

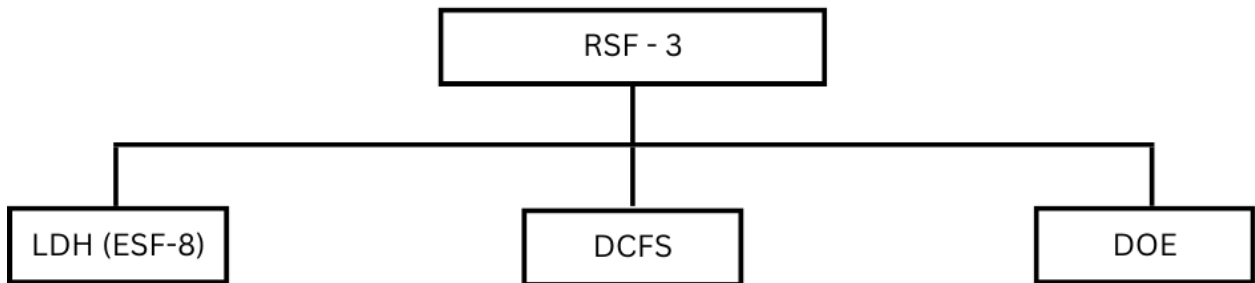
ESF-8 Network Healthcare Coalition Recovery Annex

Overview

This plan outlines how the ESF-8 health and medical response network coalition and its nine corresponding regions will work to support hospitals and healthcare coalition (HCC) members as they transition into the recovery phase after major disasters. The ESF-8 health and medical coalition is engaged to carry out all phases of a disaster, including transitioning into Recovery Support Function 3 (RSF-3). From this point forward, this health and medical network will be referred to throughout this document as the “ESF-8 coalition”.

Situation

Louisiana Department of Health (LDH) is a primary co-lead of the RSF-3, Health & Social Services. While LDH has several different responsibilities in the recovery process, the ESF-8 coalition is essential support to this specific RSF. Engaging in recovery ensures there is situational awareness related to resource consumption of assets needed by both communities and healthcare facilities. The likely hazards identified in hazard vulnerability and threat assessments that could impact the healthcare delivery system are defined in the *Louisiana ESF-8 Health & Medical Preparedness and Response Network Coalition Plan*.



LDH serves as a supporting role for RSF-2, Economic and RSF-5, Infrastructure Systems. While these RSFs may not directly require action from the ESF-8 coalition at the state level, their functions are important to the coalition’s members. See **Attachment 1** for the framework of the RSFs for the State of Louisiana. An expanded outline in **Attachment 2** highlights the essential ESF-8 coalition network of partners and programs with involvement during recovery phase(s).

Assumptions

1. Hospitals and Healthcare Facilities (HCFs) maintain recovery plans within their emergency management programs which outline their procedures to conduct assessments and outline recovery service.
2. Each hospital/HCF is the lead for their individual facility’s recovery operations.
3. Response and recovery phases commonly run simultaneously for acute healthcare facilities, which sets up long-term recovery.
4. Short-term recovery is defined as recovery functions and operations starting the weeks into the response phase going into several months into the recovery process.

5. Long-term recovery is defined as the months after short-term recovery that lead into years after the disaster.
6. HCFs across the state and/or regions may enter a recovery phase at different times.
7. The primary focus of the ESF-8 coalition, in healthcare delivery system recovery, is tracking recovery statuses of external programs and engaging with community partners.
8. ESF-8 will provide information, on the recovery status of the healthcare delivery system, to local officials to assist with the citizen re-entry decision-making process.
9. ESF-8 participates, in varying degrees, in the processes outlined below to coordinate and advocate on behalf of healthcare systems' recovery to normal status.

Short-term Recovery

1. Operational Impacts
 - a. The ESF-8 coalition can assist its members with following activities:
 - i. Data collection and analysis to identify priorities in the reconstitution and delivery of community health care services at the onset of an emergency.
 - ii. Collaboration with federal infrastructure assessment teams to enhance knowledge of disaster impacts on physical infrastructure and inform future risk mitigation strategies.
 - iii. Implementation of emergency management organizations' disaster impact assessments to assess post-disaster community health concerns.
2. Facility Recovery
 - a. Workforce
 - i. ESF-8 coalition members are encouraged to educate healthcare employees on disaster recovery resources for themselves and their household. These resources vary by disaster, however the most common are:
 1. FEMA Individual Assistance (IA)
 2. Crisis Counseling
 3. Disaster Case Management Program (DCMP)
 4. Transitional Sheltering Assistance (TSA)
 5. Small Business Administration (SBA) Disaster Loans

**Note: Most federal programs require disaster declarations on the State and Federal levels to be activated.*
 - b. Community/Facility Critical Infrastructure
 - i. The ESF-8 coalition and its members will advise and coordinate with local officials on the repatriation of citizens.
 1. This includes specialty healthcare facilities as well.
 - ii. Tracking recovery within the community means: being engaged in the timeline of local government and community programs capabilities and capacities which may be limited. Examples of programs that the ESF-8 coalition will partner with or be aware of are:
 1. Multi-Agency Shelter Transition Teams (MASTT)
 2. Voluntary Agencies of Active Disasters (VOADs)/Long-Term Recovery Groups (LTRGs)
 3. Disaster Supplemental Nutrition Assistance Program (DNAP)

- 4. Points of Distribution (PODs)
 - iii. The ESF-8 coalition will work with utility providers to ensure that its member will be prioritized during the restoration process.
- c. Supply Chain
 - i. The ESF-8 coalition will be engaged with its members to help assess and plan for prolonged supply chain challenges.
 - 1. Networking and sharing within the coalition will help alleviate the strain of the supply chain challenges.
 - ii. The ESF-8 coalition may leverage the Business Emergency Operations Center (BEOC) that provides support with locating additional vendors in the event of supply chain delays or disruptions.
- d. Medical/Non-Medical Transportation
 - i. Louisiana Emergency Response Network (LERN) may continue to have the EMS Tactical Operations Center (TOC) activated through the short-term recovery phase. The TOC supports recovery missions such as:
 - 1. Hospital repatriation
 - 2. Shelter transitions
 - 3. Local 911 surge
 - 4. Home health/hospice
- e. Communications
 - i. Internal
 - 1. Facility Information
 - a. ESF-8 coalition members will continue to report facility operational status information into the ESF-8 Portal as requested.
 - b. If unable to report into the portal, members of the LDH Health Standards Section or the DRCs will report on their behalf.
 - 2. Patient movement
 - a. The ESF-8 coalition and its members will use the *At-Risk Registry* to track patient movement.
 - 3. Redundant communication systems
 - a. See *ESF-8 Network Comms Annex*
 - ii. External
 - 1. Public health hazards
 - a. The Office of Public Health (OPH) will work with local officials on messaging to the public about potential health hazards that may arise from the disaster.
 - 2. The ESF-8 coalition members in the impacted area(s) will work with local officials to help coordinate recovery messaging for facilities.
- f. Administration/Finance
 - i. The ESF-8 coalition advises members, when possible, on documentation requirements to initiate insurance claims and to apply for any applicable federal assistance programs.

- ii. The Health Standards Section of LDH and the State Fire Marshall will work with each facility to ensure that they have surveyed their property for damages and are complaint to stay operational. See **Additional Resources**.
- iii. Insurance:
 - 1. ESF-8 coalition members are advised to follow their internal policies for filing claims – including collections of pictures and documents necessary for insurance to prevent prolonging their recovery.
- iv. Federal Programs – see **Additional Resources**
 - 1. FEMA Public Assistance (PA)
 - 2. Small Business Administration (SBA)
 - 3. Hazard Mitigation Assistance Grants

**Note: Most federal programs require disaster declarations on the State and Federal levels to be activated. ESF-8 Coalition members are encouraged to file claims with their insurance before seeking federal programs.*

Long-Term Recovery

While the ESF-8 coalition will assist and coordinate efforts for its members, most of the long-term recovery processes are addressed and handled at the individual facility level.

- 1. System Operations Restoration
 - a. Medically fragile citizens are often more vulnerable during the recovery phase of a disaster. Recovery planning should consider that medical conditions may be exacerbated due to disruptions in the healthcare delivery systems. The ESF-8 coalition will assist its members in identifying disruptions in community healthcare.
 - i. Long-term community healthcare gaps
 - 1. Dialysis centers
 - 2. Pharmacies
 - a. Emergency Prescription Assistance Program (EPAP) – See **Additional Resources**
 - 3. Home Health/Personal Care Assistants (PCAs)
 - 4. Nursing Homes
 - b. The ESF-8 coalition will collaborate with local officials to do a disaster impact assessment to identify future mitigation strategies.
 - c. Once operations have restored, ESF-8 coalition members need to complete an After-Action Report and Improvement Plan (ARR/IP). The ESF-8 coalition can assist in this process by facilitating meetings, sending out surveys, etc.
- 2. Transition/Return to Steady State Operations
 - a. The retention of healthcare personnel is of the utmost importance when a facility is attempting to return to steady state operations. ESF-8 coalition members are encouraged to have plans and resources in place to help their staff transition with the facility.
 - b. During the transition to steady state, the ESF-8 coalition members should explore ways to preserve the continuity of health for individuals with special needs and/or at-risk populations.

- i. The assessment and mitigation of health threats to the population and recovery workers in the post-disaster environment are a priority to the continuity of health.
- c. Reopening a facility:
 - i. Plans to reopen a facility are handled by the individual facility.
 - ii. The Health Standards Section of LDH will work with each facility to complete the necessary steps to re-open a facility found in the *Requirements for Reoccupying and Reopening Following Emergency Events* memorandum. See **Additional Resources**.
 1. Each affected facility must complete the LDH Health Standards Assessment Form.
 2. Each affected facility must complete the LDH OPH Health Care Facility Re-Opening Request.
 - iii. Each affected facility must request a re-entry inspection from the State Fire Marshall through the LDH Health Standards department. Each facility must meet the guidelines listed in the *Healthcare Facilities Evacuated During A Hurricane or State Declared Emergency* memorandum. See **Additional Resources**.

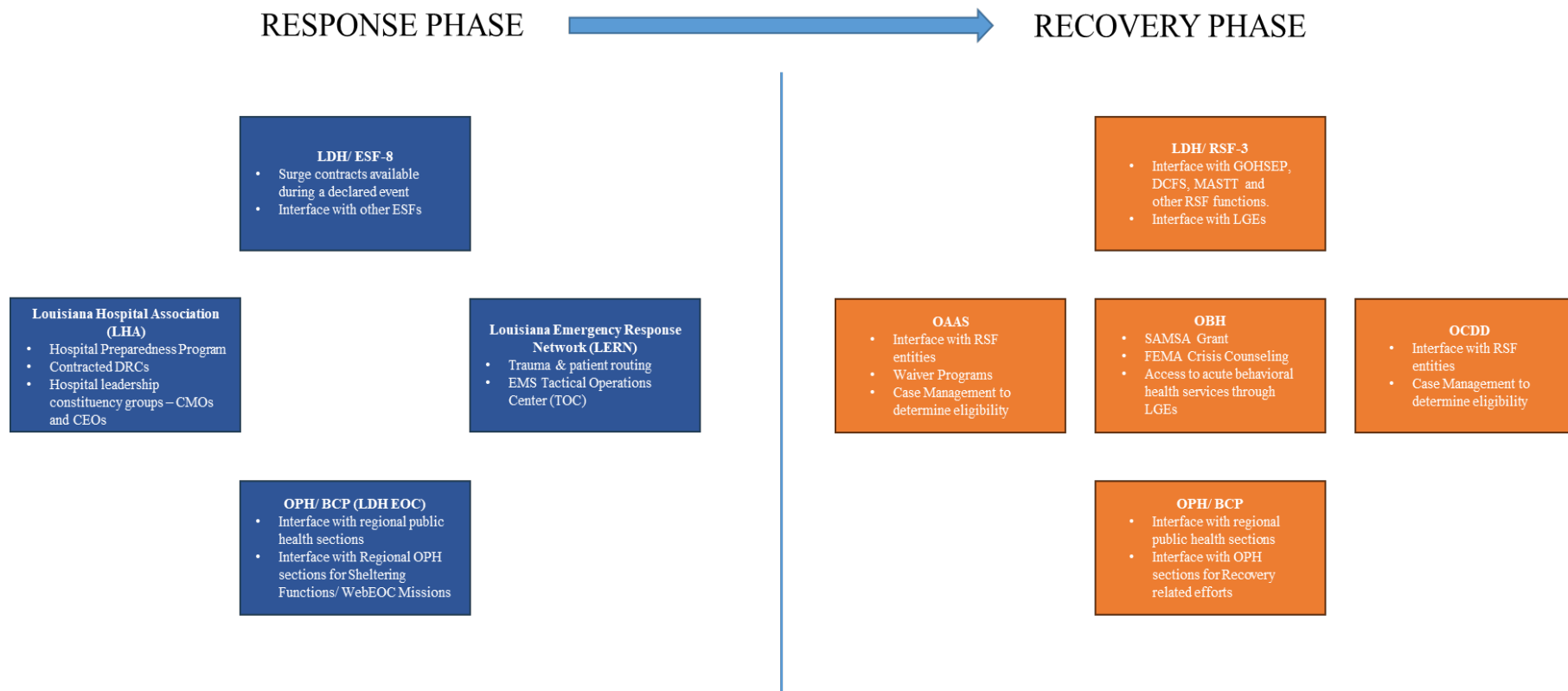
Additional Resources

- FEMA Public Assistance (PA) - <https://www.fema.gov/assistance/public>
- Small Business Administration (SBA) - <https://www.sba.gov/funding-programs/disaster-assistance>
- FEMA Hazard Mitigation Assistance Grants - <https://www.fema.gov/grants/mitigation>
- Emergency Prescription Assistance Program (EPAP) – <https://aspr.hhs.gov/EPAP/Pages/default.aspx>
- LDH Health Standards - <https://ldh.la.gov/subhome/32>
- Louisiana Hospital Association Emergency Preparedness - <https://www.lha-foundation.org/LHAFoundation/LHAFoundation/EmergencyPreparedness.aspx?hkey=dd2eaf15-24e5-4706-b1b3-2a01b7d93cf5>
- *Requirements for Reoccupying and Reopening Following Emergency Events* memorandum - <https://www.lha-foundation.org/common/Uploaded%20files/EP/LDH-Reoccupy-Requirements.pdf>
- *Healthcare Facilities Evacuated During A Hurricane or State Declared Emergency* memorandum - <https://www.lha-foundation.org/common/Uploaded%20files/EP/EvacuationMemoStateFireMarshal.pdf>

Attachment 1: Louisiana State Recovery Framework

RSF 1 - Community Planning + Capacity Building		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Plans and implements disaster recovery activities 	<ul style="list-style-type: none"> Department of Economic Development 	<ul style="list-style-type: none"> U.S. Department of Homeland Security Federal Emergency Management Agency
RSF 2 - Economic		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Recovery of economic capabilities Develop new economic opportunities 	<ul style="list-style-type: none"> Department of Economic Development 	<ul style="list-style-type: none"> U.S. Department of Commerce
RSF 3 - Health + Social Services		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Restoration and improvement of the health and social service networks 	<ul style="list-style-type: none"> Louisiana Department of Health Department of Children and Family Services Department of Education 	<ul style="list-style-type: none"> U.S. Department of Health and Human Services
RSF-4 Housing		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Implementation of housing solutions for whole communities 	<ul style="list-style-type: none"> Louisiana Housing Corporation 	<ul style="list-style-type: none"> U.S. Department of Housing and Urban Development
RSF-5 Infrastructure Systems		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Efficient restoration of infrastructure systems to support sustainable communities and protection from future hazards 	<ul style="list-style-type: none"> Department of Transportation and Development Coastal Protection and Restoration Authority 	<ul style="list-style-type: none"> U.S. Corps of Engineers
RSF-6 Natural + Cultural Resources		
Responsibilities	State Lead	Federal Lead
<ul style="list-style-type: none"> Preservation, conservation, rehabilitation, and restoration of natural and cultural resources 	<ul style="list-style-type: none"> Coastal Protection and Restoration Authority Department of Wildlife and Fisheries 	<ul style="list-style-type: none"> U.S. Department of Interior

Attachment 2: Transition from Response (ESF-8) to Recovery (RSF-3)



Scope and Scale of the Disaster will determine the duration of response and recovery phases.

Response Activities include patient movement for evacuations; set-up and operation of temporary structures such as shelters.

Recovery Activities include de-population of shelters; disaster case management; and determination of traditional social service programs to determine eligibility for housing, medical, and social service programs.

**Response to Recovery EP Graphic*