least annually and demonstrate staff knowledge.
482.15 (d) Training and Testing

- 482.15 (d) (2) drills and exercises to test emergency plans
  - 482.15 (d) (2) (i) participate in a full-scale exercise annually
  - 482.15 (d) (2) (ii) exemption if hospital experiences an actual incident
  - 482.15 (d) (2) (iii) conduct an annual exercise of hospitals choice for second requirement
  - 482.15 (d) (2) (iv) hospitals analyze their response to, and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan as needed
482.15 (d) Training and Testing

- **80%** meet requirements, **12%** exceed requirements, **8%** somewhat meet requirements, **0%** do not meet requirements for Hospitals provide training to all new and existing staff, volunteers, consistent with their expected roles and maintain documentation of such training.

- **83%** meet requirements for Drills and exercises to test emergency plans.

- **83%** meet requirements for Participate in a full-scale exercise annually.

- **84%** meet requirements for If hospital experiences an actual incident.

- **87%** meet requirements for Conduct an annual exercise of hospital’s choice for second requirement.

- **82%** meet requirements for Analyze their response to, and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan as needed.
482.15 (e) Emergency Fuel and Generator Testing

CMS Resources

- Interpretative Guidance released June 2017
- On-demand emergency preparedness surveyor training course
  - Required for all state and regional surveyors responsible for health and safety, or life safety codes
Available Resources for CMS

• Updated resources at www.mhanet.com
• Please share your experiences with CMS CoP surveys by deemed accrediting bodies or state surveyors.
• MHA will continue to synthesize high level themes and provide guidance.
  ➢ Section 1135 Waiver resources available in fall 2018 report, sample policy in development
National HPP Resource: TRACIE

- **Technical Resources**
  - Collection of preparedness materials searchable by keyword
- **Assistance Center**
  - Access to specialists for one-on-one support
- **Information Exchange**
  - Peer-to-peer, protected, open discussion
- **https://asprtracie.hhs.gov/**
Accreditation: The Joint Commission
Standard Revisions

- The Joint Commission has updated its Emergency Management (EM) standards, pending approval, which went into effect November 15, 2017 for TJC deemed status surveys.
The Joint Commission

- Agency providing voluntary accreditation for health care organizations for over 60 years
  - Hospitals
  - Critical access hospitals
  - Primary care medical home certification
  - Nursing care centers
  - Office-based surgery
  - Behavioral health care
  - Home care agencies
  - Laboratories
The Joint Commission Accreditation Standards

• Serve as the basis for Health Care Organizations (HCO) to measure, assess and improve performance
• Focus on patient, individual or resident care and organization functions that are essential to providing safe, high quality care
• Standards are assessed by routine on-site surveys and provide “deemed” status for CMS certification
  ➢ CMS (via state survey team) may conduct additional validation or complaint surveys
Standards Categories

• Joint Commission Requirement
  ➢ Standard – principle statement
    – Element of performance, detail of specific requirement
  ➢ EM.02.02.13

• Federal Requirements
  ➢ Conditions of Participation – major category
  ➢ Standard – specific requirement under the CoP
  ➢ CFR 482.11(c) TAG: A-0023
Emergency Management (EM)

- Stand-alone chapter beginning in 2009
- Comprehensive approach to manage small or large disruptions which could adversely affect patient safety and the provision of care, treatment, or services
- Emergency Operations Plan (EOP) to respond to events and process to plan, test and implement improvements
  - Collaborative planning and response
- Policies and procedures to support standards and elements of performance
Emergency Management Program Oversight

- Multi-disciplinary committee involving medical staff leadership
- New in 2014
  - Organizational leadership to oversee emergency management
  - Senior hospital leadership review of EM planning, exercise reviews and actual response reviews
  - Evaluation of exercises and events from all levels of the organization
National Incident Management System
What is NIMS?

- A comprehensive, national approach to incident management
- Applicable at all jurisdictional levels and across disciplines
- Lessons learned have shown the need for:
  - Coordinated response
  - Standardization
  - Interoperability
NIMS Concepts and Principles

- NIMS is:
  - **Flexible** to enable all responding organizations to work together
  - **Standardized** to improve overall response and interoperability

- NIMS Standard Structures
  - Incident Command System (ICS)
  - Multiagency Coordination Systems
  - Public Information Systems
Preparedness

- Planning, training and exercises
- Personnel qualification and certification
- Equipment acquisition and certification
- Publication management
- Mutual Aid/Emergency Management Assistance Compacts
Resource Management

- Includes standardized:
  - Descriptions
  - Inventories
  - Mobilization
  - Dispatch
  - Tracking
  - Recovery
Communications/Information Management

- NIMS identifies requirements for:
  - Communications
  - Information management
  - Information sharing
Discussion and Questions
Contact Information

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Missouri State
Emergency Management
Agency

Terry Cassil
Operations Section Chief
Sema’s Vision, Mission, and Values

Our Vision

SEMAs will strive to engage all employees in the spirit of helping communities cope with disasters.

Our Mission

The Missouri State Emergency Management Agency’s mission is to help our fellow Missourians prepare for, respond to and recover from all emergencies. Each step will be guided by our core values of: Respect, Integrity, Trust, Honesty, and Compassion.
Lessons Learned

- The VA Hospital stepped up and took non-veteran patients.
Lessons Learned
Four tornadoes came together to wipe out Hopkins in Nodaway County on June 12, 1881. This is one of the first EF5 tornadoes recorded.

The worst tornado in U. S. history, the 1925 Tri-State Tornado began in Moore Township in Shannon County at 12:40 p.m. on March 18th, killing at least eleven people, before dispersing four hours later in Indiana.

On April 29, 1947, the village of Worth in Worth County was totally destroyed.

44 people were killed and over 500 injured on May 20, 1957 in Ruskin Heights, a subdivision of Kansas City in Jackson County.

The multiple-vortex tornado which devastated Joplin on May 22, 2011, left 158 dead and injured 1,150, with a mile-wide damage path.
Lessons Learned

From December 11, 1811 through February 7, 1812, three earthquakes, centered near New Madrid, Missouri, shook the country in rapid succession.

Rated the strongest seismic events in eastern U.S. history, the earthquakes changed the course of the Mississippi River, toppled chimneys in Louisville, and rang church bells as far north as Boston.

Today, there are frequent small earthquakes annually throughout the New Madrid seismic zone of Missouri, Arkansas, Kentucky, and Tennessee.
In the flood of 1785, the French settlement of Ste. Genevieve was completely inundated by the Mississippi River, precipitating its move inland from the flood plain.

Considered the greatest ever on the Missouri River, the flood of June-July 1844 crested at 41.32 feet in St Louis.

The most destructive flood in U. S. history, the Mississippi River flood of 1927 inundated 27,000 squares miles including parts of Dunklin, New Madrid, Mississippi, and Pemiscot counties.

To save Cairo, Illinois from the Mississippi River flood of 1937, the levee at Bird's Point in Mississippi County was intentionally breached, flooding thousands of acres in southeast Missouri.

The flood of 1993, along the Missouri and Mississippi rivers, precipitated the largest economic disaster in Missouri history.
On February 13, 1905, Warsaw in Benton County recorded the coldest temperature in Missouri of 40 degrees below zero.

On December 24, 1951, ice storms across the state crippled the transportation system.

Cape Girardeau County received a record snowfall of 24 inches on February 25, 1979.

Blizzards and ice storms are rare however:
- 2002 Ice storm
- 2011 Blizzard
- 2015 Ice Storm
According to prosecutors from the U.S. Attorney General’s Office, the U.S. Attorney for the Western District of Missouri, and the FBI, Robert Lorenzo Hester Jr. was arrested February 17 following a months-long investigation. The 24-page indictment alleges Hester was in contact with undercover FBI employees and thought he was helping them plan and eventually execute a plot to bomb transportation targets in Kansas City on President’s Day.
All-Hazards

“Organized analysis, planning, decision-making, and assignment of available resources to mitigate, prepare for, respond to, and recover from the effects of all hazards.

The goal of emergency management is to save lives, prevent injuries, and protect property and the environment if an emergency occurs.”
SEMA Divisions

- **Executive Division**
  - Ron Walker- Director
  - Jim Remillard- Deputy Director
  - Shelly Honse- Fiscal Unit

- **Preparedness Division**
  - Elizabeth Weyrauch

- **Response Division**
  - Terry Cassil

- **Recovery Division**
  - Ron Broxton
SEMA Response Division

- Watch Center
  - 24 Hour Monitoring
  - State Alerting Authority
  - Daily Report
  - Rave Notifications
- All Hazards Mutual Aid Coordinator
- Regional Coordinators
  - 10 located throughout the state, 1 located in each region
- Logistics
- Emergency Management Assistance Compact (EMAC) Program
- Missouri Disaster Medical Assistance Team (MO DMAT 1)/ Missouri Mortuary Operations Response Team (MO MORT 1)
Region I
Brett Hendrix

Region B
Jeff Alton

Region C Rural
Steve Besemer

Region C Urban
Derek Lohner

Region F
Brenda Gerlach

Region E
Hank Voelker

Region G
Kent Edge

Region A
Gloria Brandenburg

Region D
Denise Russell

SEMA Regional Coordinators
SEMA Response Division

- SEMA Assets
  - SEMA Warehouse - 754 MoDOT Drive, Jefferson City, MO
  - Western Shelters
  - Generators
  - Light Towers
  - Pumps
Missouri Disaster Medical Assistance Team 1 (MO DMAT 1)
Missouri Mortuary Operational Response Team 1 (MO MORT 1)

- Kevin Tweedy, Team Commander
- Mark Pethan, Program Manager
  - 170 Member Team
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<td>ESF 13</td>
<td>Public Safety and Security</td>
<td>Department of Public Safety</td>
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SEMA SEOC Activation Levels

State Emergency Operations Center (SEOC)

4 Levels of Activation

- Level 4 - Enhanced Monitoring
  - With secondary staffing at MoDOT EOC and/or Missouri Information Analysis Center (MIAC)
- Level 3 - Partial Activation
- Level 2 - Full Activation
- Level 1 - Full State/Federal Response
## SEMA SEOC Activation Levels

### Level 4 - Enhanced Monitoring
A small isolated or potential event that has some indicators that warrant extra attention, enhanced monitoring or external communication.

- SEMA Staff Only
- Agencies may be asked individually to support any remote operations or reporting from their home agency.

### Level 3- Partial Activation
An incident or event requiring a partial activation of the State EOC with agency/ESF lead activation.

- ESFs #5 (Information and Planning) and #7 (Logistics) will be activated.
- Additional ESFs and State-level partners will be determined at the time of the event.

### Level 2- Full Activation
An incident requiring full activation of the State EOC with ESF activations. A Level 2 Activation indicates the local response does not have the capabilities to sustain life-saving, incident stabilization or property conservation operations.

- Additional partners will be determined at the time of the event.
- ESF agencies and State-level partners will work in coordination with the lead agency to operate and report under the ESF.

### Level 1- Full State/Federal Response
An incident requiring full activation of the State EOC with ESF Activation, and Federal ESF integration and coordination.

- Most, if not all partners will be activated.
- ESF agencies will work in coordination with the lead agency to operate and report under the ESF.
- The activities of the ESF will be integrated with those of their Federal ESF counterparts.
SEMA Response Division

Working with our Partner Organizations

- Local Emergency Management Directors (EMDs)
- Non Governmental Organizations (NGOs) and Volunteer Organizations Active in Disasters (VOADs)
- Federal Agencies
  - Federal Emergency Management Agency (FEMA)
  - Department of Health and Human Services (HHS)
  - Army Corps of Engineers
  - National Weather Service (NWS)
  - Coast Guard
  - Corresponding SEOC ESFs
- State Agencies
Additional SEOC Resources:

- **WebEOC**
  - Highly configurable crisis information management software system developed to meet the needs of emergency management at the Federal, State, and Local levels.
  - Assists in providing a common operating picture.
  - Resource requests and associated tracking.
  - Documentation.

- **Salamander**
  - State uses for asset accountability and tracking.
  - This program is also used as a check in program for SEMA activations, exercises, and meetings as well as a badging system for SEOC activations.

  Tag - Track - Report
Missouri Statewide Interoperability Network (MOSWIN)

- Missouri has built a statewide public safety interoperable communications system, known as the Missouri Statewide Interoperability Network (MOSWIN). MOSWIN is a network of communications towers, base stations and communications software.
- The Statewide Interoperability Network serves two primary functions:
  - Providing internal communications capabilities for state agencies, including the Missouri State Highway Patrol, Department of Natural Resources and State Emergency Management Agency.
  - Providing a statewide interoperability platform and access for local agencies to achieve interoperable communications with local, state, regional and federal agencies.
State of Missouri
Chapter 44 Civil Defense

http://www.moga.mo.gov/mostatutes/chapters/chapText044.html

- Powers and duties of the Governor
- Emergency powers of the Governor
- All political subdivisions shall establish EM organization
- Mutual Aid
- Governor-declared State of Emergency, suspension of certain law provisions
- Emergency mutual aid compact
Building Capabilities—Closing Vulnerabilities

Threat and Hazard Identification and Risk Assessment (THIRA)

• 4-step common risk assessment process that helps the whole community.

• Helps communities map their risks to the core capabilities

• Enables the community to determine whole-community informed:
  • Desired outcomes
  • Capability targets
  • Resources required to achieve their capability targets
Building Capabilities - Closing Vulnerabilities

Building Relationships

Success is based on emergency managers and partners at all levels who build and maintain relationships as well as having capabilities to prepare, respond, recover and mitigate.

- Visibility
- Communication
- Credibility
- Transparency
Missouri State Emergency Management Agency

Thank you!
Missouri’s Public Health and Healthcare Emergency Preparedness Program
Objectives:

1. Participants understand the federal→state→local emergency support structure and responsibilities.
2. Participants understand the role of the DHSS Emergency Response Center during an emergency or for questions.
3. Participants understand the federal funding and related requirements received in Missouri from the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR).
4. Participants understand the infrastructure to support integrated planning and coordination relative to ESF-8 emergency planning, response and recovery efforts.
Emergency Support Function (ESF) – 8
Public Health and Medical

Federal Lead – U.S. Department of Health and Human Services

State Lead – Missouri Department of Health and Senior Services

Local Lead – Local public health agency
DHSS Emergency Response Center:

1-800-392-0272
OR
1-573-751-5152

DRMS@health.mo.gov
Contact Information

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Pandemic and All-Hazards Preparedness and Advancing Innovations Act (PAHPAI)
Missouri’s Funding Levels from CDC and ASPR:

CDC funds PHEP:
July 1, 2019-June 30, 2020
$9,754,344 + $860,453 CRI =

$10,614,797 TOTAL for PHEP to Missouri
($10,831,100 for July 1, 2018-June 30, 2019)

ASPR funds HPP:
July 1, 2019-June 30, 2020

$3,636,821 TOTAL for HPP to Missouri
($3,776,390 for July 1, 2018-June 30, 2019)
DHSS Contracts with 112 Local Public Health Agencies with core PHEP funding

Each LPHA submits a work plan by capability and related budget
CDC’s PHEP Capabilities:

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
CDC’s PHEP Capabilities (cont’d.):

9. Medical Materiel Management
   Distribution
10. Medical Surge
11. Non-pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and
   Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

https://www.cdc.gov/cpr/readiness/capabilities.htm
PHEP Advisory Council:

• Will Meet Bi-Annually

• Membership of Administrators and Planners from each HCC
LPHA Planners’ Meetings:

• Will meet bi-annually

• All LPHA Administrators and Emergency Planners are invited
DHSS Contracts with 6 Contractors for core HPP funding

1. Mid-America Regional Council
2. Missouri Department of Mental Health
3. Missouri Hospital Association
4. Missouri State Emergency Management Agency
5. St. Louis Area Regional Response System
6. Taney County Ambulance District

Each contractor submits a work plan and related budget
HPP Capabilities:

Capability 1: Foundation for Health Care and Medical Readiness

- Objective 1: Establish and Operationalize a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop a Health Care Coalition Preparedness Plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable
Capability 2: Health Care and Medical Response Coordination

- Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- Objective 2: Utilize Information Sharing Procedures and Platforms
- Objective 3: Coordinate Response Strategy, Resources, and Communications
Capability 3: Continuity of Health Care Service Delivery

- Objective 2: Plan for Continuity of Operations
- Objective 3: Maintain Access to Non-Personnel Resources During an Emergency
- Objective 5: Protect Responder’s Safety and Health
- Objective 6: Plan for Health Care Evacuation and Relocation
- Objective 7: Coordinate Health Care Delivery System Recovery
Capability 4: Medical Surge

- Objective 1: Plan for a Medical Surge
- Objective 2: Respond to a Medical Surge

Pediatric Care Surge Plan – Due June 30, 2020
Burn Care Surge Plan – Due June 30, 2021
Infectious Disease Plan – Due June 30, 2022
Radiation Emergency Surge Plan – Due June 30, 2023
Chemical Emergency Surge Plan – Due June 30, 2024

HPP Ebola Funding

- HPP Ebola Funding = $1,648,208
  - 5 year Project Period (May 18, 2015-May 17, 2020)

- Key Deliverables Include:
  - Designation of state assessment hospital(s)
  - Coordination of transport planning
  - PPE and other isolation equipment
  - Healthcare coalition and frontline facility training

- Contracts with Barnes-Jewish Hospital and The University of Kansas Health System as assessment hospitals; MARC, MHA and STARRS

Map of Healthcare Coalitions

Regional Healthcare Coalition Contacts

**Region A**
Erin Lynch, Mid-America Regional Council
elaunch@marc.org
816-701-8390

**Region B, F, H, Southwest & Southeast**
Jackie Gatz, Missouri Hospital Association
jgatz@mhanet.com
573-893-3700

**Region C**
Dale Chambers, St. Louis Area Regional Response System
Dale.Chambers@ewgateway.org
314-421-4220
Map of Healthcare Coalitions

<table>
<thead>
<tr>
<th>Region A</th>
<th>Healthcare Coalition (HCC) Contacts</th>
<th>Region C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Erin Lynch, Mid-America Regional Council</td>
<td>Dale Chambers, St. Louis Area Regional Response System</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:erinl@marc.org">erinl@marc.org</a>, 816-701-8390</td>
<td><a href="mailto:Dale.Chambers@owoatower.org">Dale.Chambers@owoatower.org</a>, 314-421-4220</td>
</tr>
<tr>
<td>Non-Urban Rural</td>
<td>Jackie Gat, Missouri Hospital Association</td>
<td>573-893-3700</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jgatz@mhangel.com">jgatz@mhangel.com</a></td>
<td>314-421-4220</td>
</tr>
</tbody>
</table>
The Missouri Healthcare Coalition Leadership Partnership is a forum for the state’s healthcare coalition leaders:

• To guide Missouri’s work relative to the state’s healthcare coalitions’ enhancement and collaboration during both preparedness and response;

• To provide a platform for expertise in the development and refinement of state-wide healthcare resources (e.g., mutual aid, health and medical communication plan, mobile medical and countermeasure assets);

• To provide input into Missouri’s planning relative to health system emergency preparedness, planning, response and recovery efforts;

• To remain apprised of developments and best practices within Missouri’s healthcare coalitions.
Missouri HCC Leadership Partnership:

- Members include leadership from each of seven healthcare coalitions
- Attended also by HPP contractors to provide updates, hear discussion of issues, and problem-solve collectively
- Meets twice per year
Medical-Incident Coordination Team (M-ICT):

- Provide a structure and defined process for communication, joint decision-making and coordination of deployment of resources regionally or state-wide during any emergency event that requires more than a regional healthcare response while fully recognizing the authority of the Local Emergency Operations Center (LEOC) in every response within their jurisdiction.

- Provide a structure for an integrated response to a medical incident anywhere in the state.

- Interface with Department of Health and Senior Services (DHSS) Emergency Response Center (ERC) to communicate updates and determine additional necessary actions in order to facilitate the work of the State Emergency Operations Center (SEOC) response, including contributing to the ESF-8 Activity Reports to SEOC on established schedule.

- Provide a structure and defined process for communication, the development and update of a common operating picture state-wide of medical readiness, events and response.
PHEP Advisory Council:
(Launching in February 2019)

Charge to the Advisory Council:
• In collaboration with DHSS, develop the vision for ‘public health readiness’ in Missouri, including the implementation plan and metrics and plan for subsequent review and evolution as the need requires.
• Provide recommendations to DHSS and serve as a sounding board for contractual deliverables and changes to LPHAs’ PHEP contracts.
• Serve as conduit of information between DHSS and LPHAs relative to public health emergency preparedness, response, mitigation and recovery.
• Serve as core exercise design team for the annual PHEP exercises (membership may be augmented temporarily for subject matter expertise for this responsibility).
• Promote the engagement of the LPHAs in their respective regional HCCs.
Public Health/Medical TEPW:
(Training and Exercise Planning Workshop)

• Began conducting separately in 2018, will continue in 2019

• Separate from, but aligned with and complimentary to, regional and state TEPW processes

• Results in a Public Health/Medical MYTEP (Multi-Year Training and Exercise Plan) that is submitted to CDC and ASPR annually with grant application and is included and aligns with the State MYTEP
THIRA:

• Office of Homeland Security responsible, assisted by SEMA

• Public Health/Medical Scenario – Pandemic Influenza in 2019

• THIRA process changing this year. Will conduct THIRA in 2019, then every third year thereafter. State Planning Report (SPR) submitted in off-years
Resources:

http://health.mo.gov/emergencies/resources.php


https://asprtracie.hhs.gov/
QUESTIONS?
Mental health and Emergency planning

BEHAVIORAL HEALTH PLANNING BEFORE TRAGIC EVENTS
Behavioral health
Why is it important?
On the rise!
On the rise!

Mass Shooting Events by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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<td>2017</td>
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</table>
Individual Disaster Responses

Disasters and Trauma
- Natural Disaster vs. Human Caused
- Degree of personal impact
- Size and scope
- Visible impact
- Probability of recurrence
- Media Coverage

Common reactions:
- Feeling overwhelmed
- Sleep disturbances
- Recurring images of the event
- Anger
- Withdrawal
- Depression
- Crying
- Fatigue
- Headaches
- Appetite: increase or decrease
- Children may regress
- Irritability
Psychological Reactions to Disaster

Collective Reactions
Typical phases of disaster:

Adapted from CMHS, 2000.
Behavioral health

Reactions – why we plan

TRAUMA
Trauma – one year later
Trauma – 16 years later
Survivors still feel physical, psychological effects 30 years after first 'postal' mass shooting
Planning

- Who monitors the behavioral health of professionals who respond to an event?
- Do responders and others know how to identify behavioral health problems and how to intervene and make referrals to mental health services?
- How do we make sure the needs are met for special populations (children, seniors, those living with disabilities)
- Do the community members know where to go for behavioral health services?
- Will there be financial barriers to accessing behavioral health services?
- What can communities do now to reduce their vulnerability for behavioral health issues in the event of an emergency?
Planning

- Employee Support
- Psychological First Aid
- Quiet Spaces
- Supportive Groups
- EAP
- Education
What does Missouri do?

- Deployment
- Behavioral Health support
- Crisis Counseling
- Training
What we want you to know

Put together a disaster plan
Vicarious Rehearsal
Emotional Responses vary
Involve behavioral health agencies in healthcare coalitions

Learn the emotional basics
Take a class in person or online
Identify the needs for your community and agency.
Contact us for our expertise and know we are a resource when a critical event occurs
Suicide in Medical Center

We have always planned for and worked to have a thorough disaster response plan. And yet, I didn’t expect to have a critical incident occur in our medical center. Then, one occurred that while not making the local news, it did shock, frighten and in some cases, traumatize members of our staff and persons sitting in our waiting area. We discovered that we needed something more in the areas of post-trauma response. We met and considered many options. We decided to have all of our chaplain team trained in Psychological First Aid and to include other interested members of the medical team both in our medical center and in our clinics. It is a first step in a much larger plan to create a best-practice post trauma response network for our medical center, clinics and community.
Questions?

Beckie Gierer
Director, Continuity of Operations Planning
573-751-8136

Web:  www.dmh.mo.gov/disaster
Facebook: "Disaster Services - Missouri Dept. of Mental Health“
Twitter: “DMHDisaster Services” @ShowMe_Hope
Regional Coordination Systems
Session Objectives

• Healthcare Coalitions
  ➢ What are they?
  ➢ What is their purpose?
  ➢ How are they structured?
  ➢ Who are the members?
  ➢ How do they operate/communicate?
  ➢ How do they formally connect in response?
  ➢ How do I get involved?
Healthcare Coalition Definition

- An HCC is defined as “a collaborative network of healthcare organizations and their respective public and private sector response partners ... that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.”
Our Purpose

- **Communicate** and **coordinate** health care information during all incidents impacting public health and medical operations.
- HCCs should **never replace or interfere** with official command and control structure authorized by state and local emergency management.
Preparedness

Planning
- National Response Framework
- National Incident Management System
- PPD-8 Whole Community
- “All-hazards” approach
- Mutual Aid Agreement

Source: Medical Surge Capability and Capacity, Barbera & Mcintyre
Missouri’s HPP Structure
Primary HCC Members

- Four Core Disciplines
  - Local Public Health
  - Hospitals
  - Emergency Medical Services
  - Emergency Management
HCOs: Different Coalition Roles

Support  Receive  Surge
Coalition Operations

• Planning Objectives
  ➢ Identify Hazards
  ➢ Identify Mitigation Strategies
  ➢ Training and Exercise
  ➢ Identify Regional Strengths
  ➢ Identify Shortcomings
  ➢ Regional Plan

• Response Objectives
  ➢ Information Sharing
  ➢ Situational Awareness
  ➢ Resource Support
  ➢ Interface with LEOC and MACC
  ➢ Coordinate Coalition Response Activities
Preparedness — Planning

- **Regional surge capacity** estimates
- **Regional healthcare system** Hazard Vulnerability Analysis (HVA) developed
- Reviewed and revised on an annual, or as needed, basis
# Missouri Regional Coordination

<table>
<thead>
<tr>
<th>Region</th>
<th>Healthcare Coalition</th>
<th>Coalition - Operational Status</th>
<th>Duty Officer</th>
<th>Coalition Coordinator</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region A Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Karns Regional Hospital</td>
<td>Doug Ruble</td>
<td>Please contact the HHS PBX if there is a need.</td>
<td></td>
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<tr>
<td>Region B Healthcare Coalition</td>
<td>Normal Operations</td>
<td>McHenry Regional Hospital</td>
<td>Pat Van Hulings</td>
<td>Phone #: 575-428-6917</td>
<td></td>
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<tr>
<td>Region C Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Lesley Schulte</td>
<td>Lesley Schulte</td>
<td>605-853-1126</td>
<td></td>
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<tr>
<td>Region D Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Jeff Stack</td>
<td>Jeff Stack</td>
<td>573-428-6917</td>
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<tr>
<td>Region E Healthcare Coalition</td>
<td>Normal Operations</td>
<td>southwest health care</td>
<td>Deborah Holton</td>
<td>417-773-0361 (W)</td>
<td></td>
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<tr>
<td>Region F Healthcare Coalition</td>
<td>Normal Operations</td>
<td>SMOC Operations Center</td>
<td>Steve Hooger</td>
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<td>Region G Healthcare Coalition</td>
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<td>Steve Hooger</td>
<td>Steve Hooger</td>
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<th>Mutual Aid Status</th>
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<th>ERC Status</th>
<th>SEDOC Activation Status</th>
<th>MICD Status</th>
<th>Show-Me Response Status</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Comment</th>
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<th>MO Disaster Response System</th>
<th>MO Disaster Response System Status</th>
<th>MO Disasters Command Staff</th>
<th>MO Disasters Contact</th>
<th>Asset Requests</th>
<th>Asset Status</th>
<th>Asset Location</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
<th>Asset Capacity</th>
<th>Comment</th>
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<tbody>
<tr>
<td>MO DMAT Command Staff</td>
<td>Ready for Deployment</td>
<td>Kevin Tweedy</td>
<td>N/A</td>
<td>N/A</td>
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<td>--</td>
<td><a href="mailto:Kotweedy@modrs.org">Kotweedy@modrs.org</a></td>
<td>417-363-0511</td>
<td>N/A</td>
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<tr>
<td>Fatality Advance Team</td>
<td>Ready for Deployment</td>
<td>Kevin Tweedy</td>
<td>N/A</td>
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<tr>
<td>Fatality Strike Team</td>
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<td>Kevin Tweedy</td>
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<tr>
<td>Medical Incident Support Team</td>
<td>Ready for Deployment</td>
<td>Kevin Tweedy</td>
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<td>417-363-0511</td>
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<tr>
<td>Medical Reserve Corp</td>
<td>Ready for Deployment</td>
<td>Kevin Tweedy</td>
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<td><a href="mailto:Kotweedy@modrs.org">Kotweedy@modrs.org</a></td>
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</tbody>
</table>
Coalition Liaisons

Regions B & H
Carissa Van Hunnik
cvanhunnik@mhanet.com

Regions F & Southeast
Kara Amann-Kale
kakale@mhanet.com

Southwest
Stacie Hollis
shollis@mhanet.com
EMResource®/eICS Overview

Carissa Van Hunnik – Manager of Emergency Preparedness, Data Systems
Overview
EMResource®

- A product in the Juvare suite of web based health care communication and emergency management tools
- Provides
  - Ability to monitor facility status/ED status
  - Ability to report required bed availability or MCI response information
  - Share and collect information
  - User notifications/alerts
Initial Implementation

- Ambulance diversion
- HAvBED data collection (Hospital Available Beds for Emergencies and Disasters)
Expanded Functionality

- Statewide events – event notifications and event queries (information gathering)
- System notifications
- Healthcare coalition coordination
- Stemi, stroke, and trauma diversion reporting
- Monitoring and deployment of resources
- Psychiatric bed availability tracking
User Set Up and Preferences
User Account Set Up

- Individual vs Group
- Region Administrators establish access settings and set up account with standard notification preferences as applicable
- Users establish customized preferences (status change notifications, event notifications, etc.)

- User access is secured by a username and password
- Individual facility data is restricted by username
- Views within the system are also restricted by username access
EMResource Notifications

- Notification types
  - Status change notifications
  - Event notifications/queries
  - System notifications
- Notification methods
  - Email
  - Text
  - Web page
- User account must have email address and/or text pager address listed in User Info to enable email and text notifications
Status Change Notifications
Status Change Notifications

- Custom preferences can be set up to alert or notify users when specified statuses change
- Examples of statuses
  - ED/ED diversion status
  - Facility operational status
  - Coalition operational status
  - Asset status
Example: Coalition Status

<table>
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<tr>
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<th>State of Missouri</th>
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**MO Coordination and Response**

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<th>Healthcare Coalitions</th>
<th>Coalition - Operational Status</th>
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<tbody>
<tr>
<td>Region B Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Hanni</td>
</tr>
<tr>
<td>Region F Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Pat V.</td>
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<td>Region H Em Prep Coalition</td>
<td>Normal Operations</td>
<td>Kelli H.</td>
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<tr>
<td>SEMO Regional Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Jeff W.</td>
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# Status Change Notification Preferences

## DHSS Coordination and Response

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<th>Status Type</th>
<th>Status</th>
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## Healthcare Coalitions

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<td>edit</td>
<td>delete notifications</td>
<td>Region H Em Prep Coalition</td>
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</table>
Event Notifications and Queries
Event Notifications/Queries

• Notifications provide information only, no response from hospitals is required
  Examples:
  ➢ Public health announcements
  ➢ BOLO
  ➢ Amber alerts

• Queries seek information from specific resources, response from facilities is necessary
  Examples:
  ➢ Bed Availability (HAvBED) query
  ➢ MCI query
  ➢ Infrastructure query
Event Queries

- **Current Bed Availability**: seeks current staffed bed availability information
- **MCI**: seeks information related to how many red, yellow, or green patients can be accepted at a facility during a mass casualty incident
- **Flu**: seeks flu related information to monitor hospital situational awareness during flu season
Ad-hoc Queries

- Contact a regional administrator for set up
- Ability to initiate a query on established status types or create unique status types to seek new information

Examples:
- Flu Supply Query
- Flood Event Query
# Event Notification Preferences

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Notification Methods</th>
<th>Notification Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad Hoc Event</td>
<td>E-mail, Text Pager</td>
<td>N/A</td>
</tr>
<tr>
<td>Amber Alert</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>BOLO</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>Catchment Area Warning</td>
<td>E-mail, Text Pager</td>
<td>N/A</td>
</tr>
<tr>
<td>Exercise - MV Bed - KC, Exercise</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>Flood Event</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>Flood Event Query - Southwest MO</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>Flu Supplies Query</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region B</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED - Region D</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region E</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region F</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region G</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region H</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Region I</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED SouthWest Region</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HABED Statewide</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
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</tbody>
</table>
# MO Mobile Medical Assets View

**SNS Training for Inventory Management - December 18, 2013**

<table>
<thead>
<tr>
<th>Mobile Medical Assets</th>
<th>Cache Location</th>
<th>Cache Availability</th>
<th>Cache Contact Name</th>
<th>Cache Contact Email</th>
<th>Cache Contact Phone</th>
<th>Cache Capacity</th>
<th>Cache Storage</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Columbia</td>
<td>Ready for Deployment</td>
<td>Rob Leverman</td>
<td><a href="mailto:rtleverman@bc.org">rtleverman@bc.org</a></td>
<td>573/381-6076</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Benson</td>
<td>Ready for Deployment</td>
<td>Lou Smith</td>
<td><a href="mailto:lou.smith@coxhealth.com">lou.smith@coxhealth.com</a></td>
<td>417/236-7300</td>
<td>500</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Monett</td>
<td>Ready for Deployment</td>
<td>Beverly Morris</td>
<td><a href="mailto:beverly.morris@coxhealth.com">beverly.morris@coxhealth.com</a></td>
<td>417/554-1166</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Joplin</td>
<td>Ready for Deployment</td>
<td>Skip Harper</td>
<td><a href="mailto:cmharper@freemanhealth.com">cmharper@freemanhealth.com</a></td>
<td>417/541-4376</td>
<td>500</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Neosho</td>
<td>Ready for Deployment</td>
<td>Joe Yust</td>
<td><a href="mailto:jyust@freemanhealth.com">jyust@freemanhealth.com</a></td>
<td>417/455-4365</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg B MCI CommTrailers</td>
<td>Hannibal</td>
<td>Ready for Deployment</td>
<td>Doug Ruddle</td>
<td><a href="mailto:drruddle@bhronline.org">drruddle@bhronline.org</a></td>
<td>573/406-5555</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg E MCI CommTrailers</td>
<td>Hannibal</td>
<td>Ready for Deployment</td>
<td>Doug Ruddle</td>
<td><a href="mailto:drruddle@bhronline.org">drruddle@bhronline.org</a></td>
<td>573/406-6112</td>
<td>24</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg E MCI CommTrailers</td>
<td>St. Joseph</td>
<td>Ready for Deployment</td>
<td>Wally Patrick</td>
<td><a href="mailto:wally.patrick@heartland-health.com">wally.patrick@heartland-health.com</a></td>
<td>417/271-6870</td>
<td>24</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MO Reg E MCI CommTrailers</td>
<td>Springfield</td>
<td>Ready for Deployment</td>
<td>Russ Conroy</td>
<td><a href="mailto:rconroy@mercy.net">rconroy@mercy.net</a></td>
<td>417/826-7659</td>
<td>24</td>
<td>Trailer</td>
<td></td>
</tr>
<tr>
<td>MO Reg E MCI CommTrailers</td>
<td>Springfield</td>
<td>Testing/Inventory</td>
<td>Jason Henry</td>
<td><a href="mailto:jhenry@coxhealth.com">jhenry@coxhealth.com</a></td>
<td>417/827-3631</td>
<td>24</td>
<td>Trailer</td>
<td></td>
</tr>
<tr>
<td>MO Reg E MCI CommTrailers</td>
<td>Columbia</td>
<td>Out of Service</td>
<td>Eamonn Wheelock</td>
<td><a href="mailto:wheelocke@health.missouri.edu">wheelocke@health.missouri.edu</a></td>
<td>573/884-0772</td>
<td>—</td>
<td>Trailer</td>
<td></td>
</tr>
</tbody>
</table>

*Alternate Contact: Eamonn Wheelock 573/882-8051*
# Time Critical Diagnosis (TCD)

## STEMI, Stroke, and Trauma (Kansas City)

<table>
<thead>
<tr>
<th>KC Hospital ED</th>
<th>ED Diversion Status</th>
<th>TCD Status</th>
<th>STEMI</th>
<th>Stroke</th>
<th>Trauma</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Advent Health Lenexa (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
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<tr>
<td>Advent Health Overland Park (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Advent Health Shawnee Mission (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
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<tr>
<td>Belton Regional Medical Center - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
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</tr>
<tr>
<td>Cass Regional Medical Center - TC</td>
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<td>Normal Operations</td>
<td>N/A</td>
<td>Open</td>
<td>Open</td>
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</tr>
<tr>
<td>Centerpoint Medical Center - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Children’s Mercy Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>Open</td>
<td></td>
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<tr>
<td>Children’s Mercy Hospital Kansas</td>
<td>Open</td>
<td>No Capability</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Excelsior Springs Medical Center</td>
<td>Open</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Kansas City VA Medical Center</td>
<td>Open</td>
<td>No Capability</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
<tr>
<td>Lawrence Memorial Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
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</tr>
<tr>
<td>Lee’s Summit Medical Center</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
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<tr>
<td>Liberty Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>
## MO Coordination and Response View

### Healthcare Coalitions
- **Region B Healthcare Coalition**: Normal Operations, Duty Officer: Hannibal Regional Hospital PBX, Coalition Coordinator: Keith Mosley, Comment: Please contact the HRH PBX if there is a problem.
- **Region F Healthcare Coalition**: Normal Operations, Duty Officer: Pat Van Hunnik, Coalition Coordinator: Lesley Schulte, Comment: June Duty Officer: Lesley Schulte 660-853...
- **SEMO Regional Healthcare Coalition**: Normal Operations, Duty Officer: Jeff Stackle, Coalition Coordinator: Jerie Fluchel, Comment: The Duty Officer is Jeff Stackle cell (673) ...
- **Southwest Healthcare Coalition**: Normal Operations, Duty Officer: Southwest Healthcare Duty Officer, Coalition Coordinator: Deborah Hobson, Comment: West, Russ Conroy (C) 417-773-0361 (W).

### St. Louis HC Coordination
- **St. Louis Medical Operations Center**: 24/7 On Call, SMOC Current Status: 24/7 On Call, Comment: 21 May 2019 21:43, By User: SMOC Duty Officer.

### KC RHCC
- **KC Regional Healthcare Coordination Ctr.**: Normal Operations, Contact Name: Steve Hoeger, Contact Email: kcrhcc@gmail.com, Contact Phone: 913-608-9426, Comment: 26 Sep 2017 15:26, By User: Steve Hoeger.

### MHA Coordination and Response
- **MHA - Emergency Preparedness Staff**: Normal Operations, Mutual Aid Status: N/A, Contact Phone: N/A, Comment: N/A.
- **MHA - Mutual Aid Agreement**: N/A, Normal Operations, N/A, N/A, N/A, Normal Operations, 1-800-392-0272, 5/18/18 ACU is fully functional. N/A.

### State Coordination & Response
- **Emergency Response Center (ERC)**: Normal Operations, ERC Status: N/A, SEOC Activation Status: N/A, MICT Status: N/A, Show-Me-Response Status: N/A, Contact Name: N/A, Contact Phone: 1-800-392-0272, Comment: 5/18/18 ACU is fully functional. N/A.
- **State Emergency Operations Center (SEOC)**: Not Activated, N/A, N/A, --, --, --, --, --.
- **Medical Incident Coordination Team (MICT)**: N/A, N/A, Normal Operations, N/A, N/A, 1-800-392-0272.
**EMResource®/WebEOC Interface**

The image shows a screenshot of the EMResource®/WebEOC Interface, which is used for managing and monitoring various facilities, particularly hospitals. The interface displays a table with details about each facility, including its type, group, organization, ED status, facility status, incident command status, county, and updated date.

The table highlights the following details:

- **Map**: Shows the location of each facility.
- **Type**: Indicates whether the facility is a hospital or other type.
- **Group**: Lists the group associated with the facility.
- **Organization**: Provides the name of the organization responsible for the facility.
- **ED Status**: Shows if the ED is closed or open, and if closed, the specific reason (e.g., "Closed To Ambulances").
- **Facility Status**: Indicates whether the facility is fully operational or not activated.
- **Incident Command Status**: Shows if the incident command status is activated or not.
- **County**: Lists the county associated with the facility.
- **Updated**: Displays the last updated date and time.

The data is refreshed every five minutes, ensuring up-to-date information for emergency management and resource allocation.
Electronic Incident Command System (eICS)

- Initially developed by Missouri health care leaders as an organizational-based tool to assist hospitals with the management of emergency incidents within their individual facilities
- Expanded usage to allow for regional and coalition communication and coordination during incidents and pre-planned events
eICS

- Manage facility or regional/coalition incident notifications and response
  - Communication
    - Incident notifications
    - Position assignments
    - Messaging capability
  - Documentation
    - Event log
    - HICS forms
    - Objectives/tasks
eICS Features:

- Group notification
  - Methods of notification
    - Phone
    - Email
    - Text
  - Levels of Notification
    - Incident Command Staff
    - Other contacts
    - Labor pool
Email Notifications

**First Email**

no-reply@juvare.com  
eICS Incident Alert for MHA Emergency Preparedness

To: Carissa Van Hunnik

We removed extra line breaks from this message.

Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

MHA Emergency Preparedness is experiencing Mobile Asset Activation.

The following message is a Exercise/Drill at MHA Emergency Preparedness.

Your assistance may be required for this incident.

**Second Email**

no-reply@juvare.com  
eICS Incident Ended for MHA Emergency Preparedness

To: Carissa Van Hunnik

Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

The response to the incident at MHA Emergency Preparedness has concluded. Thank you for your participation.

Contact your facility with any questions.

Do not reply directly to this email.
Text Notifications

1 of 5
FRM: no-reply@juvare.com
SUBJ:eICS Incident Alert for MHA Emergency
MSG: Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

MHA
(Con't) 2 of 5
Emergency Preparedness is experiencing Mobile Asset Activation.

The following message is a Exercise/Drill at MHA Emergency
(Con't) 3 of 5

1 of 3
FRM: no-reply@juvare.com
SUBJ:eICS Incident Ended for MHA Emergency
MSG: Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

The
(Con't) 2 of 3
response to the incident at MHA Emergency
Preparedness has concluded. Thank you for your participation.

Contact your facility with
(Con't) 3 of 3
eICS Features:

- Incident response templates
eICS Features:

- Incident Command Position Assignment
eICS Features:

- Objectives/task tracking
eICS Features:

- Event log
eICS Features:

- Messaging
eICS Features:

- Access to files and facility or coalition documents
eICS Features:

- Reports/HICS Forms
eICS Features:

- Coordinated Response
  - Ability to share information between facility, health-system, coalition, or state incidents.
Facilities/facility staff determine sharing levels and information shared

- Event log entries
- Messaging
Mobile Applications

EMResource
Healthcare Resource Management
EMSSystems, LLC

Screenshots

EMResource
Springfield, USA (DEMO)

JUVARE
Enterprise resilience solutions
EMResource

Log In
Mobile Applications

eICS
Incident Command System
EMSSystems, LLC
4.5 stars, 2 ratings
Free

Screenshots

Incidents
- Incident Name: [Redacted]
  - Date: [Redacted]
  - Description: [Redacted]

Notifications
- Select Incidents
- Create Incident
- Next

Log In

Enterprise resilience solutions
eICS

© 2019 EMSSystems, LLC

Activate Incident
Questions?

Carissa Van Hunnik
cvanhunnik@mhanet.com
(573)893-3700 ext. 1329
Regional Mobile Assets & Resources

Stacie Hollis, Manager of Emergency Preparedness/Coalition Liaison
## Missouri Hospital Association

### EMSystem

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Region</th>
<th>Asset Name</th>
<th>Asset Requests</th>
<th>Asset Status</th>
<th>Asset Location</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
<th>Asset Capacity</th>
<th>Asset Storage</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comm Trailer</td>
<td>Region B</td>
<td>Hannibal Regional</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:doug.ruble@hrhonoline.org">doug.ruble@hrhonoline.org</a></td>
<td>573-822-1432 / 573-795-3951</td>
<td>N/A</td>
<td>--</td>
<td>Trailer - On Site</td>
</tr>
<tr>
<td>Infectious Disease Cache</td>
<td>Region B</td>
<td>Hannibal</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:keith.mosley@hrhonoline.org">keith.mosley@hrhonoline.org</a></td>
<td>573-822-1432 / 573-795-3951</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>MCI/Comm Trailer</td>
<td>Region B</td>
<td>Northeast RMC</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Kirksville</td>
<td>Dan Holte / Carrol Haden</td>
<td><a href="mailto:carrol_haden@chs.net">carrol_haden@chs.net</a> / <a href="mailto:dan_holte@yahoo.com">dan_holte@yahoo.com</a></td>
<td>650-785-1303 / 660-785-1900</td>
<td>1000</td>
<td>Trailer - On Site</td>
<td></td>
</tr>
<tr>
<td>MedSurge Cache</td>
<td>Region B</td>
<td>Hannibal 1</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:keith.mosley@yahoo.com">keith.mosley@yahoo.com</a></td>
<td>573-822-1432 / 573-795-3951</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MedSurge Cache</td>
<td>Region B</td>
<td>Hannibal 2</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Kirkville</td>
<td>Doug Ruble</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>250</td>
<td>Warehouse</td>
</tr>
<tr>
<td>Mortuary Cache</td>
<td>Region B</td>
<td>Hannibal</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:doug.ruble@hrhonoline.org">doug.ruble@hrhonoline.org</a></td>
<td>573-822-1432 / 573-795-3951</td>
<td>24</td>
<td>Warehouse - On Site</td>
<td></td>
</tr>
<tr>
<td>Comm Trailer</td>
<td>Region C</td>
<td>Cox Health</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Jason Henry / EM Officer</td>
<td><a href="mailto:Jason.Henry@coxhealth.com">Jason.Henry@coxhealth.com</a></td>
<td>417-829-279631</td>
<td>N/A</td>
<td>Trailer - On Site</td>
<td></td>
</tr>
<tr>
<td>Comm Trailer</td>
<td>Region C</td>
<td>Mercy Springfield</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Sonny Saxton</td>
<td><a href="mailto:Larry.Saxton@mercy.net">Larry.Saxton@mercy.net</a></td>
<td>417-820-6377</td>
<td>N/A</td>
<td>Trailer - On Site</td>
<td></td>
</tr>
<tr>
<td>Comm Unit</td>
<td>Region C</td>
<td>Freeman Health System</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Freeman</td>
<td>Skip Harper</td>
<td><a href="mailto:cmharper@freemanhealth.com">cmharper@freemanhealth.com</a></td>
<td>6297620100</td>
<td>N/A</td>
<td>Trailer - On Site</td>
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</tr>
<tr>
<td>Infectious Disease Cache</td>
<td>Region C</td>
<td>CoxHealth</td>
<td>1 No Active Requests</td>
<td>5 Testing/Inventory</td>
<td>Springfield</td>
<td>Jason Henry</td>
<td><a href="mailto:jason.henry@coxhealth.com">jason.henry@coxhealth.com</a></td>
<td>417-269-4751</td>
<td>--</td>
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<tr>
<td>Infectious Disease Cache</td>
<td>Region C</td>
<td>Mercy Joplin</td>
<td>1 No Active Requests</td>
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<td>Joplin</td>
<td>Spencer Dobbs</td>
<td><a href="mailto:spencer.dobbs@mercy.net">spencer.dobbs@mercy.net</a></td>
<td>417-556-2007</td>
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</tr>
<tr>
<td>MCI Trailer</td>
<td>Region C</td>
<td>Cox Health</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Michael Dawson</td>
<td><a href="mailto:Michael.Dawson@coxhealth.com">Michael.Dawson@coxhealth.com</a></td>
<td>417-224-3802</td>
<td>N/A</td>
<td>Trailer - On Site</td>
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</tr>
<tr>
<td>MCI Trailer</td>
<td>Region C</td>
<td>Mercy Springfield</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Bob Patterson</td>
<td><a href="mailto:Robert.Patterson@mercy.net">Robert.Patterson@mercy.net</a></td>
<td>417-820-3003</td>
<td>--</td>
<td>Trailer - On Site</td>
<td></td>
</tr>
</tbody>
</table>
Nonurban Regional Assets

- MCI/Communication Trailers
- Medical Surge Caches
- Fatality Management Caches
- Infectious Disease Caches
- Respiratory Caches
- Decontamination Training Centers

https://web.mhanet.com/HCC-resources.aspx — Assets Tab
Mass Casualty Incident Trailers

- Medical supplies and equipment to support mass casualty incident response
  - Capacity to treat 100 patients, dependent on extent of injuries
  - Originally built for deployment to scene
  - Revised strategy: Emergency department surge support
MCI Trailer Locations

- Region B: Northeast Regional Medical Center
- Region F: Lake Regional Hospital and University of Missouri Health Care
- Southeast Region: Black River Medical Center, Madison Medical Center, Missouri Delta Medical Center and Southeast Hospital
- Southwest Region: CoxHealth, Mercy Springfield, Ozarks Medical Center and Phelps County Regional Medical Center
Communication Trailers

- 8 Communication Trailers
- Capabilities
  - Communication loss at facility
  - Local/Community support
  - Regional communication hub
  - Statewide network for use during catastrophic event
Communication Trailer Locations

- Region B: Hannibal Regional Hospital
- Region F: Boone Hospital and University of Missouri Health Care
- Region H: Mosaic Life Care
- Southeast Region: Saint Francis Medical Center
- Southwest Region: CoxHealth, Mercy Springfield and Freeman Health System
Medical Surge Caches

- 250-Bed Capacity
- 500-Bed Capacity
- Medical Supplies
- Equipment
- Portable Water Filtration System
Medical Surge Caches

• Locations
  - Branson – 500 Beds
  - Columbia – 1,000 Beds
  - Hannibal – 250 Beds
  - Joplin – 500 Beds
  - Kirksville – 250 Beds
  - Lebanon – 250 Beds
  - Monett – 250 Beds
  - Neosho – 750 Beds
  - St. Joseph – 500 Beds
  - Sikeston – 1,000 Beds
Fatality Management Caches

- Capabilities
  - Hospital surge
  - Local/Community fatality surge
- Units
  - 9 – 8 Capacity units
- Locations
  - Hannibal Regional Hospital
  - Mercy Springfield
  - Mosaic Life Care
Infectious Disease Caches

- ISOPOD Units
- Locations
  - CoxHealth – 2
  - Hannibal Regional Hospital – 1
  - Mercy Joplin – 1
  - Mosaic Life Care – 2
  - Saint Francis Medical Center – 1
  - SSM St. Mary’s Health Center Jefferson City – 1
Respiratory Caches

- Oxygen Generation
- Location
  - CoxHealth
Decontamination Training Centers

- 5 Training Facilities
- Quarterly Training
- Locations
- Region B: Hannibal Regional Healthcare System
- Region F: SSM St. Mary’s Health Center, Jefferson City
- Region H: Mosaic Life Care, St. Joseph
- Southeast Region: Saint Francis Medical Center, Cape Girardeau
- Southwest Region: CoxHealth
Other Resources