

Louisiana ESF-8 Health & Medical Preparedness and Response Network Coalition



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Attachment 1 – ESF-8 Architecture and Points of Contact

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Copies of Attachments listed above can be provided upon request. The ESF8 portal provides a reporting feature to produce current lists of points of contacts, facilities, and other relevant information to planning and response. Contact a member of the Louisiana Hospital Association Research and Education Foundation HHS Hospital Preparedness Program staff to obtain current copies of any of the attachments.

Record of Changes

Brief Description of Change	Date of Change Approval	Page(s) Affected	Change/Update Made By
Removed POC information due to privacy concerns. See note on page 3. Updated signatories.	April 1, 2016	3, 27-37	R. Prats
Incorporated new federal preparedness and response capabilities according to ASPR and new CMS regulatory requirements.	January 22, 2018	Multiple	F Arledge R. Prats
Incorporated System Transfer Centers and Medical Operations Coordination; Recalibrated Planning Framework section to include Specialty Surge Annexes; Include references to plain language and regulatory requirements. Updates/consolidation of Attachments and References	May 30, 2023	Multiple	F Arledge
Modest word changes	June 7, 2023	multiple	R. Prats

I. Louisiana Emergency Support Function (ESF) - 8 Health & Medical Preparedness and Response Network Coalition

- A. Mission:** To develop and maintain an architecture that prepares, plans, coordinates, and facilitates Emergency Support Function (ESF)-8 Public Health and Medical Response plans and resources during a state declared disaster or imminent threat as predicated by the State Emergency Operations Plan (EOP).

Strategic Objectives/Priorities:

- To develop and/or enhance a network of care for Hurricane or Flooding Response Events (greatest threat) as predicated by the State Emergency Operations Plan.
- To develop comprehensive plans that address Chemical, Biological, Radiological, Nuclear, Natural and Explosive (CBRNNE), Mass casualty and Mass fatality events.
- To coordinate, collaborate, educate, and interface with appropriate local, state, and federal agencies so as to ensure an engaged response during an event.
- To maintain and foster the Regional and State ESF-8 Health and Medical Response Network coalition so as to assure an effective utilization of scarce health and medical response assets.
- To develop and test plans identifying capability and capacity, form and function, protocols and algorithms so that the architecture of response has the ability to grow or shrink in real-time based on established information processes.
- To develop or acquire an organized supply of carefully coordinated resources strategically placed and ready for timely response – based on availability of grant dollars.
- To manage, implement, and monitor the emergency preparedness grants as provided by Federal Health and Human Services (HHS).

- B. Architectural Structure:** This document reflects the essential partnership members at the state and regional levels. Louisiana has 64 parishes; the parishes are organized into nine (9) regions. The regions are referenced as “Regional ESF-8 Unified Command”.

The Louisiana Emergency Preparedness and Response Network was developed in cooperation and with the support of the Emergency Support Function (ESF) 8 partners, which include, but not limited to, the Louisiana Department Health and Hospitals, the Louisiana Hospital Association, the Bureau of EMS, the Louisiana Emergency Response Network (LERN), the LDH/ Office of

Public Health Bureau for Community Preparedness (BCP), the Hospital and EMS Designated Regional Coordinators and the Public Health Emergency Response Coordinators.

- C. **Definitions and Facilities Listing:** At the regional level, a continuum of resources exist ranging from designated Trauma hospitals, Tier 1 and Tier 2 hospitals, Primary Care, Federally Qualified Health Centers (FQHCs), Public Health Units, outpatient clinics, psychiatric facilities, rehabilitation and long-term facilities, and EMS services.

Louisiana's hospitals provide various levels of care to meet immediate medical needs of citizens every day and during disasters. A classification system of hospitals was identified based on capabilities provided. Hospitals serve voluntarily as one of three levels:

- **Designated Regional Hospitals (DRH)** hospitals are larger acute care facilities with emergency room capabilities and many subspecialty services. They serve voluntarily and have agreed to provide additional capacity and resources in the initial emergency response of a mass casualty or event.
 - **Tier 1 Hospitals:** Hospitals with emergency department capabilities 24/7.
 - **Tier 2 Hospitals:** Hospitals that do not provide emergency room capabilities and are more single service in nature such as psychiatric, rehabilitation, and/or long-term acute service.
 - **Hospital System Transfer Centers:** A Hospital System's centralized location that manages the components of patient transfer into and out of the system's affiliated facilities. This includes the process of identifying an accepting physician and coordinating the workflow required to place a patient in in the most appropriate patient care unit. During times of surge, capability and capacity are factors in determination of transfers.
- D. **Core Members:** Louisiana's ESF-8 Network Coalition is primarily anchored in emergency preparedness and response functions with the ability to incorporate other subject matter experts and industries as the event moves through different stages of response. The essential members to ESF-8 preparedness and response are identified as public health, pre-hospital, hospital, and other healthcare entities. Additionally, local, regional and state level emergency management officials are essential members as they should understand the function of the ESF8 Network and support the core members during disasters. At the time of an event – man-made or natural, unplanned or planned – there is an expectation that patients will be taken to an acute care hospital with an emergency room, identified in-state as Tier 1 facilities. Tier 2 facilities such as specialty hospitals

are members in the network in support of the primary (Tier 1) response group. Although these Tier 2 facilities are important in the overall recovery of an affected area and inclusivity of a broad spectrum of healthcare is important; the broad spectrum of participants and members can pose challenges – dilution of effort and purpose being the primary challenge to effective management of a response. The ESF-8 Architecture of Core Members is found in Attachment 1.

- E. **Additional Members:** Additional subject matter experts and members are welcomed. New members can be identified in a number of ways – for example through a gap analysis from a live event, exercise or drill; or a new member simply expresses an interest in participating in the network. The new member/agency/organization can choose to be incorporated at the regional level and/or the state level depending upon assets, resources, needs, engagement level and scope of effort provided (trauma, outpatient care, pharmacy, behavioral health, etc.). Regulatory requirements implemented in Fall 2017 has further expanded engagement and membership opportunities to seventeen CMS provider types, in-patient and out-patient. The listings of organizations that participate at varying levels of engagement are enclosed in Attachment 2.

II. Emergency Support Function (ESF)-8 Network Preparedness:

As in other parts of the nation, Louisiana is susceptible to disasters, both natural and man-made, that could exceed the resources of any individual hospital. A disaster could result from incidents generating an overwhelming number of patients, from a smaller number of patients whose specialized medical requirements exceed the resources of the impacted facility (e.g., hazmat injuries, pulmonary, trauma surgery, etc.), or from incidents which affect the hospital's physical plant resulting in the need for partial or complete hospital evacuation.

A. **Healthcare System Preparedness:** With federal funding provided through the Health and Human Services (HHS) Administration, Louisiana established an infrastructure to facilitate the following preparedness posture to enable the HPP Healthcare Coalition Preparedness and Response Capabilities:

- Coordinate with emergency management, public health, mental/behavioral health, community, volunteer/faith-based partners.
- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovering capabilities.
- Provide timely monitoring and management of resources.

- Coordinate the allocation of emergency medical care resources.
- Provide timely and relevant information on the status of an incident to stakeholders.
- Provide an architecture for continuous cycle of planning, organizing, training, exercising, and evaluating events – planned and unplanned. The “open” architecture of the network allows other partners and members to be added to the coalition subject to the member expressing interest and level of engagement. It is anticipated that members will change and broaden due to the changing pace, politics, policy of the healthcare landscape.

B. Self-Governance Guidelines

The self-governance structure is described below. The function and meeting frequency for each echelon is described below. The meeting frequency is subject to some fluctuation.

State Level - Core Administration – The core staff of the program is composed of individuals from the Louisiana Department of Health (LDH), including representatives from the Bureau of EMS (BEMS), and Office of Public Health, to name a few. The core staff ensure programmatic structure and strategic direction are in-keeping with the HPP grant requirements. An essential part of accountability for funds, is ensuring a programmatic structure by which decisions, input, strategic direction and programmatic integrity is maintained. The core staff meets regularly on fiscal, budgetary, and programmatic documents.

State Level - Advisory Board Committee: The Advisory Board Committee facilitates collaboration with Emergency Management, local, state and federal grants’ objectives across various emergency preparedness and response grants. One should note that the membership of the advisory board committee is extended to the Metropolitan Medical Response System (MMRS) cities; a representative from the Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP) and Governor’s Office of Indian Affairs; a representative from Louisiana Rural Health Association and Louisiana Primary Care Association; Public Health Programs, Behavioral Health, Health Standards Licensing, Louisiana Emergency Response Network (LERN), as well as a representative from the Bureau of EMS and related stakeholders. This is to ensure that the distribution of funds is effective – meaning that decisions and allocations are made with the Metropolitan Medical Response System (MMRS) awardees and GOHSEP grant funds visibility and knowledge. The Advisory Board Committee is scheduled to meet as needed to ensure their awareness of programmatic function. A full listing of the advisory board members can be found in Attachment 3.

State and Regional Coordination: The state of Louisiana is designated into nine (9) Regions. For each of the Regions, an Emergency Support Function (ESF) - 8 Health and Medical Structure has been organized. The ESF-8 Network is composed of Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) program staff. The State and the Designated Regional Coordinators (DRCs) are scheduled to meet every six (6) weeks. This is subject to some fluctuation as actual events and scheduled planning around a specific topic may interrupt the six (6) week schedule.

Health Care Coalitions (HCC): In accordance with the Assistant Secretary for Preparedness and Response (ASPR) Preparedness and Response Capabilities, the ideal health care coalition is made up of a minimum combination of core partners.

Core Members of the Regional Healthcare Coalitions (HCCs)/ HPP structure:

- Administrative Designated Regional Coordinator (ADRC) and Hospital DRC (H-DRC)
- Two acute care hospitals within the region (DRH and/or Tier 1)
- Emergency Medical System (EMS) Designated Regional Coordinator (EMS-DRC)
- LDH Office of Public Health Medical Director and Public Health Emergency Response Coordinator (PHERC)
- Local Office of Emergency Preparedness or Regional GOHSEP Coordinator

Designated Regional Coordinators (DRC): Leadership for each region is provided through Designated Regional Coordinators (DRCs). The primary responsibilities for the DRCs are:

- To serve as the liaison with other health-related entities and on behalf of the industry they represent and to provide liaison with non-health related entities such as the Parish Office of Homeland Security and Emergency Preparedness.
- To support the patient transfer process during a declared state of emergency.
- To facilitate the identification of a medical evacuation queue during a declared state of emergency.
- To facilitate the development and implementation of regional and inter-organization/facility emergency preparedness plans for designated regions in the State of Louisiana.
- To lead the region's process for planning, training, exercises, development of, testing of, continuous improvement of and management of regional hospital response to emergency situations.

- To be the leader for the region during a statewide emergency in which ESF-8 is tasked to respond.

Architecture Expansion: The primary members will expand to include other healthcare industry stakeholders— i.e., Nursing Home DRC, Home Health DRC, Mass Fatality DRC, LERN Tri-Regional Coordinators, etc. The level of engagement of other healthcare stakeholders in each region is subject to the natural differences inherent of each region’s politics and pace. The Regional ESF-8 Coalitions will ensure that coordination of care (needs and movement of patients), assets (types of beds available), and resources (i.e., Security needs, pharmaceutical needs, sheltering care, and case management activities) are integrated at a regional level.

Regional Healthcare Coalition Conferences – At least twice a year, the HHS Hospital Preparedness Program (HPP) Grant staff and DRCs meet with all regional healthcare coalitions. The intent of the regional conferences is to enable direct interaction with the program staff, provide education and awareness on various preparedness priorities and projects related to medical surge (i.e., training or updates on Strategic National Stockpile, Points of Dispensing (PODs), Cities Readiness Initiative (CRI), Evacuation planning, Mass Fatality planning, etc.). The topic may vary depending upon gaps identified, projects to be implemented facilitated by grant requirements, new regulatory guidance, or other healthcare preparedness information. All hospitals and healthcare entities are invited to participate regardless of their involvement with directly accepting grant funds.

III. Emergency Preparedness and Response

A. National Incident Management System (NIMS) Adoption:

The National Incident Management System (NIMS) was developed as a comprehensive national approach to incident management, applicable at all jurisdictional levels and across functional disciplines, to further improve the effectiveness of emergency response providers and incident management organizations across a full spectrum of potential incidents and hazard scenarios. Louisiana has adopted NIMS at all government departments and agencies as well as in the private public partnership of health care providers networked through the Louisiana ESF8 Health and Medical Preparedness and Response Network. Further, Louisiana ESF8 encourages NIMS adoption by associations, partners, and suppliers.

B. Tiered Response

A tiered response system ensures how information and resources are coordinated at a local level, state and federal levels. The role of the DRC is critical in a tiered response as they are the direct point of contact for healthcare entities requesting assistance, vetting the request locally and regionally for internal resolution. If assistance is needed and verified at the local/regional level, a WebEOC request is generated and sent to the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) at the State Level. WebEOC is embedded into the state's response system whereby local and state government agencies request assistance and track the fulfillment of needed requests. Once a WebEOC request is received by GOHSEP, the request is tasked to another State Emergency Support Function (ESF) to be fulfilled using state resources. If the resources are not available within the state, the WebEOC request is broadcast by the Emergency Management Assistance Compact (EMAC) system to obtain assistance from another state. If EMAC resources are not available, the WebEOC request is sent to the Federal ESF whereupon a Resource Request Form (RRF) is generated.

C. Medical Operations Coordination (MOC)

Depending upon the size and scope of an emergency event, a multitude of partners may engage to conduct medical operations coordination. The clinical expertise and decisions for the medical coordination of patients whether from an MCI event or an evacuation should be determined through collaboration with responding EMS and the clinicians at the appropriate definitive care sites called upon during the disaster. The following ESF-8 response partners may be engaged to support conduction MOC functions:

- Tier 1 hospitals and DRHs
- Hospital and EMS DRCs
- LERN
- Healthcare System Transfer Centers
- Other specialty centers or clinicians such as pediatrics, burn, infectious disease, etc.

D. Planning & Response Partners

- a. **Office of Public Health (OPH):** The Office of Public health including its many departments are key partners in developing plans and deploying resources during public health response. OPH assists with advancing infectious disease planning, shelter support planning and resource coordination in response to events. They are an essential partner in the ESF8 Network overseeing the LDH EOC, which feeds critical information to the state ESF8 desk during response. Additionally, they oversee department-wide disaster staffing and tracking of

deployed resources.

- b. **Louisiana Emergency Response Network (LERN):** LERN is an emerging state-wide organization developed in accordance with the nationally recognized trauma system model created by the American College of Surgeons. The goal of LERN is to build a comprehensive system to address the daily demands of traumatic injury and time sensitive illness in Louisiana. In day-to-day interface between pre-hospital and hospital providers, LERN plays a critical role in the notifications, alert and triggering of the ESF-8 Response Network for mass casualty events. LERN utilizes the Resource Management tool and Messaging applications identified in the next section for trauma resource tracking of specialty beds along with hospital notification of mass casualty events. LERN is a lead on the state surge ambulance planning and serves as the organization responsible for the Tactical Operations Center (TOC) management during response.
- c. **EMS for Children (EMS-C):** The EMSC program is a critical planning partner to ensure efforts to plan for children as a population with specific medical needs in disasters are met. Children make up approximately 25% of the population and require unique medical care applied to the various age groups across the pediatric spectrum. Through partnering with the state's EMSC program, the ESF8 Network can be inclusive of expertise, utilize existing channels for information sharing during preparedness and response activities, and can further advance planning for the pediatric population.

E. At-Risk/Vulnerable Population Planning

Central to planning is the focus on at-risk/vulnerable population needs. ESF-8 Planners at core staff level, regional and advisory level interface with vulnerable population groups/ Stakeholders for input, engagement, and implementation of plans. Most plans are developed with vulnerable populations in mind. Extensive planning in the area of behavioral health, addictive disorders, developmentally disabled, diabetic, obese, elderly are evidenced in the flood plans for the state. Flooding and Hurricanes are the priority Threat and Hazard Identification and Risk Assessment (THIRA) events in Louisiana. Evacuation and sheltering for citizens that do not have means or defined alternatives for care drive most of the planning/resourced outcomes. ESF-8 has coordinated extensively with ESF-1 Transportation and ESF-6 Mass Care to ensure transportation contingency contracts and shelter plans are executable. The transportation and shelter contracts were developed to not only address broader Americans with Disabilities Act (ADA) definitions of “Special Needs” and “functional needs” but

also address capabilities and assets for more granular social policy defined “vulnerable populations” as directed by various HHS grants and programs – i.e. Pregnant women, children, neonates, behaviorally challenged, diabetic, obese, elderly and medically fragile. Federal tools such as the CDC’s Social Vulnerability Index (SVI) as well as the Center’s for Medicaid Service (CMS) EMPOWER data sets are shared to help inform planners and response partners of the presence of vulnerable populations within communities. These plans are vetted at the local, regional and state levels and maintained in the State’s Emergency Response Plans.

IV. ESF-8 Network Information Sharing and Reporting

The information sharing capability and reporting structure is critical to enable an effective response. Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical information. Louisiana will continue to build upon the current Information Sharing systems and processes. More information about the platforms, systems, and methods of information collection and sharing can be found in the *ESF-8 Network Communications Annex*.

A. **ESF-8 Portal:** The ESF-8 Portal is a web-enabled system that provides a spectrum of core status and capability information for critical healthcare facilities in the State. Many of the Portal modules were developed as tools to assist with regional and state decision making that rely heavily on information from the ESF-8 Portal. Of these modules, some are used to support the administrative function of ESF-8 and others are used for real-time data reporting from critical healthcare facilities to assist with driving preparedness/response decisions made at local, regional, and state levels.

Emergency Preparedness and Response modules include:

- **MSTAT** - Composed of capabilities for facility status reporting, including operations status, power status, fuel status, census/bed availability reporting, and Nursing Home Patient Tracking.
- **Resource Management** - The capability for bed poll and census report, and trauma resource tracking for specialty beds.
- **Reports** – Essential Elements of Information and/or visual charts that aid informed decision-making during in event. Examples include but are not limited to available bed types by region, utility failures in an at-risk area, and messaging validation.
- **Administrative Modules include:**
- **Security Management** - The Person and User account maintenance module which has a single sign-on function for facilities.

- Messaging - The capability for users to distribute emergency notifications and conduct incident management with intelligence sharing.

User manuals and training documentation will be maintained to reflect current system capabilities and protocols. This documentation will be available accessible and routinely shared during planning phases. Training on the use of these systems will be conducted in every sub-state region for all critical healthcare facilities annually or upon request.

Additional data management tools may be used to manipulate data collected for planning decision support.

Tableau: A powerful analytics tool working from data in a data warehouse connected to all ESF 8 modules. The data is extracted, loaded and transformed (ELT) every 24 hours or on demand. These ETL business rules store raw data and prepare it for faster loading and data analytics on demand. Tableau is used to present graphic visualizations of ESF 8 data. LERN, for example, uses a Tableau map to determine the facilities within a user-defined distance from an accident or other incident. It has a variety of dashboards that can quickly be configured for use in an incident. Since it is web-based, ESF 8 can easily extend its use to other stakeholders to improve and support a Common Operating Picture.

Geospatial Information Systems (GIS): The ESF-8 portal data collected can be utilized with GIS programs for mapping areas of impact and assist with providing visual depictions of areas at risk or in need of assistance. GIS program support may be requested by local or state emergency management officials during an event. Federal GIS mapping is in existence that may be leveraged by states and sectors for planning purposes.

B. **At Risk Registry**: Louisiana will maintain the *At-Risk Registry (ARR)* as primary hospital patient tracking tool. The *At Risk Registry* is a secure, web-based system that offers the capability for hospitals to upload patient and staff lists (for evacuations and sheltering-in-place events), produce the output needed by Health and Human Services (HHS), National Disaster Medical System (NDMS), and Theater Patient Movement Requirements System (TPMRC)/ TRANSCOMM for patient movement planning, to receive and upload TPMRC manifests so that patient movement can be coordinated from the originating hospital to the airport, among other features. It also provides the capability to track at-risk hospice and home health patients.

C. **Data Cell and Joint Information Center (JIC) Sharing**: During a disaster, redundancies in information gathering are provided by a pre-identified group of individuals that compose the

"Data Cell" at the State Emergency Operations Center. The Data Cell also produces twice-daily dashboard reports based on the data from the Portal. The Resource Management and MSTAT modules are continuously monitored by the Data Cell and updated during an event, which provides the ability to quickly interface with the NDMS or other national systems for the transfer of bed data and other essential elements of information requests by ASPR.

D. Validation Protocols: ESF-8 will maintain the following validation protocols for healthcare incident information:

- Level 1: Designated Regional Coordinators vet information with local facilities, particularly when resources are requested from the State.
- Level 2: The state healthcare associations (Hospital Association, Nursing Home Association, etc.) are all represented at the State Emergency Operations Center (EOC) and serve as the final vetting agent with the local facilities and the DRC.
- Level 3: During declared events, a required reporting schedule is established by the State ESF 8 and a Data Cell is deployed to monitor facility reporting and assemble briefings. The ESF 8 Data Cell, housed in the State EOC, monitors status reporting and pro-actively reaches out to facilities that are not compliant with the reporting requirement. The DRCs and state associations also lend assistance in these cases to ensure that a complete operating picture is obtained and maintained continuously throughout an event. In past events where facilities have been unable to update their status (due to communication problems, Internet outages, etc.) the regional DRCs, the Data Cell staff, state association staff, and ESF 8 support staff have updated facility statuses on behalf of compromised facilities using other means such as cell phones and 700 MHz radios.
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E. Joint Patient Assessment and Tracking System (JPATS) Integration: Louisiana has developed the capability to fully integrate with the federal patient tracking system known as JPATS as required by NDMS. The *At-Risk Registry* has successfully received data from other federal patient tracking systems using the Tracking of Emergency Patients (TEP) protocol. This emerging standard will form the basis for two-way exchange of patient tracking data between the state system and the federal system.

V. Communication Hardware/Modalities

The State identified communication systems for redundancy:

- Primary system – Telephone and text

- Secondary system – Email
- Tertiary system– Two-way radios

The Louisiana Department of Health Office of Emergency Preparedness, Designated Regional Coordinators and Designated Regional Hospitals are equipped with 700 MHz radios for statewide communications.

- A. *State-wide Radio Check:* Every Monday at 0830 hours, a statewide radio check is completed. The radio checks are conducted with a rotating responsibility between the Designated Regional Coordinators and state level support staff.
- B. *Regional Radio Checks:* A radio check is conducted on a weekly basis among hospitals and EMS Services. The radio checks are conducted with rotating responsibility of coordinators within each region. The HPP grant strives to ensure that all Tier 1 hospitals and EMS Services have at least one emergency two-way radio.
- C. *SIEC and TSP:* Louisiana will also continue to attend and participate in the Statewide Interoperability Executive Commission (SIEC). Louisiana will continue to encourage facilities to participate in the ASPR endorsed Federal Communication Commission (FCC)/ Telecommunications Service Priority Program (TSP).

More details about the systems, platforms, methods and modalities for ESF-8 communication can be found in the *ESF-8 Network Communications Annex*.

VI. Planning Framework

Proper planning for medical surge events remains a top priority of HCCs according to the Healthcare Coalition Preparedness and Response Capabilities. Collaboration during all-hazards planning with ESF-8 response partners through the coordination of information sharing and resources are key factors to maintain conventional surge response. There are a number of critical initiatives developed and maintained by the ESF-8 Network. These initiatives are summarized below. The intent of identifying the critical initiatives here is to establish structure and support around a common framework that directly affects the coalition members of ESF-8 Health and Medical stakeholders.

The full planning documents for these critical initiatives are found in the State’s Emergency Response Plan for ESF-8. Various departments and programs have the responsibility for developing and maintaining specific plans, therefore the HPP grant staff maintains an *ESF-8 “Planventory”* (an inventory of plans) which captures current plans along with responsible authors and records of distribution.

- A. Natural Disaster (ND) Planning initiatives
 - ESF-8 Hurricane Plan and Timeline
 - Medical Institution Evacuation Plan (MIEP) (for catastrophic events) – pre and post-storm scenario plans
 - Medical Needs Sheltering (MNS) Plan
 - Critical Transportation Needs (CTN) Sheltering Plan
 - Transportation Surge Plan & BEMS Transportation Operations Center (TOC)
- B. Chemical Planning initiatives
 - ChemPack Plans (includes Buffer Packs)
- C. Biological Planning initiatives
 - Pandemic Flu Plan
 - Infectious Disease Surge Annex
 - Louisiana Ebola and Highly Infectious Pathogen Response Plan
- D. Radiological Planning initiatives
 - Radiologic Emergency Surge Annex
- E. Nuclear Planning initiatives
 - Nuclear Power Plant Plans
- F. Explosives Planning initiatives
 - Burn Surge Annex
- G. Mass Fatality Planning initiatives
 - Mass Fatality Plans – Re-interment and the Family Assistance Center*
- H. Framework for Mitigating Crisis Environments: Crisis Standards of Care (CSOC)
- I. Pediatric Surge Annex
- J. ESF-8 Communications Annex

**These plans will eventually become cross-cutting for all CBRNNE planning initiatives.*

VII. Cross-Cutting Activities/Processes

A. Patient Movement/Transfer for disasters

In the event patient movement for a disaster is required, the Louisiana ESF-8 Health & Medical Preparedness and Response Network has facilitated the development of regional and statewide patient movement processes.

The patient movement process is implemented only when the state has declared a state of emergency or

as requested by the Louisiana Department of Health. The Louisiana ESF8 Health and Medical Preparedness and Response Network provides the backbone of the regional and statewide patient movement processes.

There are three components to the patient movement: Resource availability, patient transfer process (In-State and Out-of-State) and patient tracking.

Resource Availability: The Designated Regional Coordinator (DRC) from each region serves to support the process by identifying available resources in his/her region. Briefly, hospitals are asked to contact and work through the Designated Regional Coordinators to identify *and/or request* hospital-based resources available in regions throughout the state. DRCs “match” patient care needs with available resources in the state and facilitate the arrangement of a hospital-to-hospital transfer.

Patient Transfer In-State Movement of Patients: Patient transfer includes the movement of patients from one region to another during a declared state of emergency. Hospitals are encouraged to exhaust all local resources before requesting support through the statewide patient transfer process. Hospital system transfer centers may be leveraged to support the placement of patients within their systems. The Administrator/Medical Director on call from the hospital that has patients that need to be transferred **outside the region** should contact their Designated Regional Coordinator. The DRC(s) may work with an established virtual MOC network to find available beds to absorb patients. The sending-hospital should provide specific information available regarding patient needs for their DRC. The sending DRC will contact a receiving DRC with a referral request. The receiving DRC will contact hospitals in their region to identify available resources. If resources are not available, the virtual MOC network will convene to identify alternative methods and processes to transfer patients. A receiving hospital will contact the sending hospital regarding transfer resources. Transfer will be arranged per established organizational plans/procedures of the transferring and receiving hospitals.

Out-of-State Movement of Patients: In the event healthcare facility plans fail, State and Federal assets will be required to assist with the evacuation of medical institutions. Given the limited resources at the local and state levels, federal support will be required to support a Medical Institution Evacuation Plan (MIEP).

Planning Assumptions:

- All hospitals have primary responsibility for their own disaster evacuation plans. It is anticipated that hospitals will remain in control of all aspects of their facility evacuation plans and will use pre-identified resources for execution of their plan.

- It is also anticipated that unknown and uncontrollable variables may interrupt and/or limit the facility's ability to execute evacuation plans and that they may request assistance. This plan identifies the timelines, decisions, and assets that state and federal coordinated assets bring to bear when this plan is executed.

The State's ESF-8 Hurricane Response Plans – Medical Institution Evacuation Plan (MIEP) can also be referenced for more details regarding this concept.

Patient Tracking

There are two elements to patient tracking. One element is the institutional/private site whereby institutions can upload patient data for tracking purposes. The second element is a public site whereby family members can find their loved ones. This website is maintained by DHH and is activated upon request of ESF-8 Leadership during and after an incident. It will be publicized at the time of its activation and offers an opt-out option for patients that do not want to be located. It operates off of data in the *At-Risk Registry*.

B. Emergency Code Uniformity & Plain Language

Emergency Code uniformity enables many individuals at multiple facilities to respond consistently to emergencies, which ultimately enhances safety for patients, visitors, and staff.

Code Recommendations:

The following code designations for emergency identification in healthcare organizations were revised and adopted in May 2012 and include the following recommendations:

- CODE BLUE -Medical Emergency – Cardiac/Respiratory Arrest
- CODE RED -Fire
- CODE GREY -Severe Weather
- CODE BLACK -Bomb
- CODE PINK -Infant/Child Abduction
- CODE YELLOW -Disaster – Mass Casualty
- CODE ORANGE -Hazardous Materials
- CODE WHITE – Security Alert - Combative Person without Weapon
- CODE SILVER – Active Shooter – Combative Person with Weapon

While the above code colors remain constant, there is flexibility built into the system for individual hospital needs. Emergency code colors not stated may be used by individual organizations to address specific facility or geographic concerns. The goal is to have a common set of base colors and for hospitals to customize them to meet their needs albeit a response to these events is very similar from hospital to hospital.

In 2019, the recommendation to adopt the use of Plain Language was made by regional and state ESF-8 network partners. Plain language may not entirely replace the use of standardized codes implemented in 2012, however it is intended to complement the existing color codes. Hospitals and healthcare facilities have the autonomy to apply plain language to any aspect of their emergency notification policies in a way that is deemed effective for their organization. The recommended color codes guidance document is posted on the Louisiana Hospital Association Emergency Preparedness website.

C. Regulatory Requirements

This document addresses the relationships between and among hospitals and is intended to augment, not replace, each facility's disaster plan. Hospitals adhere to regulatory requirements that dictate emergency planning and program activities. The Joint Commission (TJC) Emergency Management standards and the Center for Medicaid/Medicare Services (CMS) rules for emergency planning in their conditions of participation are the primary programs that inform mandated facility policies and programs. This document does not replace but rather supplements the rules and procedures governing interaction with other organizations during a disaster (e.g., law enforcement agencies, the local emergency medical services, local public health department, fire departments, American Red Cross, etc.).

ATTACHMENTS

Copies of attachments and referenced documents may be provided upon request. Contact a member of the Louisiana Hospital Association Foundation Hospital Preparedness Program (HPP) staff to request.

Attachment 1	ESF-8 Architecture and Points of Contact
Attachment 2	HPP Advisory Board Members
Attachment 3	PHEP Advisory Board Members
Attachment 4	Statewide Radio Roll Call Roster

REFERENCES

ESF-8 Network Communications Annex
HPP Surge Specialty Annexes <ul style="list-style-type: none">- Pediatric Surge- Burn Surge- Infectious Disease Surge- Radiologic Emergency Surge
Standardized Hospital Plain Language Guidance

ATTACHMENT 6

SIGNATORIES

STATE AGENCY LEADERSHIP – CORE ADMINISTRATION



Dr. Joseph Kanter, MD
State Health Officer
Department of Health



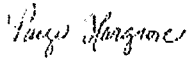
Rosanne Prats, MHA, ScD
Director of Emergency Preparedness
Department of Health



Susan Bailey
Director of Bureau of EMS
LDH/Office of Public Health



Sundee Winder
Director of Bureau for Community Preparedness
LDH/Office of Public Health



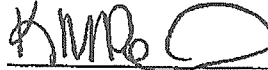
Paige Hargrove
Executive Director
Louisiana Emergency Response Network



Chris Hector
Administrative Director
Louisiana Emergency Response Network



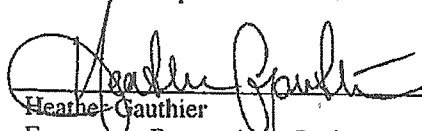
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Louisiana Hospital Association



Kendra Powell
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Louisiana Hospital Association



Lauren Barleycorn
Emergency Preparedness Associate
Louisiana Hospital Association



Heather Gauthier
Emergency Preparedness Project Specialist
Louisiana Hospital Association

REGION 1 ESF-8 EMERGENCY RESPONSE NETWORK COALITION PLAN SIGNATURES

DocuSigned by:



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Region 1 Hospitals

DocuSigned by:



Denice Eshleman
Hospital Designated Regional Coordinator
LCMC Health

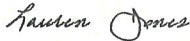
DocuSigned by:



Tom King
Hospital Adm. Designated Regional Coord.
Region 1 Hospitals

Patrick Harvey
Regional Coordinator
Region 1 GOHSEP

DocuSigned by:



Lauren Jones
Hospital Designated Regional Coordinator
Ochsner Medical Center

DocuSigned by:



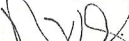
Shayna Goldfine
EMS Designated Regional Coordinator
New Orleans EMS

DocuSigned by:



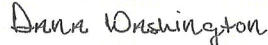
Amanda Gonzales
EMS Designated Regional Coordinator
West Jefferson EMS

DocuSigned by:



Nikki Volpi
EMS Designated Regional Coordinator
West Jefferson EMS

DocuSigned by:



Dana Washington
Administrator
Region 1 Office of Public Health

DocuSigned by:



Elizabeth Belcher
Public Health Emergency Response Coordinator
Region 1 Office of Public Health

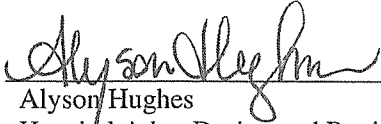
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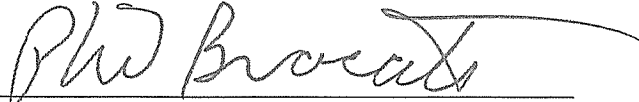
Connie DeLeo
Hospital Designated Regional Coordinator
Baton Rouge General Medical Center



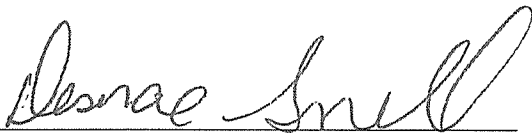
Thomas Anders
Hospital Designated Regional Coordinator
Our Lady of the Lake Regional Medical Center



Alyson Hughes
Hospital Adm. Designated Regional Coord.
Region 2 Hospitals

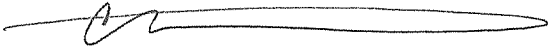


Phillip Brocato
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Acadian Ambulance



Desirae Snell
EMS Designated Regional Coordinator
Acadian Ambulance

Jacie Maples
Regional Coordinator
Region 2 GOHSEP

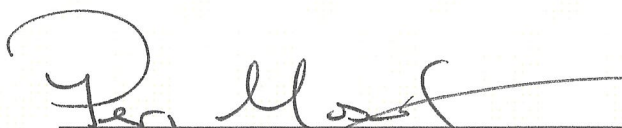


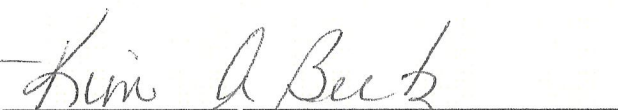
Vacant *Colleen Arceneaux*
Medical Director *Director*
Region 2 Office of Public Health

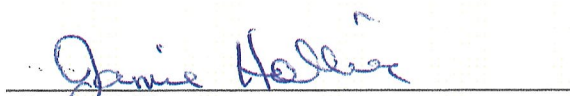


Regan Hinchcliff
Public Health Emergency Response Coordinator
Region 2 Office of Public Health

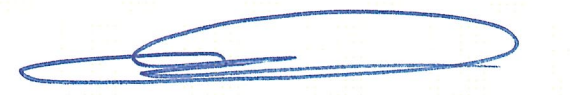
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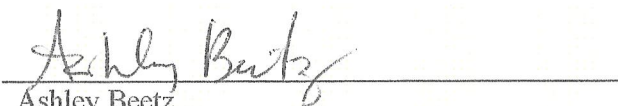

Percy Mosely
Hospital Designated Regional Coordinator
Terrebonne General Medical Center



Kim Beetz
Hospital Adm. Designated Regional Coord.
Region 3 Hospitals

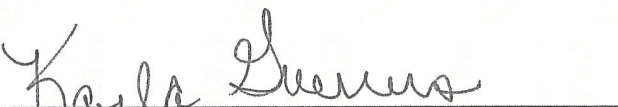

Jamie Hollier
Hospital Designated Regional Coordinator
Thibodaux Regional Health System

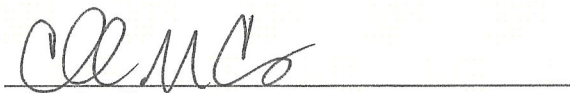

Carlo Gagliano
EMS Designated Regional Coordinator
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Chad Duhe
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Acadian Ambulance

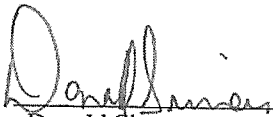

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Kayla Guerrero
Administrator
Region 3 Office of Public Health


Charles Canan
PHERC
Region 3 Office of Public Health

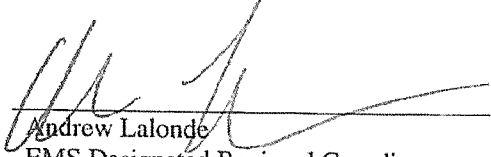
REGION 4 UNIFIED COMMAND



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Ochsner Lafayette General Medical Center



Danielle Maples
Hospital Adm. Designated Regional Coordinator
Ochsner Lafayette General Medical Center



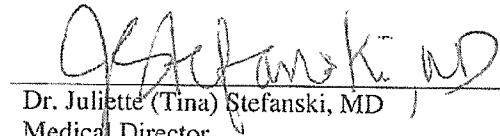
Andrew Lalonde
EMS Designated Regional Coordinator
Acadian Ambulance

Zachary Privat
EMS Designated Regional Coordinator
Acadian Ambulance



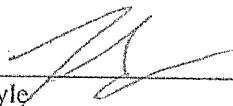
Mason DeNux
Public Health Emergency Response Coord.
Region 4 Office of Public Health

Darren Guidry
Regional Coordinator
GOHSEP Region 4

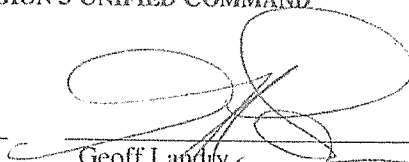


Dr. Juliette (Tina) Stefanski, MD
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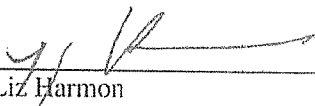
REGION 5 UNIFIED COMMAND



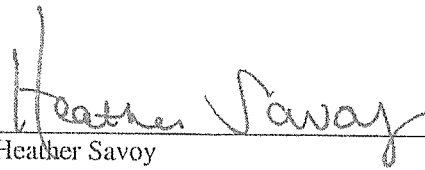
Scott Kyle
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Liz Harmon
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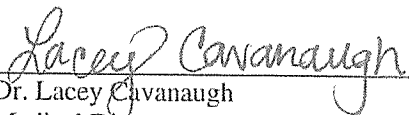
Heather Savoy
EMS Designated Regional Coordinator
Acadian Ambulance



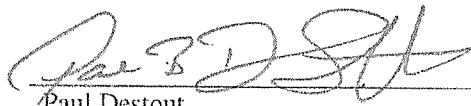
Mark Conner
EMS Designated Regional Coordinator
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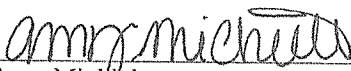
Billy Vincent
EMS Designated Regional Coordinator
Acadian Ambulance



Dr. Lacey Cavanaugh
Medical Director
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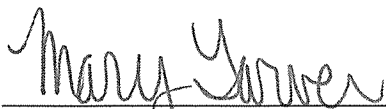


Paul Destout
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Region 5 Office of Public Health



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GOHSEP Region 5

REGION 6 UNIFIED COMMAND




Mary Tarver
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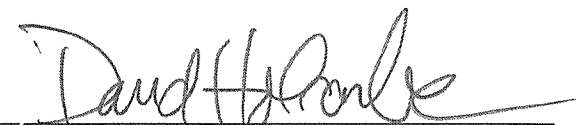


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Lennie LaFleur
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Amy Harmson Guidry
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Patricia White
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Region 6 Office of Public Health



Cade Bishop
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Acadian Ambulance

REGION 7 UNIFIED COMMAND



Knox Address, RN, FAEN
Hospital Designated Regional Coordinator
Region 7 Hospitals

Pamela Mackey
EMS Designated Regional Coordinator
Shreveport Fire Dept.



Casey McBeath
EMS Designated Regional Coordinator
Balentine Ambulance Service

Todd Derrick
Regional Coordinator
GOHSEP Region 7

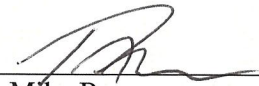


Dr. Martha Whyte, MD
Medical Director
Region 7 Office of Public Health



Frank Robison
Public Health Emergency Response Coord.
Region 7 Office of Public Health

REGION 8 UNIFIED COMMAND

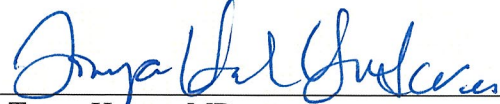


Mike Brame
Hospital Adm. Designated Regional Coord.
St. Francis Medical Center

Keisha Sparks
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Acadian Ambulance

Todd Smith
Regional Coordinator
GOHSEP Region 8

Colby Kennard
EMS Designated Regional Coordinator
Acadian Ambulance



Tonya Hunter, MD
Medical Director
Region 8 Office of Public Health

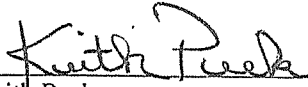


Tammy Morgan
Public Health Emergency Response Coordinator
Region 8 Office of Public Health

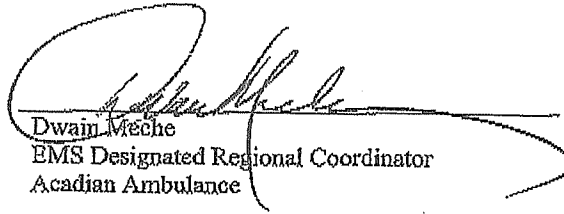


Clarence Breland
EMS Designated Regional Coordinator
Acadian Ambulance

REGION 9 UNIFIED COMMAND



Keith Peek
Hospital Adm. Designated Regional
Coordinator
Region 9 Hospitals



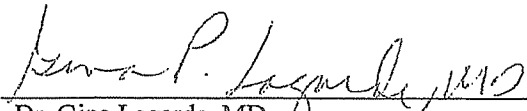
Dwain Weche
EMS Designated Regional Coordinator
Acadian Ambulance



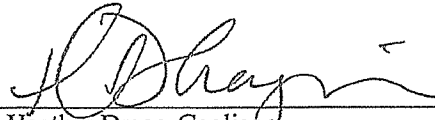
Taylor Jacobsen
EMS Designated Regional Coordinator
Acadian Ambulance



Matthew Hammons
Regional Coordinator
GOHSEP Region 9



Dr. Gina Lagarde, MD
Medical Director
Region 9 Office of Public Health



Heather Dragg-Gagliano
Public Health Emergency Response Coord.
Region 9 Office of Public Health